



York Teaching Hospital
NHS Foundation Trust

Sacrospinous Ligament Suspension

Information for patients, relatives and carers

Obstetrics and Gynaecology

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① For more information, please speak to your consultant's secretary

Caring with pride

Contents	Page
What is Sacrospinous Ligament Suspension/Fixation? .3	
What are the benefits of this surgery?	3
What are the alternatives to surgery?	3
What happens before surgery?	4
How is the procedure carried out?	5
Are there any risks?	6
What happens after surgery?	7
Will I be in a lot of pain?	8
When can I go home?	8
What else do I need to know?	9
Will I be able to drive?	10
Will I need to come back to the outpatient department?	10
Tell us what you think of this leaflet	11
Teaching, Training and Research	11
Patient Advice and Liaison Service (PALS).....	11

In this leaflet we try to answer some common questions about having Sacrospinous Ligament Suspension/Fixation.

What is Sacrospinous Ligament Suspension/Fixation?

Sacrospinous Ligament Suspension/Fixation is an operation to treat prolapse involving the top of the vagina. The aim of this operation is to reduce vaginal prolapse caused by the dropping of the top of the vagina. If you have a prolapse of the bladder or bowel, it could be repaired at the same time, and we will discuss this with you.

What are the benefits of this surgery?

The benefits of this surgery are to improve or resolve the symptoms of prolapse caused by the dropping of the top of the vagina such as the feeling of a lump or bulge in the vagina.

What are the alternatives to surgery?

Other therapies such as pelvic floor physiotherapy and vaginal pessaries will be discussed with you together with the option of no treatment.

What happens before surgery?

On your arrival, the nurses will introduce themselves to you and explain what will happen during your stay. You will be asked about your present medicines, any allergies you may have, your arrangements for going home and who is going to look after you. Do not hesitate to ask if there is anything you are uncertain about. You will need to change into a theatre gown and one of our dressing gowns, or you may prefer to bring your own. It must be clean, as you are going into an operating theatre.

A doctor will see you when you come in to hospital and will discuss the operation with you again. If you have any questions, please ask.

One of the anaesthetists who will be giving you your anaesthetic will come and see you before the operation to discuss the anaesthetic with you and to check when you last had anything to eat or drink. Please tell the anaesthetist about any chest troubles, dental treatment and any previous anaesthetics that you have had, and also any anaesthetic problems within your family. You may be required to undergo further investigations at this time.

You will be asked to sign a consent form (FYCON106-1 Sacrospinous Ligament Suspension/Fixation and Vaginal Repair). You sign to confirm that you agree to the procedure and understand the information given to you. The form will be kept in your patient notes and you will be given a copy for your own records.

You will also be given another leaflet at your pre-operative assessment with information about preparing for surgery.

How is the procedure carried out?

The operation is performed through the vagina. A cut is made in the back wall of the vagina to reach the top of the vaginal prolapse.

The top of the vagina (The Vaginal vault) is stitched (sutured) to the tough tissue (The Sacrospinous Ligament) that runs between the bottom of the spine (The Sacrum) and the pelvis.

Repair of the front (Anterior Repair) and back wall (Posterior Repair) of the vagina may be performed at the same time if necessary. A strip of artificial material (mesh) may be attached for extra support. An additional operation to treat urinary stress incontinence may also be performed at the same time. Your surgeon would have discussed these options with you beforehand.

The vaginal cuts will then be repaired using dissolvable sutures.

A catheter may be inserted into the bladder to help the bladder to drain. You may also have a pack left in the vagina. This is to apply pressure to the wound to stop it oozing. You will have a drip in your arm, which will allow you to have fluids until you are able to drink normally.

Are there any risks?

Risks and complications associated with Sacrospinous Ligament Suspension/Fixation include the following:

Frequently occurring risks: vaginal bleeding or wound infection (one in 10); urinary infection, retention, and or frequency; post-operative pain and difficulty or pain with intercourse (one in 10 to one in 100); persistent buttock pain (three in 100).

Serious Risks: Excessive bleeding requiring transfusion and/or return to theatre (two in 100); damage to bladder or urinary tract (two in 1000); damage to bowel (five in 1000); pelvic abscess (three in 1000), failure to achieve desired result or recurrence of prolapse (up to one in four to five); thrombosis, pulmonary embolism or death (37 per 100,000).

What happens after surgery?

After surgery you will be taken to the recovery area where a nurse will monitor your progress. When the recovery nurse is satisfied with your condition you will return to your bed in the ward area.

You may feel sick especially in the first 24 hours and various medicines are available to control this. A drip will be used to give fluid to you while you are unable to drink.

In order to prevent clots in the legs (thrombosis), we will ask you to wear compression stockings while you are in hospital. You will also be given an injection every day to keep your blood thin to prevent a clot forming.

You should be able to walk the day after the operation and we will encourage you to shower by the second or third day.

Will I be in a lot of pain?

Pain levels vary from person to person, but there are different methods of pain relief that we can use to ensure that you remain comfortable.

Many patients are given a hand held device to control pain. This is called a PCA (Patient controlled analgesia) machine. The benefit of the PCA machine is that you can use it to administer pain relief to yourself exactly when you need it. The PCA machine is loaded with a syringe full of pain killing medication. The syringe is connected by a tube to a drip in your hand or arm. We will give you a button which you will need to press to start the machine to release the drugs straight into your vein.

Nurses can also give injections of strong pain relief and when you start eating you will be able to take pain relief tablets.

When can I go home?

You will usually be able to go home two to three days after your operation. You may be able to go home earlier if you are recovering quickly from your operation.

What else do I need to know?

When you go home, we advise you to just do gentle movement to start with and to avoid strenuous exercise at least for the first six weeks after your surgery. After this time you can build up to your normal levels of activity, but it may take time for you to regain your previous level of fitness. Avoid constipation and heavy lifting.

During the first few weeks you may notice a bloodstained discharge from the vagina. If the bleeding is heavy, has an offensive smell or if you feel unwell then it could be a sign of infection and you should visit your GP. Your GP may then prescribe you antibiotics.

You can start sexual activity whenever you feel comfortable enough after six weeks, so long as you have no blood loss. You will need to be gentle and may wish to use lubrication. You may, otherwise wish to defer sexual intercourse until all stitches have dissolved. This will typically be in three to four months' time.

Will I be able to drive?

You are allowed to drive if you are able to perform an emergency stop, however you will need to check details of your cover with your insurance company.

Will I need to come back to the outpatient department?

You will need to come to the outpatient clinic for an appointment around eight weeks after your operation. The doctor may need to examine you at this appointment. Following your visit you may be able to resume work, providing it does not involve heavy lifting. You may also resume sexual intercourse.

Tell us what you think of this leaflet

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact:

Mr O A Adekanmi, Consultant Gynaecologist and Obstetrician, The York Hospital, Wigginton Road, York, YO31 8HE, telephone 01904 725549 or

Mr O A Ajayi, Consultant Gynaecologist and Obstetrician, Scarborough General Hospital, Woodlands Drive, Scarborough, YO12 6QL, telephone 01723 385248.

Teaching, Training and Research

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

Patient Advice and Liaison Service (PALS)

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email pals@york.nhs.uk.

An answer phone is available out of hours.

Providing care together in York, Scarborough, Bridlington,
Malton, Selby and Easingwold communities

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