

Abdominal Sacrocolpopexy

Information for patients, relatives and carers

Obstetrics & Gynaecology Department

① For more information, please use one of the numbers provided in Useful Contacts Details on page 13

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In this leaflet we try to answer some common questions about having Abdominal Sacrocolpopexy. Remember everyone is different and you are encouraged to ask your own questions of the doctors and nurses.

Abdominal Sacrocolpopexy is an operation to treat prolapse that involves the top of the vagina (the Vaginal Vault). The aim of this operation is to reduce vaginal prolapse and to restore the shape and function of the vagina. If you have a prolapse of the bladder or bowel, it could be repaired at the same time as your vaginal prolapse and we will discuss this with you. An additional operation to treat urinary stress incontinence may also be performed at the same time.

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 will 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 about which you are uncertain. You will need to change into a theatre gown and one of our dressing gowns. Alternatively you may prefer to bring your own dressing gown. It must be clean as you are going into an operating theatre area.

A doctor will see you 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 your 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 problems, dental treatment and any previous anaesthetics that you have had, as well as any anaesthetic problems within your family. You may be required to undergo further investigations at this time.

Before the procedure, you will also be asked to sign a consent form (FYCON105-1 Abdominal Sacrocolpopexy 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 also be given a copy for your own records.

You should also receive the leaflet “You and Your Anaesthetic” that has detailed information on anaesthetics and their side effects.

How is the procedure carried out?

A cut is made in your tummy, usually just below the pubic hairline. If you have had a previous abdominal hysterectomy, the incision is likely to be made in the same place.

A strip of artificial material (mesh) is attached between the vagina and the tissue (the ligaments) in front of the lower part of the spine (the sacrum).

A fine drain may be placed in the wound to remove excess blood. The wound is closed with clips or stitches that are usually removed on the fifth day after the operation. A catheter may be inserted into the bladder to help the bladder to drain. 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 sometimes associated with Abdominal Sacrocolpopexy surgery include the following:

Frequently occurring risks: vaginal bleeding or wound infection (1 in 10), urinary infection, retention, and or frequency, post-operative pain and difficulty or pain with intercourse (1 in 10), mesh erosion into vagina (3 in 100).

Serious Risks: Excessive bleeding requiring transfusion and/or return to theatre (2 in 100), damage to bladder or urinary tract (2 in 1000), damage to bowel (5 in 1000), pelvic abscess (3 in 1000), failure to achieve desired result (up to 1 in 4-5), thrombosis, pulmonary embolism or death (37 per 100,000).

However, over 90% of patients are happy with their results.

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 after your surgery and different 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 blood 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 blood clots forming.

You should be able to walk the day after your 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 so that you remain comfortable.

Many patients are given a hand held device to control the pain which allows you to control your own pain relief when you need it. This is called a PCA (patient controlled analgesia) machine.

The PCA machine is loaded with a syringe that is full of pain killing medicine. 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 medicine straight into your vein.

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

When can I go home?

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

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 you time for you to regain your previous level of fitness.

During the first few weeks you may notice a blood stained discharge from your 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.

When 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 Outpatients Department?

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

Useful contact details

York

Mr Hunter's Secretary	01904 725545
Miss Mitchell's Secretary	01904 725617
Miss Oxby's Secretary	01904 721682
Mr Dwyer's Secretary	01904 725549
Mr Evans's Secretary	01904 726553
Mr Jibodu's Secretary	01904 725111
Mr Adekanmi's Secretary	01904 725549
Miss Dean's Secretary	01904 721682
Miss Sanaullah's Secretary	01904 725617
Mr Brewer's Secretary	01904 726553
Miss Fahel's Secretary	01904 725111
Waiting List Office	01904 725132
Family Planning Clinic Monkgate	01904 725432

Scarborough

Mrs Ramaswamy's Secretary	01723 342083
Miss Hayes Secretary	01723 385248
Mr Ajayi's Secretary	01723 385248
Miss Verma's Secretary	01723 342515
Mr Ahmidat's Secretary	01723 342515
Mr Freitas Secretary	01723 385248
Mr Patel's Secretary	01723 385248
Dr Pandey's Secretary	01723 342083
Waiting List Clerk	01723 342249

Tell us what you think

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 staff and improve health and healthcare in our community. Staff or students in training may attend consultations for this purpose. You can opt-out if you do not want trainees to attend. Staff may also ask you to be involved in our research.

Patient Advice and Liaison Service (PALS)

Patients, relatives and carers sometimes need to turn to someone for help, advice or support. Our PALS team is here for you.

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

An answer phone is available out of hours.

Providing care together

in York, Scarborough, Bridlington, Whitby, Malton, Selby and Easingwold

Please telephone or email if you require this information in a different language or format

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Owner

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Date first issued

Mr O A Ajayi, Consultant Gynaecologist and Obstetrician
August 2009

Review Date

January 2019

Version

3 (issued February 2017)

Approved by

Gynaecology and Obstetrics CGG

Linked to Consent Form

FYCON105-1 Abdominal Sacrocolpopexy v3

Document Reference

PIL 538 v3

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