

Information for Patients

Abdominal Sacrocolpopexy

What is an abdominal sacrocolpopexy?

An abdominal sacrocolpopexy is an operation performed through a cut in the abdomen. It corrects a prolapsed vagina vault (top of the vagina) by lifting it into its normal position.

Why do I need an abdominal sacrocolpopexy?

Sometimes the body's natural supporting structures are weakened and the vagina slips down from its normal position causing a prolapse. Weakness of these supporting structures may be due to vaginal childbirth, aging, hysterectomy and changes in your hormone levels.

How Successful is the surgery?

Sacrocolpopexy is successful in 80-90% of women. There are other alternatives that are done through the vagina and do not use mesh, such as a sacrospinous ligament suspension. The different options should be discussed with your surgeon before surgery.

What happens before my operation?

A blood test will need to be performed and a urine sample may need to be taken 4-5 days prior to surgery. If you are over 60, or have other medical problems, you will have an electrocardiogram (ECG) to check the health of your heart prior to surgery.

It is important to avoid constipation. Try to establish and maintain a regular, soft bowel habit leading up to your operation. Identify the foods that can help you maintain a regular bowel habit for your post-op period.

You will be advised when to stop eating and drinking.

What happens on the day of my operation?

You will be advised when to come to hospital: this is usually on the day of surgery.

You should bring all your own medications with you to hospital.

You will be encouraged to commence deep breathing and coughing exercises pre-operatively. This prevents any breathing complications or chest infection occurring following the surgery and anaesthetic.

The lower abdomen will be shaved and you will have protective stockings fitted.

This operation is performed under general anaesthesia. The anaesthetist will discuss this with you prior to the operation. Just prior to surgery you may be given a tablet to help you relax.

What happens during my operation?

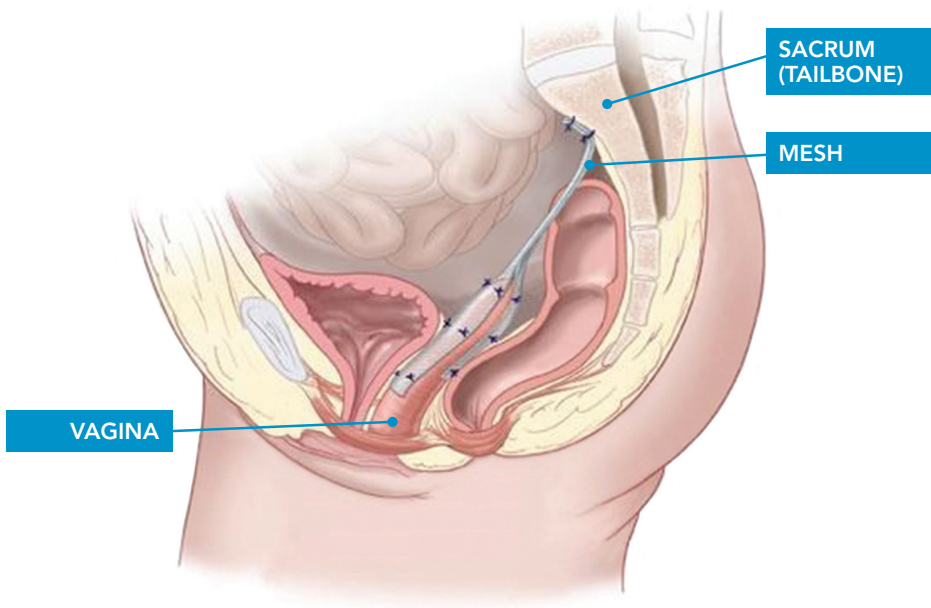
A “bikini” line cut is made just below the pubic hair line. The vagina is first freed from the bladder at the front and the rectum at the back.

A graft made of permanent synthetic mesh is used to cover the front and the back surfaces of the vagina. The mesh is then attached to the sacrum (tail bone) as shown in the illustration.

The mesh is then covered by a layer of tissue called the peritoneum that lines the abdominal cavity.

Sacrocolpopexy can be performed at the same time as surgery for hysterectomy, incontinence or other prolapses.





What to expect after my operation

You will probably be in hospital 3-4 days following this type of surgery.

When the operation is completed, you will go to the recovery room for a short while where you will be cared for until you are ready to be transferred to your room. When you wake up it is common to feel an urgent desire to pass urine. This is due to the catheter in your bladder.

Pain Control

You will be given oral pain relief to manage your pain.

You may have a PCA pump, this means you can control your own pain relief.

Wound

Your wound will be just below your pubic hair line. The sutures are dissolvable and do not need removing.

Catheter

Your nurse will monitor your catheter drainage. This will be removed on day 1 or 2 depending on your urologist's instructions.



After discharge

You will receive a follow-up appointment in the post with your surgeon 6 weeks after the operation.

Heavy lifting, straining, intercourse or strenuous activity should be avoided for 4-6 weeks after surgery. You can gradually return to full activities over 3 months.

Things you can do after discharge

- Showering.
- Preparing light meals.
- Walking up and down stairs slowly.
- Gentle walking is to be encouraged – it is better to do two short walks in the day rather than one long walk.

Things you should not do for 4-6 weeks include

- Picking up objects over 5kg.
- Housework except light work at bench height.
- Vacuuming.
- Carrying supermarket/rubbish bags.

Things you should not do for 12 weeks include

- Heavy lifting.
- Shifting the furniture.
- Lawn mowing or digging the garden.
- Weights at the gym.
- Carrying children/pets.

Wait 6 weeks before resuming sexual intercourse.

You can resume driving after 4 weeks

You may also feel tired during your recovery period and perhaps a bit low, but as you start to recover you should find this improves

Pelvic floor exercises

- It is important to recommence pelvic floor exercises once you have recovered from surgery.
- If you have any concerns about your technique please contact our nurse.

Bowels

- You may eat and drink normally.
- Bowels – try to keep your bowel motions soft by using high fibre foods such as kiwi fruit, fruit, vegetables, wholemeal bread, nuts and seeds.
- Do not become constipated or strain to have a bowel motion.
- Use a footstool to help bowel emptying. Discuss this with our nurse if you need further information.

Possible complications

The use of polypropylene synthetic mesh

Sacrocolpopexy does involve using synthetic mesh that is attached to the front and back wall of the vagina. Complications can arise from the use of mesh.

- Erosion—in 1-3% this is uncommon as the mesh is placed via the abdomen without a cut in the vagina.
- Pain—occurs in the lower abdomen in 2-5% of women after this surgery. The pain usually comes and goes. It may occur with sexual intercourse. This rate is similar to other surgery in the lower abdomen.

General Complications of Surgery

- Wound infection.
 - Bleeding requiring a blood transfusion <1%.
 - Damage to the ureters, bowel or bladder <1%.
 - Blood clots in the legs, 1%.
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Immediately after the surgery seek help if you develop

- Flu like symptoms.
- A temperature over 38°C.
- Discomfort not controlled by pain medication.
- Bleeding or difficulty passing urine.
- Pain or tenderness in the calf or thigh.
- Symptoms of a urinary tract infection such as pain on passing urine, going more often or smelly urine.
- Increasing pain or redness along the wound.

Change in voiding habits

- Following surgery you may find that your urinary stream does not start to flow immediately. The stream may be weaker, or to one side or tend to stop and start.
- You may also notice that your usual toileting posture changes.
- These problems are not usually permanent and will resolve over time.
- You may have trouble passing urine after your catheter is removed. If this is the case you will be taught how to self-catheterise until you are able to pass urine independently.

Rare complications

All surgeries carry risks and the above risks are the most common. In rare cases, injury to the bladder, bowel or rectum may occur. In these rare events, further surgery may be required.



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