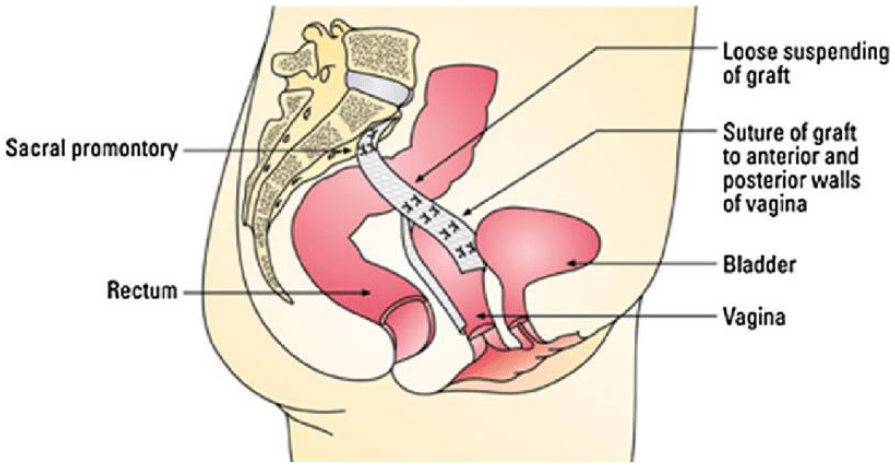
Abdominal Sacrocolpopexy or Sacrohysteropexy

Patient Information – Urology Service

What is an abdominal sacrocolpopexy or sacrohysteropexy?

An abdominal sacrocolpopexy or sacrohysteropexy is an operation performed through a cut in the abdomen. It corrects a prolapsed vagina by lifting it into its normal position and using a piece of synthetic mesh to secure the vagina into its new position.



Why do I need an abdominal sacrocolpopexy or sacrohysteropexy?

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.

Mesh complications

Mesh has been around for more than 20 years and most women have had very successful results. The success rate is about 90%.

Erosion of the mesh into the bladder or urethra (tube from the bladder that empties the urine) may occur in a small number of women (<1%), sometimes many years after the initial surgery. This will require surgery to correct. This surgery may require going through the abdomen or the vagina.

Erosion of the mesh through the vaginal wall occurs in 2-5% of women. If this occurs, a further surgery to cover or remove the mesh will be necessary. Very rarely, mesh can erode into the bowel or other internal organs, requiring further surgery. If you have concerns, discuss them with

your urologist.

Pain after the surgery is normal for four to six weeks. Uncommonly, this pain in the lower abdomen may persist.

What happens before my operation?

The surgery and outcomes will be explained to you by your surgeon before the surgery. When you feel comfortable that you understand what is to be done and have had all your questions answered, you will be asked to sign a consent form. This consent form should be signed by both yourself and your surgeon and forwarded to the hospital prior to your admission.

A blood test will need to be performed and a urine sample may need to be taken a few days prior to your surgery.

If you are over 60 years of age or have other medical conditions, you may also have an electrocardiogram (ECG) prior to surgery to check the health of your heart.

You will be advised when to stop eating and drinking before surgery. This includes water and chewing gum. You can swallow tablets with a small sip of water.

You should bring your own medications with you to hospital.

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

You will be taught how to perform pelvic floor exercises to help you regain control of your bladder.

Please inform your surgeon if you are taking anti-coagulant (blood thinning) medication (e.g. warfarin, clopidogrel, dabigatran, rivaroxaban or ticagrelor), or any medication for diabetes. Your surgeon will advise when to stop and restart these medications. If you are taking aspirin, it is okay to continue taking this.

What happens on the day of my operation?

You will go to Christchurch Hospital on the day of your surgery. Be aware that this is not a day surgery. On arrival, the staff will guide you through what is required prior to your surgery.

You will have a clean hospital gown and protective stocking fitted.

Your lower abdomen will be shaved in preparation for the surgery.

An IV (intravenous) line will be placed in a vein in your arm or hand that will be used to supply fluids or medications during the surgery.

You may be given a medication to prevent blood clots.

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

This operation is performed under general anaesthesia. The anaesthetist will see you before the surgery. A tube may be inserted into your throat to help you breathe while you are in a sleep-like state.

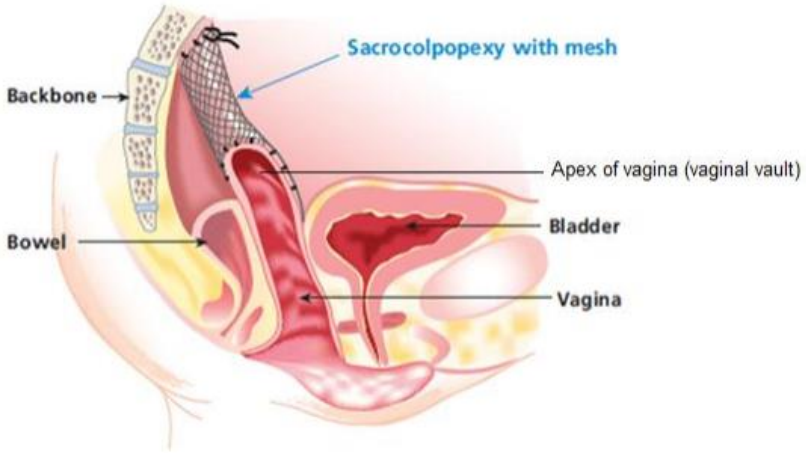
Just prior to your surgery, you may be given a pre-medication tablet to relax you.

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 (bottom) at the back. A piece 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), suspending your vagina back into its proper position.

If you have had a hysterectomy in the past, or are having a hysterectomy during your surgery, the operation is called a sacrocolpopexy. If you still have your uterus, the mesh wraps around your uterus like a 'hug', and the operation is called a sacrohysteropexy. The mesh used is the same for both types of surgery, although with sacrohysteropexy there are slightly less complications with mesh erosion. Your urologist will talk to you about what is best for you.

A sacrocolpopexy or sacrohysteropexy can be performed at the same time as surgery for incontinence such as a retropubic mesh (TVT) sling or a rectus fascia sling, or vaginal surgery for bladder or bowel prolapse, such as a cystocele or rectocele repair.



What to expect after my operation?

You will usually be in hospital for two to three nights 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 and monitored closely until you are ready to be transferred to the Urology Unit. 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 patient-controlled analgesia (PCA) pump. This means you can control your own

pain relief by pushing a button connected to the pump.

Wound

Your wound will be just below your pubic hair line. The stitches are dissolvable and do not need removing. The dressing tape can be removed after seven to ten days. If you notice the wound becomes inflamed, there is an increase in pain or it is red, hot or swollen, contact your GP for advice.

Catheter

You will have a fine tube (catheter) placed into your bladder via your urethra, draining urine into a catheter bag. Your nurse will monitor your catheter drainage. This will usually be removed on day one or two after your surgery depending on the urologist's instructions.

Occasionally after this surgery you may experience difficulty passing urine after your catheter has been removed.

If you cannot pass urine, pass only a small amount or have bladder discomfort, please let your nurse know. The nurse will use an ultrasound scanner to record the volume of urine retained: this is called the residual urine.

If the volume is significant then it might be necessary for you to learn how to pass a catheter into the urethra to empty the bladder yourself. This is called intermittent self-catheterisation (ISC) and can be performed in the privacy of your own bathroom or any toilet. Initially you may have to catheterise each time you need to pass urine, but as things return to normal, the frequency of your ISC will be reduced.

If needed your nurse will give you a booklet that outlines this technique and will help you in learning ISC. When you feel confident inserting the catheter, you can be discharged home.

If you are unable to do ISC, or depending on the instructions from your surgeon, you will be discharged home with an indwelling catheter (IDC). Your surgeon will decide when this should be removed.

Keeping a regular soft bowel motion is important. While in hospital you may be prescribed a laxative such as lactulose to help with this. Kiwifruit or Kiwi Crush are also recommended.

What to expect after discharge?

Following surgery, it is important to avoid any abdominal straining while your surgery heals. In particular, you must avoid heavy lifting (5 kg or more), straining, sexual intercourse or strenuous activity for four to six weeks after surgery.

You can gradually return to light activities over three weeks and then full activities after three months.

Things you can do:

- 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 six weeks include:

- Picking up heavy objects
- Housework, except light work at bench height
- Vacuuming
- Carrying supermarket/rubbish bags
- Carrying children/pets.

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 supermarket/rubbish bags
- Carrying children/pets.

Wait six weeks before resuming sexual intercourse.

You can resume driving after four weeks or when you feel you could perform an emergency stop without being concerned about abdominal pain.

You may also feel more 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 continence nurse.

Bowels

- You may eat and drink normally.
- Bowels: try to keep your bowel motions soft by using high fibre foods such as fruit (kiwifruit), 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 one of our continence nurses if you need further information.

Possible complications

All procedures have a potential for side effects. You should be reassured that, although these complications are well-recognised, the majority of patients do not suffer any problems after a urological procedure.

Please contact your GP immediately or visit the Emergency Department at your local hospital if you develop:

- Flu-like symptoms
- A temperature over 38°C
- Discomfort that is 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.

Change in toileting habits

It is quite normal to have trouble emptying your bladder to start with. This is because there is swelling around the area where the sling is placed.

You may have trouble passing urine after your catheter is removed. Two thirds of woman will have to have a catheter replaced or learn how to do clean intermittent catheterisation (CIC) prior to going home until they can pass urine independently. The technique for this (explained above) will be shown to you before the operation, and teaching will be given by the ward nurses if this is necessary.

This difficulty voiding settles over the next six weeks or so. The flow starts to improve in the afternoon then gradually becomes more normal throughout the rest of the day. First thing in the morning is the slowest to come right.

Some woman may notice their flow always remains a bit slower than normal.

Follow-up

The hospital continence nurse may contact you by telephone to check on your progress. If you have any concerns, you may phone the continence nurse or make a time to be seen in person.

You will receive an appointment in the mail to attend the Urology Outpatient clinic. This is usually about six weeks following your surgery. At this visit, you may see either your urologist or the continence nurse.

A letter will also be sent to your own doctor about your operation.

Contact information

For more information about:

- Hospital and specialist services, go to *www.cdhb.health.nz*
- Your health and medication, go to *www.healthinfo.org.nz*

For information on parking, how to get to the hospital, and visiting hours, please visit *www.cdhb.health.nz*