

Patient Information Leaflet for laparoscopic Sacro-Colpopexy

What is laparoscopic Sacro-Colpopexy?

This is an operation carried out using keyhole surgery under general anaesthesia to correct prolapse of the vaginal vault. This condition refers to slipping down of the top of the front passage in patients who have had their womb removed surgically. The operation is intended to support the vaginal vault and correct associated vaginal prolapse. This is achieved by fixing the vaginal vault to the top of the lower back bone (sacrum).

How is it performed?

The operation is done through a key-hole approach. A tiny 1cm cut is made in the belly button (umbilicus), to introduce the laparoscope. Three additional small cuts (1/2 cm) are made on either side of your tummy. These cuts enable introducing instruments to do the operation. Through these cuts, the vaginal vault is located and lifted up by attaching it to the top of the lower back bone (sacrum). The attachment is made using synthetic material (mesh). This mesh is extended to the front and back to support the vagina. This mesh is like a net with holes in it, through which your body will grow fibrous tissue. This will get the mesh to be integrated into your own tissues, to support the vagina. At the end of the surgery, all surgical instruments are removed and all wounds are closed.

Are there any alternative procedures?

- ✓ Abdominal sacrocolpopexy, which is the same operation performed abdominally (through a cut across the tummy)
- ✓ Vaginal repair with sacrospinous fixation. In this operation, the prolapse is corrected vaginally (from down below) and the vaginal vault is fixed to a ligament (band of fibrous tissue) in the pelvis
- ✓ Alternatively, you may decide not to have surgery and want to try vaginal pessaries to control the prolapse without having to have an operation.

What are the risks and complications associated?

These can be classified as risks specific to sacro colpopexy and risks common to all laparoscopic surgeries. Risks common to all laparoscopic surgeries can be classified as serious and frequently occurring risks.

Major risks include:

- ✓ Major complications from laparoscopy occur in approximately 2 in every 1 000 women. (Very rare)
- ✓ Failure to achieve access in to the abdominal cavity and to finish the planned procedure
- ✓ Damage to bladder, bowel, major blood vessels or uterus which may require urgent repair by laparoscopy or laparotomy (making an open incision in the tummy) (< 1%, uncommon). Up to 15% of the bowel injuries may not be identified at the time of the surgery.
- ✓ Hernia at site of entry
- ✓ Very rarely death; 3 to 8 in every 100 000 women undergoing laparoscopy die due to the complications.

Common risks:

- ✓ Bruising of the wound
- ✓ Pain in Shoulder-tip
- ✓ Gaping of the wound
- ✓ Infection of the wound

Complications specific to Sacro Colpopexy are as follows.

Common risks include:

- ✓ You may feel trouble in voiding urine soon after surgery. This is regularly managed by leaving the tube to drain the bladder for longer and you can leave the hospital with a leg bag for some days. Infrequently, patients may necessitate intermittent self catheterisation for a small period.

Uncommon risks include:

- ✓ Wound infection
- ✓ Urinary tract infection.
- ✓ Failure to complete the operation through the key-hole,
- ✓ The synthetic surgical material used to lift the vault of the vagina may erode into the Bowel, bladder or vagina. This is infrequent but may necessitate removal of the mesh.
- ✓ Bladder or bowel injury
- ✓ Pelvic abscess or infection
- ✓ Late onset trouble voiding urine. This may start days or even weeks after being able to void urine easily. The management is the same as initial trouble voiding urine, either by using a tube (catheter) with a leg bag and/or clean intermittent self catheterisation.
- ✓ Hernia at site of entry
- ✓ Bleeding requiring blood transfusion
- ✓ Whilst the operation may improve the sense of bulge, there is minor possibility that bowel, urinary and/or sexual problems may continue.
- ✓ Unmasking of stress incontinence of urine (leakage of urine (small drops) on sneezing and coughing) that was hidden by the kink of the urethra, associated with prolapse.
- ✓ The surgery might fail or prolapse may reappear with time

Risks associated with General Anaesthesia

Generally, the risk to you will depend on whether you have any other illness (co-morbid conditions), personal factors (smoking/ having overweight or obesity) or previous complicated surgery (lasted long duration or done in an emergency).

1. Very common and common side effects (occur in 1 in 10 or 1 in 100 patients)

Headache ,feeling sick and vomiting after the operation, faintness, sore throat , blurring vision, pains, backache, itching, pain during injection of drugs, bruising and soreness, confusion or memory loss.

2. Uncommon side effects (occur 1 in 1000 patients)

Damage to teeth, tongue or lips, Chest infection, muscle pains, bladder problems, slowing of breathing, worsening of the already existing medical disease, becoming conscious during the time of operation.

3. Rare or very rare complications (occur 1 in 10,000 or 1 in 100,000 patients)

Serious allergy to drugs, damage to the eyes, nerve damage, death, failure of equipment.

Will I require any additional procedures?

You may require repair of organs if there is any damage to the bladder, bowel or uterus during the surgery. You may also require blood transfusions if there is significant blood loss.

What are the important points before and after the procedure?

After the procedure:

- ✓ **Eating and drinking:** Normally following surgery you can drink fluids after 6hours and eat after 12hours unless otherwise indicated by medical staffs.
- ✓ **Mobilizing:** After this surgery, we will mobilize you as soon as possible to reduce complications arising from lying in bed for long.
- ✓ **Leaving hospital:** The duration of your stay in hospital usually depends on your surgery and how soon you recover. Normally it may be possible for you to go home on the next day of operation but if you have problems with the recovery from the operation or require further treatment you might need to stay in for longer.
- ✓ **Resuming normal activities including work:** You can restart your normal activities (including gentle work) few days following the operation. You will have to avoid doing more vigorous work longer. You can drive after 48 hours if you are comfortable.
- ✓ **Sexual Intercourse:** As it takes nearly 4-6 weeks for the vagina to heal in its new supported position after the operation, refrain from having sex for 4-6 weeks. Try a vaginal lubricant from pharmacy, if you have vaginal dryness. You should see your GP, if you encounter pain or any other problems related to intercourse.