

Information Leaflet for Laparoscopic Utero-Sacropexy

What is Laparoscopic Utero- sacropexy?

It is the re-suspension of the prolapsed womb using a strip of synthetic surgical mesh to pull up the womb and hold it in normal position. One end of the surgical mesh is fixed to the cervix and the other to the sacrum. This is performed through a keyhole surgery.

How is it performed?

The operation is done through a key-hole approach. A 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 uterus 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 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 prolapsed uterus. At the end of the surgery, all the surgical instruments are detached and all wounds are closed.

Are there any alternative procedures?

You will probably be advised on other available treatment options like pelvic floor exercises, vaginal pessaries or more minor operation. The optimal treatment depends on the nature and extent of your illness, as well as individual features.

For many years, vaginal hysterectomy (removal of the prolapsed uterus through the vagina) has been the traditional “standard” surgical treatment for uterine prolapse.

What are the risks and complications associated?

These can be classified as risks specific to Utero sacropexy 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

Risks specific to utero-scaropexy are as follows.

- ✓ The surgical mesh might erode) the surrounding tissues or cause inflammation. In major cases, the surgical mesh might need to be taken out.
- ✓ If you are thinking of having children after the surgery, a pregnancy may disrupt the repair and lead to recurrence of prolapse. To avoid this, you might be asked to go for a planned caesarean section rather than a normal vaginal delivery.
- ✓ Infection of the wound, lungs or bladder, or internally near the surgical site.

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).

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.

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.

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?

Before the procedure:

You will be required to remain fasting for a minimum of 6 hours for solids and 2 hours for liquids before the procedure.

The anaesthetist will perform an assessment of your fitness to be induced and will give specific instructions if you're suffering from any chronic illness such as diabetes, high blood pressure, or ischaemic heart disease. General anesthesia is given by means of inhalation of an inducing agent (a gas) and also by a maintaining drug through an intravenous site.

The risks and complications associated with general anesthesia will be discussed with you by the consultant anaesthetist.

After the procedure:

- ✓ **Eating and drinking:** Normally following surgery you can drink fluids after 6 hours and eat after 12 hours 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. Most of the patient stay in ward for nearly 2 days 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.