

Open Sacrocolpopexy

What is an open sacrocolpopexy?

This is an operation for the treatment of genital prolapse. It is particularly used in women with failed previous surgery. It involves the use of a mesh, which is attached to the vagina and then fixed to the sacrum, a long flat bone in the back of the pelvis (the 'seat' bone).

What is involved?

The procedure is performed usually under general anaesthesia but may be done under a spinal. Your anaesthetist will discuss this with you. There is an incision made on your abdomen (tummy) just above the pubic bone either horizontally or vertically. A mesh made of polypropylene - PROLENE™ (that has uses outside of medicine in packaging, textiles, stationery etc.) is then attached to the back of the vagina and fixed to the sacrum by means of non-dissolving stitches/ titanium buttons. The incision is usually closed with sutures (stiches) these may be dissolvable (these take 5 days to 2 weeks to dissolve) or if non absorbable they will be removed on day 7. You may have a drain in your wound, and this is removed usually 24hrs after surgery.

What can go wrong?

As with any operation there can be infection of your abdominal wound or the mesh as it is foreign material but this is usually treatable with antibiotics. Sometimes (in 10 out of 100 women) the mesh needs to be trimmed or even removed.

As with all abdominal procedures there is a very small risk of bladder, bowel or major blood vessel injury.

Anaesthesia is not without risks and these are outlined in the anaesthesia consent forms.

What to Expect

You are usually admitted the day of surgery and you may be given a gentle enema to clean out your bowel. Your stay is usually between three and five days at the most after surgery.

After the Surgery

When you go home you must not lift heavy objects or do strenuous work for about six weeks. Avoid intercourse for the same period. Being abdominal surgery you will need the full 6 weeks off work.

Pain should be relieved with Panadol or Panadeine (remember if you take Panadeine, this increases the risk of constipation so ensure you have an adequate intake of fibre and fluids in your diet). You need to keep your wound clean and dry till healed. Some vaginal bleeding may occur during the first week or so,

this is the stitch coming away – this is quite normal providing it is 'pinky' coloured discharge.

If your wound becomes inflamed and shows any yellowish discharge or your vaginal loss becomes dark, clots or develops an odour or you have a temperature then you must contact your local hospital or GP.

You will be seen ten to twelve weeks after the operation where follow up investigations may be arranged for you. If everything is well the success of our operation should be permanent.

Tips for Success

The success rate of this operation is good and continues to be evaluated. To increase the success rates simple measures to be followed are:

- Weight loss if overweight
- Reducing or quitting smoking
- Improving pelvic muscle tone by doing pelvic muscle exercises and continuing to do them after surgery.

We recommend you are not to self examine or self assess your operative site until you have been examined by the doctor post operatively.

Do not drive an automatic car for	1 week
Do not drive a manual car for	2 weeks
Do not make a bed for	2 weeks
Do not hang out washing for	4 weeks
Do not use your vaginal oestrogen for	4 weeks
Do not stretch upward for	6 weeks
Do not do any lifting for	6 weeks
Do not have sexual intercourse for	6 weeks

Remember to **rest**. If you are tired and uncomfortable you have been doing too much and need to slow down.

When emptying your bladder, sit on the toilet, feet flat and lean forwards.

Drink 6-8 glasses of fluid per day; limit your caffeinated drinks to 3 per day. Ensure your fibre intake is 30g per day. If constipation is a problem, Lactulose, which you can buy from the chemist, or another stool softener should be used.

Contact your GP or Emergency Department if you experience any of the following:

- pain not relieved by painkillers
- burning or difficulty passing urine

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urogynaecology patient
information

- increased vaginal bleeding or passing clots
- smelly, offensive, or unusual genital discharge
- fever or feeling unwell

Your doctor will be happy to discuss any concerns that you may have regarding this operation.

I have read this information leaflet and understand its contents.

Signed: _____

Name: _____

Date: _____

**PLEASE BRING THIS DOCUMENT WITH YOU AT THE
TIME OF ADMISSION FOR YOUR OPERATION**

*It is important to check with your insurance company, re driving your car as each company has different policies on driving and surgery.