

Transvaginal Sacrospinous Fixation

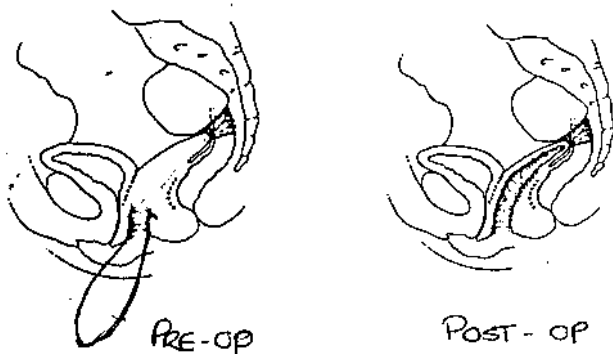
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What is transvaginal sacrospinous fixation?

Transvaginal Sacrospinous Fixation is a specialised procedure used to fix the vagina vault in its correct anatomical position. This is done by stitching it to the sacrospinous ligament, a strong ligament, which goes from the pelvic bones to the sacrum (the seat bone).

What is involved?

This procedure is usually performed under a general anaesthetic. A small incision at the top of the vagina is made and the vagina is stitched to a ligament inside the pelvis to hold it in place. This procedure will provide firm, permanent and adequate support. It will restore vaginal depth, position and sexual function.



What can go wrong?

The chances of complications with this operation are extremely rare, but may include bleeding or infection, which are both treatable. Anaesthesia is not without risks these, are outlined in the Queensland Health consent forms.

What to Expect

The success rate of Transvaginal Sacrospinous Fixation is 85% - 90% at 5 years. Weight reduction if overweight, reducing or quitting smoking, improving pelvic muscle tone by doing pelvic floor exercises and continuing these regularly after the operation will help to ensure that the operation is a success.

The average length of stay is overnight. Your doctor will see you the morning after your operation. Discharge instructions will be given prior to you going home. Your stay might increase if you have any additional operation with the sacrospinous fixation.

After the Surgery

When you go home you must not lift heavy objects or do strenuous work for about 6 weeks. Intercourse must also be abstained from for this period of time.

You will be seen six to eight weeks after the operation and if everything is well the success of your operation should be permanent. You must, however, continue to do pelvic floor exercises regularly, pass urine properly (as described before) and try to lead a healthy life style.

You will have some vaginal discharge for 4 to 6 weeks. This should be light bleeding or spotting only and this may vary during that period of time as healing occurs and your stitches dissolve.

You may feel the vagina to be lumpy or raised, this is vaginal tissue, NOT the return of your prolapse and should improve within 6 months.

Tips for Success

We recommend you are not to self examine or self assess your operative site till 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 |

Use pads rather than tampons for the first few weeks post-operatively.

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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- increased vaginal bleeding or passing clots
- smelly or offensive vaginal 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.