SACROSPINOUS FIXATION

Information Leaflet
What is a vaginal vault prolapse?
The vagina is held in position by the body's natural supporting structures. A vaginal vault prolapse is when these supporting structures become weakened and the vagina slips down from its normal position. Weakness of these supporting structures may be due to your hysterectomy, aging, obesity changes in your hormone levels and vaginal childbirth.

It is often accompanied by a posterior vaginal wall prolapse, either a high posterior vaginal wall prolapse called an enterocele, or a low posterior vaginal wall prolapse called a rectocele, or sometimes both.

The pelvic floor muscles are a series of muscles that form a sling or hammock across the opening of the pelvis. These muscles, together with their surrounding tissue, are responsible for keeping all of the pelvic organs (bladder, uterus, and rectum) in place and functioning correctly.

Prolapse occurs when the pelvic floor muscles or the vagina have become weak. This usually occurs after trauma of childbirth but is most noticeable after the menopause when the quality of supporting tissue deteriorates.

With straining, e.g. on passing a motion, the weakness described above allows the vault of the vagina to bulge downwards and the rectum (back passage) to bulge into the vagina and sometimes bulge out of the vagina.

Some women have to push the bulge back into the vagina with their fingers in order to empty their bladder or complete a bowel movement.

Occasionally women find that the bulge causes a dragging or aching sensation.

Alternatives to surgery

Do nothing
If the prolapse (bulge) is not distressing then treatment is not necessarily needed. If, however, the prolapse permanently protrudes through the opening to the vagina and is exposed to the air, it may become dried out and eventually ulcerate. Even if it is not causing symptoms in this situation it is probably best to push it back with a ring pessary (see below) or have an operation to repair it.

Pelvic floor exercises (PFE)
The pelvic floor muscle runs from the coccyx at the back to the pubic bone at the front and off to the sides. This muscle supports your pelvic organs (uterus, vagina, bladder and rectum). Any muscle in the body needs exercise to keep it strong so that it functions properly. This is more important if that muscle has been damaged. PFE can strengthen the pelvic floor and therefore give more support to the pelvic organs. These exercises may not get rid of the prolapse but they make you more comfortable. PFE are best taught by an expert who is usually a Physiotherapist. These exercises have little or no risk and even if surgery is required at a later date, they will help your overall chance of being more comfortable.
Types of Pessary

Ring pessary
This is a soft plastic ring or device which is inserted into the vagina and pushes the prolapse back up. This usually gets rid of the dragging sensation and can improve urinary and bowel symptoms. It needs to be changed every 4-6 months and can be very popular; we can show you an example in clinic. Other pessaries may be used if the ring pessary is not suitable. Some couples feel that the pessary gets in the way during sexual intercourse, but many couples are not bothered by it.

Shelf Pessary or Gellhorn
If you are not sexually active this is a stronger pessary which can be inserted into the vagina and again needs changing every 4-6 months.

What is a Sacrospinous Fixation?
Sacrospinous fixation operation supports the vagina by attaching the vaginal vault to one of the ligaments in the pelvic area (the sacrospinous ligament). The procedure is done through the vagina and uses sutures only; no mesh.

How is Sacrospinous Fixation done?
- The procedure can be performed under regional (spinal) or general anaesthesia.
- A cut is made in the back wall of the vagina and extended to the top of the vagina.
- Using sharp dissection the vagina is freed from the underlying tissues and the Sacrospinous ligament is palpated and identified. See figure below.

- Two sutures are placed through the strong ligament and secured to the top of the vagina. This results in increased support to the upper vagina. There is no shortening of the vagina.
- Other facial defects in the vagina are repaired and the vaginal skin is closed.
How successful is this operation?
This operation has been performed for a long time and the success rate of the operation is 70-90%, this may decrease with time. You should feel more comfortable following the operation and the sensation of the prolapse, or something coming down should have gone.

What risks does the operation have?
No procedure is free of risk and sometimes complications can occur. The most serious and frequently occurring risks are:

General risks of surgery

Anaesthetic risk
This is very small unless you have specific medical problems. This will be discussed with you.

Haemorrhage
There is a risk of bleeding with any operation. The risk from blood loss is reduced by knowing your blood group beforehand and then having blood available to give you if needed. It is rare that we have to transfuse patients after their operation.

Infection
There is a risk of infection at any of the wound sites. A significant infection is rare. The risk of infection is reduced by our policy of routinely giving antibiotics with major surgery.

Deep Vein Thrombosis (DVT)
This is a clot in the deep veins of the leg. The overall risk is at most 4-5% although the majority of these are without symptoms. Occasionally this clot can migrate to the lungs which can be very serious and in rare circumstances it can be fatal (less than 1% of those who get a clot). DVT can occur more often with major operations around the pelvis and the risk increases with obesity, gross varicose veins, infection, immobility and other medical problems. The risk is significantly reduced by using special stockings and injections to thin the blood (heparin).

Specific risks of this surgery

Pain
There may be short term buttock pain which may occur in approximately 25%, long term buttock pain occurs in around 1% of patients.

Damage to local organs
This can include bowel, bladder, ureters (pipes from kidneys to the bladder) and blood vessels. This is a rare complication but requires that the damaged organ is repaired and this can result in a delay in recovery. It is sometimes not detected at the time of surgery and therefore may require a return to theatre. If the bladder is inadvertently opened during surgery, it will need catheter drainage for 7-14 days following surgery. If the rectum (back passage) is inadvertently damaged at the time of surgery, this will be repaired. This may require another operation, and in rare circumstances, a temporary colostomy (bag) may be required.
Prolapse recurrence
If you have one prolapse, the risk of having another prolapse sometime during your life is 30%. This is because the vaginal tissue is weak.

Painful sexual intercourse
Once the wound at the top of the vagina has healed, there is nothing to stop you from having sex. The healing usually takes about 6 weeks. Some women find sex is uncomfortable at first but it gets better with time and sometimes improves using a bit of extra lubrication (KY Jelly). Sometimes sex continues to be painful after the healing has finished but this is unusual.

Change in sensation with intercourse
Sometimes the sensation during intercourse may be less and occasionally the orgasm may be less intense.

Buttock pain
On the side that the Sacrospinous sutures have been passed buttock pain occurs in 5-10% women. This can be very painful but usually fully subsides by 6 weeks.

Formation of prolapse in another part of the vagina, which could require further surgery to correct the problem in the future.

What happens before your operation? (Pre-assessment Clinic)
- A doctor or nurse practitioner will explain your operation to you and ask you to sign a consent form for the operation.
- A copy of the consent form will be given to you to keep. All risks and complications associated with your surgery will be discussed with you prior to signing a consent form.
- You will be asked to attend a pre-assessment clinic prior to your admission; the aim of the assessment is to confirm you are fit for surgery.
- Routine blood samples will be taken.
- Pulse and blood pressure is checked.
- The nurse carrying out your assessment is a Nurse Practitioner and will ask you questions concerning your general health. The nurse will assess if you require any further investigations and will arrange these.
- Other tests may include ECG (tracing of your heart), chest X-ray, spirometry (test for assessing if your lungs are working effectively).
- Please inform the nurse if you have had a recent cold as this may pose a hazard if you are having a general anaesthetic.
The assessment will take approximately 40mins. If further investigations are required, please allow up to 1½ hours.

You can contact the Pre-Assessment Clinic on 0161 419 5590 between 8am – 3pm.

If you develop a cold after you have attended for your assessment, please phone the Jasmine Ward for advice on 0161 419 5508.

When you come into hospital

- Please bring into hospital all medications taken including enough to last for a week.

- The anaesthetist will see you prior to your surgery. If you feel anxious you may be prescribed a premedication usually taken an hour prior to surgery.

- You will be asked to have a bath / shower; do not use deodorant or body lotion following this. The nursing staff will provide you with a gown to wear; no underwear, jewellery, nail varnish, false nails or make-up are to be worn.

- The nursing staff will help you with any questions you have or worries.

After the operation

- Following your operation you will be taken into the recovery room in theatre. The nurses will look after you until you are ready to come back to the ward.

- On return to the ward your blood pressure, pulse and vaginal loss will be monitored.

- You may have a drip in your arm; this will keep you hydrated and help your kidneys produce urine and help keep blood pressure stable. This will be taken out when you feel able to drink.

- A catheter may be put into your bladder to drain urine; this will be done in theatre while you are asleep. A catheter will give your bladder a rest following surgery and help the nurses on the ward monitor the amount of urine you are producing. The catheter will stay in your bladder usually for 24 – 48 hours. The surgeon will tell the nursing staff if it needs to stay in any longer depending on the type of surgery you have had.

- Occasionally a bandage is inserted into the vagina called a vaginal pack to help stop any bleeding; this is done in theatre and will be removed 24 hours later by a nurse on the ward.

- You will be given regular medication to alleviate the pain, nausea or any discomfort.

- You will be assisted with hygiene needs the first day following your surgery, usually by the bedside. By the second day following your operation you will be able to have a bath.

- Mobility is encouraged in the early stages of recovery to prevent circulatory problems. You may be given a daily injection of a drug called heparin this will help prevent any clots developing in your legs.
- Depending on your condition you will be discharged home 2-3 days following surgery.

- Please inform staff on admission if you would like to see a social worker who may be able to help with shopping and cleaning.

**When you are ready to go home**
- A week’s supply of new medication will be given to you.

- A sick note will be given to you if needed. This will provide cover while you have been in hospital when you are recovering.

- If you have any concerns you can phone the ward day or night to ask for advice, the phone number is 0161 419 5508.

**When you go home**
- Avoid lifting for 3 months, this includes carrying shopping bags, vacuuming / cleaning, ironing (for 6 weeks), moving furniture, going to the gym, swimming (6 weeks).

- Avoid constipation. Drink plenty of water / juice and eat fruit and green vegetables. Plenty of roughage e.g. bran / oats.

- At six weeks gradually build up your level of activity. After 3 months, you should be able to return completely to your usual level of activity.

- You should be able to return to a light job after about six weeks. Leave a very heavy or busy job until 12 weeks.

- You can drive as soon as you can make an emergency stop without discomfort, generally after 4 weeks, but you must check this with your insurance company, as some of them insist that you should wait for six weeks.

- Avoid sexual intercourse for 6 weeks. You will need to be gentle and may wish to use lubrication (such as KY jelly) as some of the internal knots could cause your partner discomfort. You may, otherwise, wish to defer sexual intercourse until all the stitches have dissolved, typically 3 months.

- Do not use tampons as this may cause infection, sanitary towels are advised. Following surgery you will have a light vaginal discharge; this is normal and may continue for 7 – 14 days.

- If the loss becomes heavy or offensive please contact your GP who will advise you.
Useful references - Where can I obtain more information?
NHS direct online www.nhsdirect.nhs.uk may be a good starting point for finding out more information about vaginal prolapse.

For more information on your anaesthetic you can visit a useful website supported by the Royal College of Anaesthetists and the Association of Anaesthetists of Great Britain and Ireland:
http://www.youranaesthetic.info/
http://www.bladderandbowelfoundation.org
http://www.nice.org.uk/nicemedia/pdf/IPG267PublicInfo.doc
www.bsug.org.uk

Things I need to know before I have my operation.

Please list below any questions you may have, having read this leaflet.

1)…………………………………………………………………………
2)…………………………………………………………………………
3)…………………………………………………………………………
4)…………………………………………………………………………
5)…………………………………………………………………………

Please describe what your expectations are from surgery.

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2)…………………………………………………………………………
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Contact us
Jasmine Ward 0161 419 5508
If you would like this leaflet in a different format, for example, in large print, or on audiotape, or for people with learning disabilities, please contact:
Patient and Customer Services, Poplar Suite, Stepping Hill Hospital. Tel: 0161 419 5678
Information Leaflet. Email: PCS@stockport.nhs.uk.

Our smoke free policy
Smoking is not allowed anywhere on our sites. Please read our leaflet 'Policy on Smoke Free NHS Premises' to find out more.

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