Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

Sacrospinous Fixation

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Patient Information

Gynaecology Service

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Introduction

This leaflet has been written to try and answer questions you might have about sacrospinous fixation; however, it is not intended to replace the personal contact between you and the doctors and nurses. **It should be read together with the NICE Patient decision aids on "surgery for uterine prolapse" and "surgery for vaginal vault prolapse".** In these information leaflets and decision aids, available treatments are described and compared**.**

If at any time you have any worries or questions not covered by this leaflet, please feel free to discuss them with a member of staff.

What is a Sacrospinous Fixation?

It is an operation to correct a prolapsed uterus (dropped womb) or prolapse of the vault (top) of the vagina (in case of a previous hysterectomy), in which case the prolapse is called a vault prolapse. It is usually carried out under general (fully asleep) or spinal (similar to an epidural) anaesthesia.

Alternative treatments for prolapse

These include Do nothing, Pelvic floor exercises and Conservative management with a ring or a shelf pessary. These are described in their own information sheets.

How is a sacrospinous fixation operation done?

The operation is carried out through the vagina (front passage). The prolapse is anchored with very precisely inserted stitches to the sacrospinous ligament (a strong ligament of the pelvic bones) on the right side of the pelvis. Any degree of prolapse of the walls of the vagina, either the front wall (near the bladder), or back wall (near the back passage), can be repaired at the same time.

At the end of the operation a catheter is sometimes inserted into the bladder and a vaginal pack (gauze) may be inserted into the vagina (front passage). The following morning the pack and the catheter are removed. Once you feel quite well and have managed to pass urine you will be allowed home. This can be the same day or occasionally you need to stay in hospital overnight.

How successful is the operation?

As with all operations for prolapse it is not guaranteed to be completely successful as the reason for the prolapse occurring in the first place is that the tissues in that area are weak. This operation is, however, very successful overall, with initial success rates of about 90% in curing the vault prolapse. Prolapse of the vaginal walls may still be present and may require a vaginal repair. Recurrence of the prolapse, as a result of weakness of the repaired tissue, can occur after some time.

Benefits of treating prolapse

The main benefit of treating a prolapse is to make you feel more comfortable.

Occasionally it can improve bowel or bladder function, but this is not always the case. Generally, if a prolapse is not treated it will not result in any harm except for the feeling of discomfort.

Risks

As with any surgical procedure and general anaesthetic there is a degree of risk involved.

- The biggest risk following a prolapse operation is that it will not cure all your symptoms even if the prolapse is effectively repaired and also that over time a prolapse will return. Overall, 7 out of 10 ladies having a prolapse operation are cured permanently but in 3 out of 10 a prolapse recurs. This may be the same prolapse which has been repaired or a prolapse from a different area within the vagina.

- Immediately after the operation you may have difficulty passing urine, this usually settles over a few days but may require a catheter in the bladder.

- There is a very small risk that your bowel or bladder could be damaged, but any damage would usually be repaired at the time of the operation.

- There is a small risk of infection either in the pelvis at the site of the operation or a urinary (water) infection, but antibiotics are given during the procedure to reduce this.

- There is small risk of having less good control of your bladder. This is due to straightening of urethra (tube for passing urine) after correction of prolapse.

- There is a small risk of thrombosis (blood clot in the leg) but stockings are worn and sometimes injections are given following the operation to reduce this risk.

- There is always some bleeding during surgery. This is not usually very much but very occasionally has been enough to need a blood transfusion and very rarely this occurs after the operation is over with a need to return to the operating theatre to stop the bleeding.

- Specific to this operation, about one in four patients will experience a degree of pain in the right buttock or numbness at the back of the right thigh for a few months. Very rarely this continues for longer.

- As this procedure pulls the top of the vagina to right side, about one in four patients will experience pain during sexual intercourse for a few months. Sometimes it continues for longer.

What should I expect after my operation?

- Immediately after your operation you will have a drip in your arm to give you fluid until you are able to eat and drink properly. This may include a system where you can press a button to administer pain relief to yourself as required (patient-controlled analgesia or PCA)

- You may have a catheter (tube) in your bladder to drain urine, which is likely to be removed the following day. If you have a pack in the vagina this will also be removed the following day.

- You will be given an injection to thin your blood and help prevent thrombosis (blood clots) until you are fully mobile.

- You will be encouraged to move about after the operation which will probably be the same day as your surgery. Moving around will reduce the chance of you developing any post-operative complications such as clots in your legs and lungs and should also help prevent you getting a chest infection.

After your operation someone will explain to you how your operation went and if there were any changes to the previously planned operation. You should be informed of your progress at all times. Don't be afraid to ask the nurses or doctors if you have any questions.

You will not usually be in hospital for more than one day.

For other information about recovery after the operation see the leaflet "Prolapse" and the leaflet "Following Major Gynaecological Surgery"

How long will it take for me to recover?

It takes about six to eight weeks to get back to normal. It is important for you to be as active as possible, as being bed-ridden can mean there is an increased risk of thrombosis (blood clots) occurring in the leg veins and lungs. Although you need to be active, you should be sensible and make sure you have periods of rest when you begin to feel tired.

You are advised to gradually start doing a little more each day without tiring yourself. Do whatever you feel able to do without too much effort: avoid lifting and straining until you are seen again in the out-patients clinic.

It is recommended that you avoid the following until at least 12 weeks after surgery:

- Sit up exercises.
- Lifting children or heavy objects.
- Gardening.
- Heavy housework.
- Aerobic exercises.

Follow-up

You will be sent an appointment for a follow up consultation in clinic 8-12 weeks after your operation.

Contact information

If you have any problems after you have gone home or if you have any questions about the information in this leaflet, please feel free to speak to one of the nurses on:

Swinley Ward 01942 822568



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