Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

Colposuspension

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Colposuspension

Patient Information

Gynaecology Services

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What is a Colposuspension?

A colposuspension is one of several operations available, to treat stress urinary incontinence (leaking urine with coughing, sneezing or exertion). It does not normally help urgency (a need to hurry to reach the toilet) and indeed may worsen it. It is also useful to treat a prolapse of the front wall of the vagina (cystocoele) and when used to treat prolapse is sometimes called a paravaginal repair.

All the options for treating stress incontinence and prolapse are described and compared in the NICE Patient Decision Aids for Stress Incontinence and Prolapse.

How is it performed?

The operation requires a general anaesthetic (fully asleep). It can be performed as an open operation or as a laparoscopic (keyhole) procedure. The aim of the operation is to place stitches either side of the neck of the bladder, to allow it to be raised up and attached to ligaments within the pelvis. This allows the pelvic floor muscles to function more effectively in preventing urine leaking and allows the increased pressure within the abdomen (tummy) when coughing or exercising, to be more evenly spread over the bladder neck helping to prevent leakage. If it is aiming to treat a prolapse an extra stitch may be put in slightly higher up on each side to support the wall of the vagina better. This will all be explained to you in clinic.

In Wigan we use permanent stitches to support the neck of the bladder as our experience has been that when absorbable (dissolving) stitches are used the leakage returns as the stitches dissolve.

The open operation is performed through a cut made at the bikini line and the laparoscopic through 3 or 4 small incisions 0.5-1cm long. The advantage of the laparoscopic operation is that recovery is quicker as the incisions are very small, there is less bleeding and a clearer view of where the stitches are placed. The disadvantage is that the operation takes about twice as long when operating through a laparoscope. In Wigan it is performed laparoscopically unless there are specific reasons that require and open procedure.

Who should have the operation?

- Those who have had bladder tests which confirm that they have stress incontinence or who have a prolapse that is not suitable to treat with a simple vaginal repair.

- Those who are fit and have no medical problems that would make them unsuitable for a general anaesthetic.

- As the success rate is not 100% and there are some possible complications (see below), we encourage everyone to try treatment with physiotherapy and/or tablets before having an operation, as this can often solve the problem enough to make an operation unnecessary.

After the operation

You will have a catheter in your bladder for the first day. This is usually removed the day after the operation.

There may occasionally also be a small tube to drain away any blood coming out of your abdomen, as there is sometimes bleeding from where the stitches are inserted. This is removed after one or two days.

You will have a drip for the first day until you feel like drinking, which should be soon after the operation.

You may experience discomfort, but suitable painkillers will be available as required.

You should be able to go home after one or two days, although your stay may be a little longer if you have difficulty in passing urine. The stitches in your skin will dissolve.

You will probably need about eight weeks off work for an open operation, but this is likely to be shorter for laparoscopic and will depend upon your type of work. You should avoid anything more than minor lifting for at least eight weeks. You should be able to drive after about four to six weeks if you are comfortable enough to be able to apply the brakes safely in an emergency stop.

What is the success of the operation?

Between 60% and 80% of those having this operation will be cured of their stress urinary incontinence. The success does reduce over the years but remains at about 50% after 10 years. It is difficult to know the exact cure rates for prolapse, but it is probably also

60-80%.

Possible problems

As there are many large veins in the area, which is being operated on, there may be some bruising of the skin and within the pelvis, which will settle over a few weeks.

There is a small risk of injury to the bladder, but this will be repaired if it occurs. During the operation the bladder is filled with blue dye so that any injury can easily be identified. Your urine may therefore be blue or green when you first wake up, but this clears to a normal colour very quickly. If the bladder is injured then a catheter will be left in place for 10-14 days to allow the bladder to heal fully before it is allowed to fill up.

Some people have trouble passing urine for some weeks and may even have to go home with the catheter still in place. This is not always possible to predict, but if the tests before the operation have suggested there may be a problem, then it will have been discussed with you. Before you have the operation, you may also be taught how to pass a catheter up into the bladder so that you can empty your bladder yourself if you have difficulties afterwards. However, it is rare for this to become a long-term problem.

The bladder muscle may become irritable (overactive bladder) or any irritability present may be worsened by the operation. This probably occurs in about 10-15% of women and may require treatment with tablets or bladder retraining.

If you have a prolapse of the back wall of the vagina (rectocoele) this may worsen after the operation, and for this reason, a repair at the same time is occasionally recommended. A prolapse of the back wall of the vaginal (rectocoele) may also develop in those who did not have a prolapse initially (15%).

The permanent stitches used to support the bladder neck may occasionally over time work into the vagina or the bladder and need removing but this is very uncommon.

Follow-up

You will be sent an appointment for a follow up consultation in clinic 8-12 weeks after your operation. This may be face-to face or by telephone.

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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