

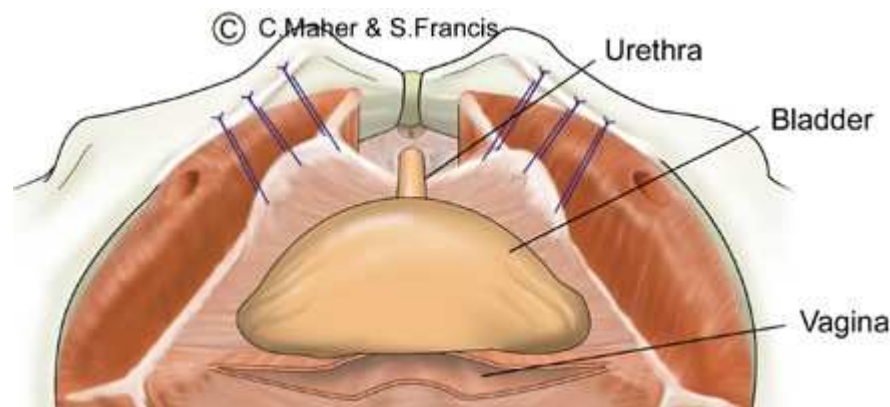
BURCH COLPOSUSPENSION

The Burch colposuspension is an operation to treat female urinary stress incontinence. At surgery the bladder outlet is re-supported by 4 permanent sutures suspending the vagina from the pelvic side wall. This operation is generally regarded as the gold standard in treating stress incontinence with a long-term success rate of 85%.

What is done during the Procedure

A small transverse incision is made in the lower abdomen (below the pubic hairline). Before the bladder outlet can be safely elevated the bladder needs to be reflected from the vagina. Two permanent sutures are then placed on each side of the bladder neck elevating the vagina to strong ligaments under the pubic bone. This results in the bladder outlet being elevated to its normal position as shown. At the end of your surgery a cystoscopy may be performed to ensure no damage is done to the lower urinary tract.

Surgery will be covered with antibiotics to decrease the risk of infection and blood-thinning agents may be used to decrease the risk of clots forming in the postoperative phase.



Serious complications are rare with this type of surgery. However, no surgery is without risk and the main potential complications are listed below.

- Failure to correct stress incontinence 10%
- Developing urinary urgency or urge incontinence after the operation in 5%
- Urinary tract infections and wound infections in 5%
- Difficulty emptying the bladder that necessitates prolonged catheter use or self catheterisation (<1%)
- Blood loss requiring transfusion < 1%
- Clotting in the legs or lungs <1%.
- Damage to the bladder or lower urinary tract <1% patients.
- The development of new vaginal prolapse after the operation in 10% of patients.
- Long-term pubic pain < 1%.

In Hospital

You can expect a 3-4 day hospitalisation. After the operation you will have an I.V. drip in your arm for several days and a small catheter will drain your bladder for 2-3 days. In the early postoperative period the nurses will check that you are emptying your bladder appropriately.

Recovery

In the early postoperative period you should avoid situations where excessive pressure is placed on the repair ie lifting, straining, coughing and constipation. Maximal fibrosis around the repair occurs at 3 months and care needs to be taken during this time. If you develop urinary burning, frequency or urgency you may have a bladder infection and your local medical officer should be contacted. You will see your specialist at 6 weeks and sexual activity can usually be safely resumed at this time. You can return to work at approximately 3-6 weeks, depending on the amount of strain that will be placed on the repair at your work and on how you feel.

Avoiding heavy lifting, weight gain and smoking can minimize failure of the procedure in the longterm. If you have any questions about this information, you should speak to your doctor before your operation.