IUGA
international urogynecological association

Sacrocolpopexy

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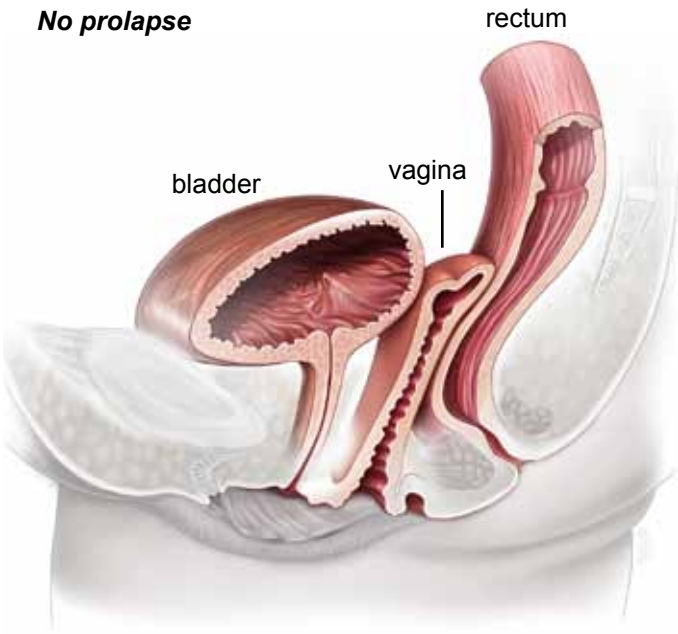
Vaginal prolapse is a common condition causing symptoms such as a sensation of dragging or fullness in the vagina, and difficulty emptying the bowel or bladder and back ache. About 1 in 10 women need surgery for prolapse of the uterus or vagina.

No prolapse



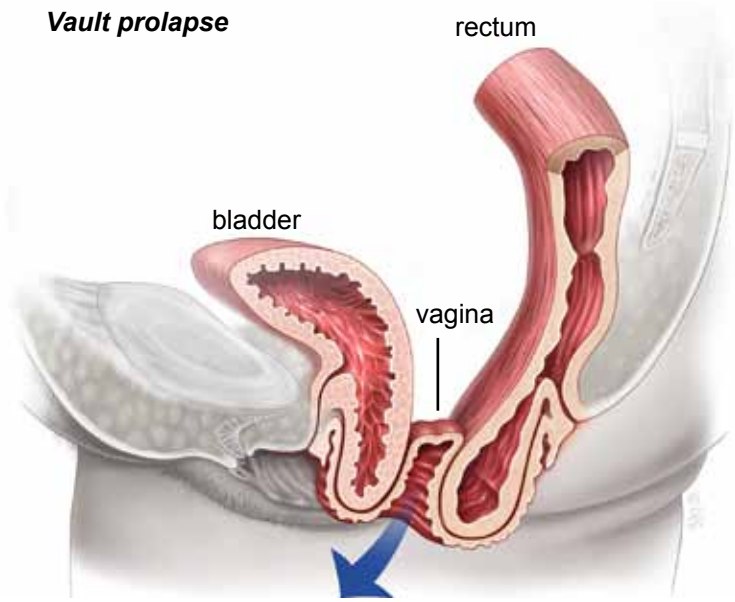
What is sacrocolpopexy?

Sacrocolpopexy is a procedure to correct prolapse of the vaginal vault (top of the vagina) in women who have had a previous hysterectomy. The operation is designed to restore the vagina to its normal position and function. A variation of this surgery called sacrohysteropexy corrects prolapse of the uterus. This operation is performed in a similar way to sacrocolpopexy.

What happens during surgery?

Sacrocolpopexy is performed either through an abdominal incision or 'keyholes' (using a laparoscope or with a surgical robot), under general anesthesia. The vagina is first freed from the bladder at the front and the rectum at the back. A graft made of permanent synthetic mesh is used to cover the front and the back surfaces of the vagina. The mesh is then attached to the sacrum (tail bone) as shown in the illustration. The mesh is then covered by a layer of tissue called the peritoneum that lines the abdominal cavity; this prevents the bowel from getting stuck to the mesh. Sacrocolpopexy can be performed at the same time as surgery for incontinence or vaginal repair for bladder or bowel prolapse.

Vault prolapse



How successful is this surgery?

Studies show that 80 to 90% of women having sacrocolpopexy are cured of their prolapse and prolapse symptoms. Following surgery there is a small risk of prolapse developing in another part of the vagina, such as the front wall that supports the bladder. If this does develop it may require further surgery.

Are there any complications?

The most commonly reported complications for both open and laparoscopic techniques include:

- pain (generally or during intercourse) in 2-3%
- exposure of the mesh in the vagina in 2-3%
- damage to bladder, bowel or ureters in 1-2%

There are also general risks associated with surgery that include wound infection, urinary tract infection, bleeding requiring a blood transfusion and deep vein thrombosis (clots) in the legs, chest infection and heart problems. You surgeon or anesthetist will discuss any additional risks that may be relevant to you.

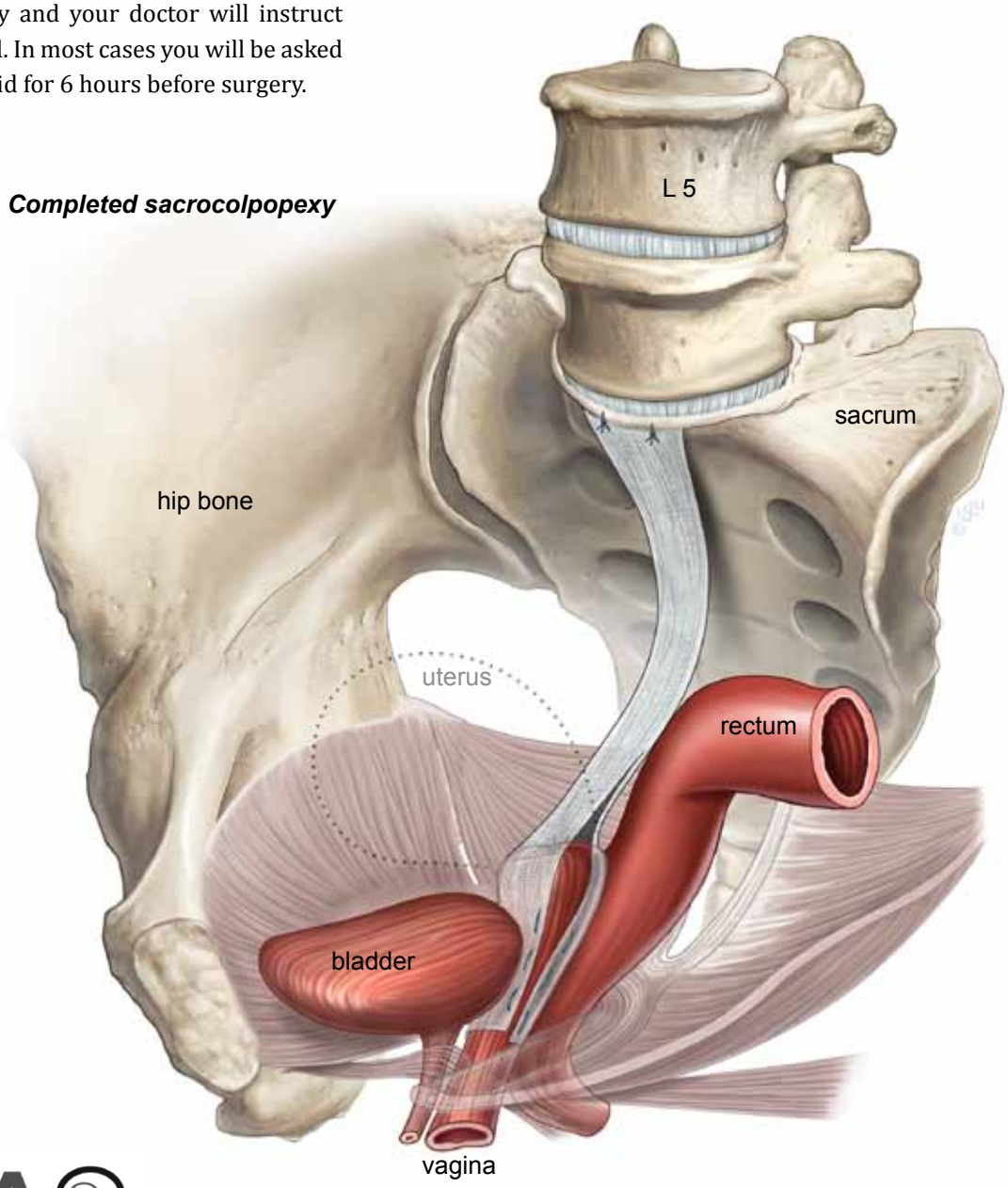
What preparations are needed before surgery?

Medications like Aspirin taken regularly affect the clotting system and may need to be stopped before surgery. Some surgeons recommend bowel preparation prior to surgery and your doctor will instruct you if this is required. In most cases you will be asked to avoid food and fluid for 6 hours before surgery.

Recovery after the surgery

You can expect to stay in hospital between 2-5 days. During the first 6 weeks you should avoid any type of heavy housework or lifting, including shopping bags, laundry baskets, vacuuming, etc. Gentle walking is good exercise. Start with about 10 minutes a day when you feel ready and build up gradually; avoid any fitness type training, aerobics etc. for at least 6 weeks after surgery. Swimming, spa baths and intercourse should also be avoided for 6 weeks following surgery. Generally you will need 4 to 6 weeks off work, this period may be longer if you have a very physical job.

Completed sacrocolpopexy



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