

Patient Information

Colposuspension

Your questions answered

Further information

Royal college of Obstetricians & Gynaecologists

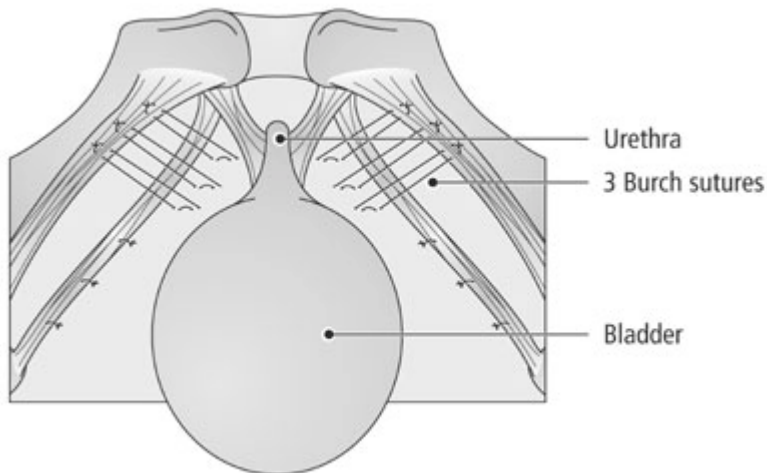
Website: www.rcog.org.uk www.womenshealthlondon.org.uk

We hope that you have found this leaflet helpful. If you have any further questions please feel free to ask your surgeon.

What is it?

A colposuspension is an operation to help women with stress urinary incontinence (this is the leakage of urine when coughing, sneezing or moving). Through a bikini line cut in the tummy, stitches are placed each side of the bladder, into the vaginal tissue, to lift up the wall of the vagina and support the bladder and urethra.

How does it work? After the operation the bladder is better supported, so that the pelvic floor muscles are able to stop urine from leaking. The urethra (the tube which you pass urine through) is slightly kinked by the operation and this makes it harder for urine to leak out.



Is there anything that I can do instead of an operation?

The doctor will probably have already asked if you have tried pelvic floor exercises. You may have been doing these on your own, but may like to see a physiotherapist to check that you have been doing them correctly. If you do wish to see a physiotherapist you can contact the physiotherapy department of your local hospital and ask for the women's health physiotherapist.

Trying to avoid things that may put too much stress on the bladder can help to stop it getting worse, and might even improve your symptoms. If you are very overweight you should try and lose weight. You should make sure that your bowels are regular and not become constipated as straining to open your bowels increases pressure on your bladder. If you are a smoker, you should stop, as it will make you prone to chest infections, which puts stress on the bladder when you cough.

There is a new drug (Duloxetine) which has been shown to improve stress incontinence in some women, although its long term place in treatment is still to be determined. It may be used together with pelvic floor exercises. You may discuss this further with your doctor. If you have any problems or concerns after going home, please contact your General Practitioner (GP) who will be able to give advice. If your GP is not available contact Antrim Hospital 02894424000 and ask for C3 ward (ext. 2183)

What will happen to me before the operation?

During your admission for surgery on the day before your operation a doctor will see you. You will be asked about your general health, past medical history and any medication that you are taking. Any necessary investigations (for example, blood tests, ECG, chest x-ray) will be organised. You will receive information about your hospital stay, operation and pre and post operative care. You will also be given the opportunity to ask any further questions that you may have.

You will be seen by the anaesthetist and the surgeon (or a senior member of the team) who will explain what will happen during the operation. You will receive an explanation about the purpose of the operation and the risks. You will be asked to sign a consent form if you have not already done so. You will also have the opportunity to ask any outstanding questions not covered during the pre-admission clinic

How will the operation affect my sex life?

You may have sexual intercourse when you are feeling comfortable, usually a month after surgery. In the long term there is no evidence to suggest that the operation will make any difference to your sex life. If you leak urine during intercourse, the operation might make this better, but unfortunately this is not always the case.

When can I return to my usual routine?

You should be able to drive and be fit enough for light activities within a month of surgery. We advise you to avoid heavy lifting and sport for at least 6 weeks to allow the wounds to heal. Most people require 6-8 weeks off work.

My bladder isn't too bad at the moment, but should I have an operation now to prevent it getting worse in the future?

It is difficult to predict what will happen to your bladder, or if you have an operation how long it should last for. You should have the operation only if you feel the stress incontinence is badly affecting your quality of life at the moment.

What will happen to me after the operation?

When you wake up from the anaesthetic you will have a drip in your hand to give you fluids and at least two tubes in your tummy. One of the tubes (a 'suprapubic' catheter) is to keep your bladder empty and the others are to drain any blood from the operation. The drains will be removed when the blood stops draining into them (usually on the day after the operation). The tap on the catheter will be closed on the second day after the operation. This allows the bladder to fill so you can try to empty your bladder normally. Once you are able to pass water we will check how much is left behind. When you are able to pass water without leaving much behind, the catheter will then be removed. Usually the catheter is removed by the fifth day after the operation. Occasionally some women have trouble emptying their bladder in hospital, and, if you feel well enough to go home, you will be taught how to look after the catheter yourself. Often this gets better once you are more relaxed in your own home. You can then return to the hospital to have the catheter removed.

What are the chances of success?

Approximately 80-90% of women feel that their stress incontinence has improved after the operation. However, there are a small group of women for whom the operation does not seem to work. The operation is less likely to be a success if you have had previous surgery to your bladder (such as a repair operation). For most women, the operation seems to work long term. However, some women can develop problems with their bladder later in life even though the problems were improved at first.

Are there any complications?

With any operation there is always a risk of complications. The following general complications are problems which could occur after any surgery

Anaesthetic problems - With modern anaesthetics and monitoring equipment these are rare.

Bleeding - Occasionally it is difficult to control bleeding from the veins around the bladder, but very rarely would you need a blood transfusion.

Wound infection - Although operations are performed under the strictest sterile conditions, it is not always possible to prevent you from getting an infection. This will usually clear with a course of antibiotics, but you may need to be in hospital for longer than expected and you may notice some discharge from the wound.

Cystitis - Sometimes you may experience some burning on passing urine, due to a bladder infection. This may occur while you are in hospital or after you have returned home. If the doctor thinks that you may have a bladder infection, you will be advised to take a course of antibiotics to clear it.

The following complications are particular problems of colposuspension:

Some women can develop a condition called overactive bladder (bladder spasms). This means that you have to rush to the toilet and may leak urine if you can't make it. A lot of women who have a colposuspension find that their bladder is much slower to empty afterwards. This normally improves over time, but women often find that they cannot go



for “a quick pee” after a colposuspension. Very rarely the bladder doesn’t work properly after the operation, in which case you will be taught to put a catheter into your bladder to empty it yourself (‘self catheterisation’). You would not need to wear a urine bag, as you can drain the bladder, if necessary, several times a day. This happens to approximately 1 in 100 women. If you would like more information about this, ask your doctor.

Acknowledgements:

Adapted from Gloucester Trust Patient Information

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