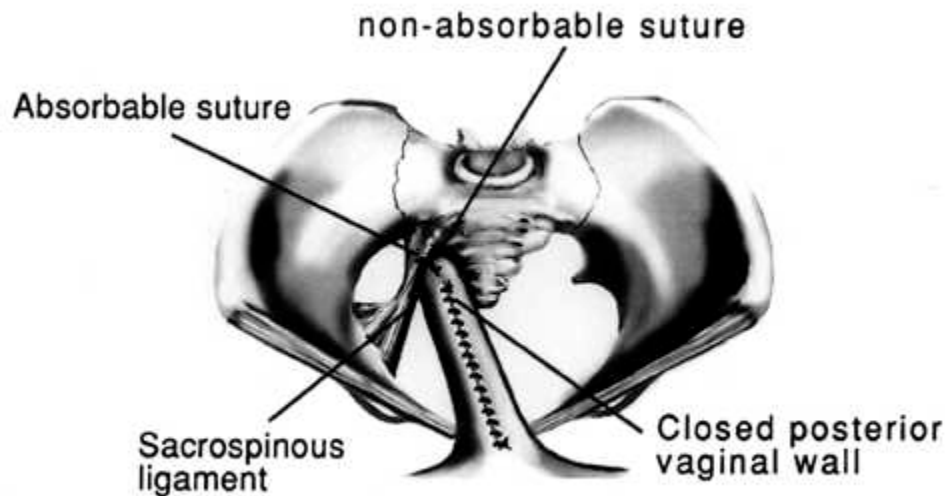


Patient Information

Posterior Repair and Sacrospinous fixation

What is it?

A posterior repair is an operation to help women with prolapse of the back wall of the vagina. If the top of the vagina is also coming down then a sacrospinous fixation will help to fix that. Through a cut in the back wall of the vagina the tissues between the rectum and the vagina are strengthened, and if a sacrospinous fixation is performed a strong stitch is placed around one of the ligaments that connects to the backbone.



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How does it work?

Strengthening the back wall of the vagina and tightening the muscles prevents the bowel pushing forward. The stitch around the ligament helps to hold up the vagina. The stitch will dissolve over some months, but in that time it will be replaced by your own scar tissue.

What will happen to me before the operation?

On admission, usually the day before surgery 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 also receive information about your hospital stay, operation, pre and postoperative 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 of the purpose of the operation, and the risks associated with it and you will be asked to sign a consent form if you have not already done so. You will also have an opportunity to ask any outstanding questions not covered during the clinic visit.

Is there anything else I can do instead of an operation? You might want to try some pelvic floor exercises, but they don't usually help with

prolapse. Sometimes the doctors may suggest you try a ring pessary. This goes inside the vagina and stretches the tissues holding up the prolapse. Although this will often help, it has to be changed every six months and can be uncomfortable with sex. In some women it is not possible to find a pessary that will stay in place. Trying to avoid things that may put too much stress on the vagina can help to stop the prolapse getting worse, and might even improve your symptoms. If you are very overweight you should try and lose weight. You should make sure your bowels are regular and not become constipated. If you are a smoker you should stop, as it will make you prone to chest infections, which put a lot of stress on the pelvic floor and vagina.

Is there any other operation I could have instead?

For some women, the type of prolapse they have could be treated by either this operation or a colposacropexy. The colposacropexy probably has a higher long-term success rate, but involves a cut in your tummy and so the recovery is usually slower. 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 Area Hospital 02894424000 and ask for C3 ward (extension 2183)

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 a catheter in your bladder. Often the surgeon will place a pack inside the vagina to stop any bleeding into the tissues. Both the pack and the catheter are usually removed on the day after the operation.

What are the chances of success?

This operation is thought to be the best to fix your kind of prolapse. However, there is a chance that the prolapse might come back in the future, or another part of the vagina may prolapse, for which you would need further surgery.

Are there any complications?

With any operation there is always a risk of complications. The following general complications can happen after any surgery:

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

Bleeding - Sometimes, it is difficult to control bleeding from the veins around the ligament, and very rarely you might need a blood transfusion.

Wound infection - Although we give you antibiotics and we keep everything sterile it is not possible to completely 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.

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



The following complications are particular problems of these kinds of operations.

Approximately one in ten women who have a sacrospinous fixation will get pain in their buttock for the first few weeks after surgery. This will get better by itself, and we will give you pain killers to help. Some women who have an operation for prolapse get problems with their bladder afterwards. If the doctor thinks that this is particularly likely they will have discussed the possibility of an operation to treat this at the same time. Unfortunately a small percentage of women develop stress incontinence after this operation even when it is not expected. You may find that you need further surgery for this at a later time. Some women have problems with sexual relations after vaginal surgery because the vagina becomes very tight. While every effort is made to prevent this happening, it is sometimes unavoidable.

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 very heavy lifting and sport for at least 6 weeks to allow the wounds to heal. Most people need 6 - 8 weeks off work. You should wait six weeks before attempting sexual intercourse, and then to use a vaginal lubricant such as K-Y jelly.

My prolapse 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 prolapse, or if you have an operation how long it should last for. You should have the operation only if you feel that it is right for you.

Further information

Royal college of Obstetricians & Gynaecologists

Website: www.rcog.org.uk

If you have any further questions please feel free to ask your surgeon.

Acknowledgements

Adapted from Gloucester Hospital Patient Information
10908 RGA