



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.

What is sacrocolpopexy?

Sacrocolpopexy is a procedure to correct prolapse of the vaginal vault (top of the vagina) in women who have had 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 preformed 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 and the back. A graft made of permanent synthetic mesh is used to cover the front and back surfaces of the vagina. The mesh is then attached to the sacrum (tail bone). 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 in the mesh. Sacrocolpopexy can be performed at the same time as surgery for incontinence or vaginal repair for bladder or bowel 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 the 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. At the site where the mesh is anchored to the bone rarely there can be infection, or pain associated with the procedure. You may also be at risk for injury to the lower extremities due to positioning in the stirrups. Your 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 the hospital for one overnight stay. During the first 2 weeks you should avoid any type of heavy house work, 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 2 to 4 weeks off work, this period may be longer if you have a very physical job.

Southern Urogynecology
Andrea Pezzella, MD, FPMRS
109 Midlands Court
West Columbia, SC 29169
phone: 803-457-7000
fax: 803-457-7001
www.southurogyn.com