

- Recurrence of prolapse in the future 10-25% (usually of a different part of the vagina).
- "Extrusion" of the mesh in the vagina 5%, mesh erosion into bowel or bladder (very small chance)
- Painful sexual intercourse 10%
- Bowel obstruction 1%
- Altered sensation during intercourse

### Are there any alternatives to this operation?

There are a number of alternatives to this operation including vaginal surgery (sacrospinous fixation, colpocleisis and sling vault suspension). A more conservative approach includes physiotherapy, although its effects are limited if the prolapse is large. It is sometimes possible to elevate the prolapse using a pessary (ring, Gellhorn or shelf). This can be discussed further with your surgeon.

### When can I go home?

You will usually go home 1–2 days after a laparoscopic procedure and 3–4 days after an abdominal procedure.

### The recovery period

The recovery period is 4–6 weeks for an abdominal procedure and 2–4 weeks for the laparoscopic procedure. Try to avoid heavy weight lifting (heavier than a full kettle) in the recovery period. Driving is safe towards the end of recovery period when you are able to do an emergency stop without discomfort.

### How will the operation affect sex?

You can resume sexual intercourse when you feel ready; for most people this is about six weeks. You may be a bit tense at first. Some people find KY jelly (available from the chemist) is helpful.

### Where can I find more information?

- Sacrocolpopexy using mesh for vaginal vault: understanding NICE guidance ([URL:http://guidance.nice.org.uk/IPG283/PublicInfo/pdf/English](http://guidance.nice.org.uk/IPG283/PublicInfo/pdf/English))
- <http://bsug.org.uk>
- <http://www.iuga.org/patientinfo>

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**Birmingham Women's Hospital**  
 Mindelsohn Way, Edgbaston  
 Birmingham B15 2TG  
 Website: [www.bwc.nhs.uk](http://www.bwc.nhs.uk)

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Author: Pallavi Latthe and Minesh Karia  
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# Sacrocolpopexy for vaginal vault prolapse repair

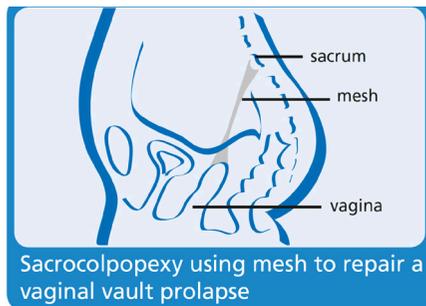


## What is Sacrocolpopexy?

Sacrocolpopexy is a procedure used to treat vaginal vault prolapse, which is a condition, where the top of the vagina slips from its normal position. This operation lifts the top of the vagina back up to its natural position and supports it there.

## How is Sacrocolpopexy done?

It involves attaching a synthetic mesh from the top and back of the vagina to one of the bones at the back of the pelvis (the sacrum) under general anaesthetic.



## Sacrocolpopexy can be done in two ways:

- Abdominal or laparoscopic Sacrocolpopexy.
- Both operations are performed under general anaesthetic. This means you will be asleep for the procedure.
- Surgery takes about two hours.
- Your surgeon will discuss with you which type of operation is most suitable for you.

## What are the differences between the two types of surgery?

### Abdominal Sacrocolpopexy

- This is an “open operation requiring a “bikini” line or an “up and down” cut is made just by the pubic hair line. This allows the surgeon to attach the mesh directly.
- Stitches or staples are used to close this cut.

### Laparoscopic Sacrocolpopexy

- This is keyhole surgery where a needle is used to blow the tummy up with carbon dioxide.
- A small camera (laparoscope) is then inserted through the belly button three more tiny cuts are made in the abdomen to allow instruments to be introduced, which enable the surgeon to operate adequately.
- The potential benefits with the key hole surgery are less pain and quicker recovery, although sometimes the operation has to be performed as an open procedure anyway.

## What is the benefit of this operation?

The main benefit of this operation is to relieve the symptoms from vaginal vault prolapse.

## How successful is this operation?

Studies quote that 90% women have no further prolapse symptoms after the procedure. Our results are in line with the quoted literature.

## What are the risks?

The potential risks of complications are as follows:

### General risks of surgery

- Infections– urine, wound, chest, pelvic.
- Bleeding, sometimes severe enough to require blood transfusion.
- Pain.
- Formation of deep vein thrombosis (clot in leg) and pulmonary embolus (clot in lung).
- Anaesthetic risks like vomiting, breathing problems and damage to teeth.

### Specific risks of this surgery

- Constipation 20%.
- Stress urinary incontinence (involuntary leakage of urine when coughing, sneezing or during exercise) 20%.
- Damage to the bladder, ureter, blood vessels, nerves or bowel 0.5%.
- Shoulder tip pain, abdominal bloatedness. Need to convert to open cut operation with laparoscopic procedure.