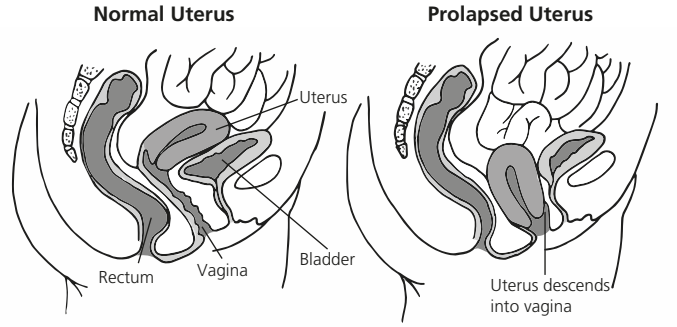
Patient Information

Royal Devon and Exeter
NHS Foundation Trust

Laparoscopic Hysteropexy

This leaflet is for women who have been offered a laparoscopic hysteropexy. It outlines the common reasons doctors recommend this operation. It also describes what will happen when you come into hospital, the potential benefits as well as risks, recovery from the operation, and what to expect when you go home.

A prolapse is collapse of the uterus (womb) and/or vaginal walls away from their normal positions inside the body. Prolapse occurs over a period of time, to varying degrees, and is usually caused by damage to the supporting muscles of the pelvic floor during childbirth.



Being overweight, heavy lifting, chronic constipation and a lack of hormones after the menopause can produce further weakening of these muscles, creating a prolapse. Many women will have a prolapse of some degree after childbirth; it is not unusual and unless you have symptoms you do not need to seek treatment.

There are different levels of prolapse. In general, the symptoms can include:

- A 'dragging' feeling or lump down below and a feeling of 'fullness'
- Backache
- Constipation or straining to open the bowels, and a feeling of not having emptied them properly
- Discomfort or pain during intercourse.

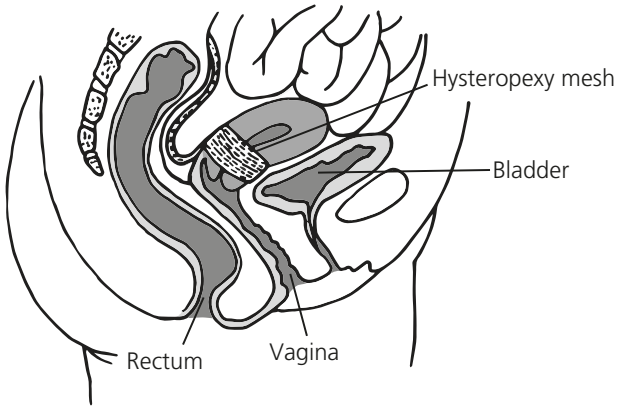
You will probably have been advised on other treatments first, such as pelvic floor exercises, vaginal pessaries or more minor surgery. The choice of treatment depends on the nature and extent of your condition, as well as personal factors.

For many years, vaginal hysterectomy (removal of the prolapsed uterus through the vagina) has been the traditional "standard" surgical treatment for prolapsed uterus. If you are experiencing problems such as heavy or irregular periods or abnormal cervical smears, vaginal hysterectomy may be a better option for you.

Hysteropexy is a re-suspension of the prolapsed uterus using a strip of synthetic mesh to lift the uterus and hold it in place. One end of the mesh is attached to the cervix and the other to a bone (sacrum or sacral bone) near your spine. Once in place, the mesh supports the uterus. It is performed through keyhole surgery (laparoscopy).

Although laparoscopic hysteropexy is a relatively new procedure, initial results indicate that it is at least as effective as the 'standard' vaginal hysterectomy in curing prolapse. At the same time it offers the prospect of a more favourable outcome in terms of sexual and bladder function.

Hysteropexy



Possible Advantages of Hysteropexy vs Vaginal Hysterectomy

You can discuss all available treatments of your prolapse with your doctor. You should weigh the option of laparoscopic hysteropexy against the severity of your condition and other available treatments.

- Hysteropexy preserves the anatomy of the vagina, suspending the uterus back in its normal position by reinforcing weakened ligaments with a mesh.
- Many women choose hysteropexy because it enables them to 'keep the uterus'. In younger women, this may be influenced by a general desire to feel young and intact. Some women express relief when they learn that the uterus can be preserved, as in most cases they had assumed that hysterectomy (removal of the uterus) was the only option.
- We would normally only recommend this operation for women who have completed their families.
- The uterus and cervix may have an important role in sexual function. Research has shown that this varies from person to person.

Risks of Hysteropexy

Most operations are straightforward and without complications. However, there are risks associated with all operations. You need to be aware of these when deciding whether to have this treatment. The risks of having a laparoscopic hysteropexy are shown below:

- Damage to the bladder or one of the tubes (ureters) which drain the kidneys (1 in 200).
- Very rarely, damage to the bowel (1 in 1000).
- Excessive bleeding may occur during the operation (1 in 100).
- Deep vein thrombosis (DVT). This is the formation of a blood clot in a leg vein, which occurs in about 1 in 250 women. We will give you medication and special stockings to wear to help prevent a blood clot from developing.
- Prolapse returning. If you have one prolapse, the risk of having another prolapse at some point during your life is 30%. This is because the pelvic tissues are weak.
- The mesh may wear away (erode) the surrounding tissues or cause inflammation. In severe cases, the mesh may need to be removed. This is felt to be rare with sacrohysteropexy as the mesh is placed around the cervix which is a strong tissue.
- Infections can occur which may affect the wound, bladder or lungs, or can develop around the operation site internally. Most infections are easily treated with a course of antibiotics but others can be more severe.
- Abdominal incision (cut). Although the aim is to do the surgery through keyhole incisions, sometimes this is not possible and we will have to make a larger cut on your abdomen.

Although hysteropexy is a relatively safe operation and serious complications are not very common, it is still major surgery. You and your doctor must weigh up the benefits and risks of surgery, giving consideration to alternative treatments.

The degree of success of a Laparoscopic hysteropexy depends on many factors. You should keep in mind that even though surgical treatment may repair your prolapse, it may or may not relieve all your symptoms.

Associated Procedures

If there is still a clinically significant bulge of the front or back wall of the vagina after suspending the womb or vault, we can repair this vaginally during the same operation. If there is no bulge in the vaginal walls then there is no need for a vaginal repair. However, in a small number of people this can develop later, so there maybe a need to carry out a vaginal repair at a later date.

In some women woman a bladder prolapse can mask a weakness in the bladder neck and when the prolapse is repaired, the weakness becomes evident through urine leakage when you cough, sneeze or laugh (stress urinary incontinence). If this symptom occurs after surgery, this can be treated by a separate procedure later.

Will I be in a lot of pain after the operation?

Most people feel their pain is completely controlled but will experience some minor discomfort. Strong pain killers will be used at the time of surgery. When you return to the ward you will have regular tablet painkillers. Ask a ward nurse to help with other pain relief if you are not coping.

Some people feel sick after an anaesthetic and medicines are available to control this; again ask one of the ward nurses for help. The drip will be used to give you fluid until you are able to drink fully.

How long will I be in the hospital?

Most people are ready to go home the day after the procedure, some may need to stay longer.

What if I have problems after discharge?

Immediately after discharge, if you are unable to pass urine, have severe vaginal bleeding, abdominal distension or pain you need to contact the ward and seek advice. You have open access to the ward for advice for 7 days. Please phone Wynard Ward **01392 406511/406512.**

Later after discharge home if you experience any of the following problems, please contact your GP for help:

- Foul smelling discharge from the wound.
- High temperature.
- Pain when passing urine, or blood in the urine.
- Difficulty opening your bowels.
- Pain or swelling of the legs.

If you have uncertainties, but not an emergency, you can contact the surgical team by telephone **01392 411611** and ask for the secretary of your respective consultant.

Dos and Don'ts Following Surgery

When can I resume intercourse?

You can usually resume penetrative intercourse after four weeks.

When can I drive?

Provided you are comfortable sitting in a car, and can perform an emergency stop without pain or discomfort, it is safe to drive. Usually patients are able to drive two weeks after these procedures. It is wise to start with short distances initially, gradually building up to longer journeys. We advise that you check with your Insurance company regarding any insurance restrictions.

Activities to avoid

- Avoid heavy lifting and sport for about 8 weeks to help healing.
- Drink lots of fluids and eat fresh fruit and vegetables to avoid constipation and straining to open your bowels.
- Any constant cough should be treated promptly. Please see your GP as soon as possible.

When can I go back to work?

Usually people are able to return to work 4-6 weeks after the procedure, dependent on their job. You will be given a sick note on discharge and if you need more time than this, see your GP for a check up.

When will I be seen again?

You will be seen in the gynaecology outpatients by the team who performed your surgery about 6 weeks after the surgery. A doctor or nurse will examine you and check everything has healed well.

Is the operation permanent?

Although the operation is designed to be permanent, this cannot be guaranteed. There are strong forces trying to push the vagina down which may cause the polypropelene mesh to become loose. These forces are increased by heavy lifting, exercise, coughing and obesity. Women who have had a prolapse usually have weak tissues and therefore even if the uterus remains well supported, a prolapse of a different part of the vagina may occur.

National database

The Government have recently made it compulsory for patients undergoing mesh surgery to be entered onto a national database. As a consequence when you complete your consent form for your operation with the consultant, this will include gaining consent for the addition of your data to this database. If you have any concerns regarding this please mention this to your consultant.