



MALCOLM FRAZER
GYNAECOLOGIST
UROGYNAECOLOGIST

Assoc/Prof Malcolm Frazer
MB ChB MD FRCOG FRANZCOG CU
Gynaecologist/Urogynaecologist

140 Ashmore Road, Benowa 4217
Gold Coast and Pindara Hospitals Griffith and Bond University, Gold Coast, Australia

Phone: +61 (0) 755649300
Fax: +61 (0) 755649400
Email: info@malcolmfrazer.com.au

ABDOMINAL SACROCOLPOPEXY

Definition

The vagina is attached to the sacral ligament, which is a strong ligament which stretches in front of the spinal column. A length of plastic mesh is used to bridge the space between the vagina and the ligament. This mesh does not dissolve but stays within the body.

The procedure is usually performed under a general anaesthetic. An incision is made in the tummy. The purpose of the operation is to provide firm and permanent support and restore vaginal depth, position and sexual function. As in all procedures of this type the final result cannot be absolutely guaranteed and the prolapse may recur due to the sutures pulling away from the ligament over a period of time.

Why is it performed?

Following a hysterectomy the top of the vagina may prolapse and the whole vagina can turn inside out, like the finger of a rubber glove. In these severe forms of prolapse standard vaginal operations can frequently fail or leave you with a short narrow vagina which makes intercourse difficult. Sacrocolpopexy may be recommended under these circumstances. Other operations designed to correct associated prolapsed organs may be performed simultaneously eg vaginal wall repairs, bladder repairs.

Expected Outcome

The success rate of Sacrocolpopexy in controlling prolapse symptoms is 80%. Weight reduction if overweight, reducing or stopping smoking, improving pelvic muscle tone by performing pelvic floor exercises and doing these regularly after the operation will help to ensure that the operation is a success.

Prior to your surgery

1. Fleet bowel preparation as ordered.
2. Pathology blood tests may be ordered.
3. TED stockings will need to be worn.
4. ECG(heart monitoring) may be ordered.
5. Fast 6 hours prior to surgery.

Following your surgery

The average length of stay in hospital is about 3 nights, but this will depend on whether other procedures have also been performed. This also depends on how efficiently you empty your bladder following the procedure, if there are problems passing urine, you may have to go home with a catheter and return to the ward after a few days to try again (which happens infrequently, less than 5% of the time). Painkillers will be given as needed (rectal medication and injections or intravenous medication).



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Post-operative expectations at home

You may have some vaginal loss for up to six weeks post surgery, this should only be slight.

Once you go home you must not perform strenuous work or lift heavy objects for about 6 weeks. This is to allow the vagina and mesh to firmly "stick" to the ligament.

Do not use tampons, pads are better.

Do not drive an automatic car for:	2 weeks*
Do not drive a manual car for:	2-3 weeks*
Do not make a bed for:	6 weeks
Do not hang out washing for:	6 weeks
Do not use your Vaginal Oestrogen for	6 weeks
Do not stretch upward for:	6 weeks
Do not do any lifting for:	6 weeks
Do not have sexual intercourse for:	6 weeks

* It is important to check with your insurance company, re driving your car as each company has different policies on driving and surgery.

Complications

Complications with this procedure are uncommon but as with all surgical procedures both patient and surgeon have to accept that complications can and do occur. Anaesthetic itself is never without risks and these risks are greater for women who smoke or who are significantly overweight.

HAEMORRHAGE is an occasional problem from bleeding either in the vaginal walls or deeper tissues, or from blood vessels around the sacrum.

INFECTION as in all operations infection is sometimes seen and may need treatment with antibiotics or rarely with further surgery to help drain away infected material.

NERVE DAMAGE to nerves associated with the sacrum has been reported and has resulted in numbness around the vaginal area.

MESH EROSION into the vagina can occur. If this happens more surgery may be necessary to cut away the plastic mesh. In very rare occasions the mesh may have been totally removed by a further abdominal operation.

WORSENING BLADDER FUNCTION in up to 15-20% of cases bladder leakage may be worsened as a result of the vagina being better supported. This is difficult to predict before surgery and further operations may be offered to control the problem if severe.

Rarely, the risk of DVT(blood clots in deep veins which may spread) and ILEUS(temporary bowel obstruction).

Alternatives

Please remember that vaginal prolapse is not a lethal condition but does lead to a great deal of misery and heartache. Not all sufferers either want or need an operation to



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control the symptoms. Risks of operative failure and complications need to be weighed carefully and individually to decide what will be the correct approach.

Notify your Doctor if any of the following occurs:

You experience pain that simple pain medication does not relieve quickly.

Unusual vaginal swelling or bleeding develops.

You develop signs of infection: general ill feeling and fever, headache, muscle aches or dizziness.

You may contact Dr Frazer on 55649300 during office hours for advice. After hours, please present to Pindara Accident and Emergency Department or your own local doctor.