



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

TRANSVAGINAL SACROSPINOUS FIXATION

What is Transvaginal Sacrospinous Fixation (SSF)?

Transvaginal Sacrospinous Fixation is a specialised procedure used to fix the vagina vault in its correct anatomical position. This is done by stitching it to the sacrospinous ligament, a strong ligament that goes from the pelvic bones to the sacrum (the seat bone).

Why is it performed?

Sacrospinous fixation (SSF) is an operation performed in some cases of vaginal prolapse. Usually the patient has had a previous hysterectomy and the top of the vagina droops downwards (rather like the finger of a rubber glove turning inside out). This causes symptoms of pressure and discomfort within the vagina and the woman will sometimes be aware of a lump protruding from the vagina. Ordinary prolapse operations used to try and correct this problem which would sometimes result in a very short narrow vagina and so SSF may be recommended.

It is often performed in association with surgery for other sorts of prolapse such as the bladder (cystocele) and bowel (rectocele).

What is involved?

This procedure is usually performed under a general anaesthetic. A small incision at the top of the vagina is made and the vagina is stitched to a ligament inside the pelvis to hold it in place. This procedure will provide firm, permanent and adequate support. It will restore vaginal depth, position and sexual function.

The average length of stay is 1 or 2 nights. Your stay might increase if you have any additional operation with the SSF. A pain felt in the left buttock is common following this operation and is from the stitches placed in the pelvic ligament. It is sometimes quite troublesome and can last up to a week.

Complications

The chances of complications with this operation are rare, but may include bleeding or infection, which are both treatable. Anaesthesia itself is never without risks and the risks are greater for women who smoke and are overweight.

HAEMORRHAGE is an occasional problem from bleeding of blood vessels either in the vaginal walls or deeper tissues, or, more rarely, from blood vessels around the sacrospinous ligaments.

INFECTION as in all operations 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 ligament has been rarely reported and has resulted in numbness around the vaginal area.

Recovery

When you go home you must not lift heavy objects or do strenuous work for about 6 weeks. Intercourse must also be abstained from for this period of time.

Website: <http://www.malcolmfrazer.com.au>



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Results

The success rate of Transvaginal Sacrospinous Fixation in fixing vaginal prolapse is 85% - 90%. Weight reduction if overweight, reducing or quitting smoking, improving pelvic muscle tone by doing pelvic floor exercises and continuing these regularly after the operation will help to ensure that the operation is a success.

After the operation

Dr Frazer will review you 6 weeks after the operation and if everything is well the success of your operation should be permanent. You must, however, continue to do pelvic floor exercises regularly, and try to lead a healthy life style.

Post operative instructions

You will have some vaginal discharge for 4 to 6 weeks. This should be light bleeding or spotting only and this may vary during that period of time as healing occurs and your stitches dissolve.

Pain should be relieved with Panadol or Panadeine (remember if you take Panadeine, this increases the risk of constipation so ensure you have an adequate intake of fibre and fluids in your diet).

Do not use tampons, pads are better.

Do not drive an automatic car for:	1 week*
Do not drive a manual car for:	2 weeks*
Do not make a bed for:	2 weeks
Do not hang out washing for:	4 weeks
Do not use Vaginal Oestrogens for	4 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

Remember to rest, if you are tired and uncomfortable you have been doing too much and need to slow down.

Remember when emptying your bladder, sit on the toilet, feet flat and lean forwards.

Drink 6 – 8 glasses of fluid per day; limit your caffeinated drinks to 3 per day.

If constipation is a problem, Movicol which you can buy from the chemist or another stool softener should be used after surgery.

You may contact Dr Frazer during office hours on 55649300 if you have any questions. After hours please contact Pindara Accident and Emergency or your own local doctor