



Dr Jonathan Broome | Consultant Gynaecologist

Patient Information Leaflet

SACROCOLPOPEXY

What is a Sacrocolpopexy?

A sacrocolpopexy is an operation used to treat pelvic organ prolapse, particularly prolapse of the top of the vagina (vaginal vault prolapse) following a hysterectomy.

Pelvic organ prolapse occurs when the tissues and ligaments supporting the pelvic organs become weakened, allowing the vagina, bladder, bowel, or surrounding tissues to bulge into or out of the vagina.

During a sacrocolpopexy, a fascial strip is used to support the vagina and attach it to a strong ligament over the sacrum (the bone at the base of the spine), restoring the vagina to its normal position.

The operation is usually performed using keyhole (laparoscopic) surgery, although occasionally it may be performed through an open abdominal incision.

Why am I Being Offered a Sacrocolpopexy?

You may be offered this procedure if:

- You have symptomatic vaginal vault prolapse.
- Your prolapse causes discomfort, pressure, a vaginal bulge, bladder symptoms, bowel symptoms, or difficulties during sexual intercourse.
- Non-surgical treatments such as pelvic floor exercises or vaginal pessaries have not relieved your symptoms.

What are the Alternatives?

Alternative treatments include:

- Pelvic floor muscle training (physiotherapy)
- Vaginal pessary treatment
- Observation if symptoms are mild
- Vaginal prolapse repair surgery
- Sacrospinous fixation
- Colpocleisis (for women who no longer wish to have vaginal intercourse)

Dr Broome will discuss which option is most appropriate for your individual circumstances.

What are the Benefits?

Potential benefits include:

- Relief from the sensation of a vaginal bulge.
- Improved support of the vagina.
- Improvement in bladder and bowel symptoms caused by prolapse.
- Preservation of vaginal length and sexual function in many women.
- Durable, long-term prolapse correction.

Most women experience significant improvement in prolapse symptoms and quality of life.

What are the Risks and Complications?

All surgical procedures carry risks.

Common risks:

- Pain or discomfort after surgery
- Bruising
- Bleeding
- Urinary tract infection (UTI)
- Temporary difficulty passing urine
- Constipation

Less Common Risks:

- Damage to the bladder, ureters, bowel, blood vessels, or nerves
- Development of stress urinary incontinence after surgery
- New urgency or overactive bladder symptoms
- Wound infection
- Blood clots in the legs (deep vein thrombosis) or lungs (pulmonary embolism)
- Recurrence of prolapse

Rare Risks:

- Serious bleeding requiring blood transfusion
- Injury to major blood vessels or organs
- Conversion from keyhole surgery to open surgery
- Chronic pelvic or abdominal pain

Dr Broome will discuss these risks with you before you decide whether to proceed.

How is the Operation Performed?

The procedure is usually carried out under a general anaesthetic.

During the operation:

1. Small incisions are made in the abdomen.
2. The surgeon separates the vagina from surrounding tissues.
3. A fascial strip is attached to the front and/or back wall of the vagina.
4. The other end of the fascia is attached to a strong ligament over the sacrum.
5. The fascia is covered with the body's own tissue where possible.
6. The instruments are removed and the incisions are closed.

The operation usually takes between 1 and 2 hours depending on the complexity of the surgery.

What Happens Before the Operation?

Before surgery you may:

- Attend a pre-operative assessment clinic.
- Have blood tests and other investigations.
- Be advised to stop smoking.
- Receive instructions regarding eating and drinking before surgery.
- Be asked about medications, particularly blood-thinning medicines.

Please inform the Pelvic Clinic if you have any allergies or medical conditions.

What Happens After the Operation?

After surgery:

- You will be monitored in the recovery area.
- A urinary catheter is usually left in place temporarily.
- You may receive pain relief and medication to prevent blood clots.
- Most patients stay in hospital for one to two days.

You may experience some abdominal discomfort, shoulder-tip pain (from the gas used during keyhole surgery), and mild vaginal spotting.

Recovery at Home

Recovery varies between individuals.

For approximately 6 weeks:

- Avoid heavy lifting.
- Avoid strenuous exercise.
- Avoid activities that place excessive pressure on the pelvic floor.
- Gradually increase walking and light activity.
- Maintain a healthy diet and adequate fluid intake to avoid constipation.

Sexual intercourse is usually avoided for approximately 6 weeks or until advised by Dr Broome.

Many women return to office-based work within 4-6 weeks, although this may vary depending on the type of

When Should I Seek Medical Advice?

Contact the Pelvic Clinic or seek urgent medical attention if you develop:

- Heavy vaginal bleeding
- Fever or chills
- Severe abdominal or pelvic pain
- Difficulty passing urine
- Symptoms of a urinary tract infection
- Redness, swelling, or discharge from your wounds
- Chest pain or shortness of breath
- Swelling or pain in the legs
- A recurrence of the vaginal bulge

Follow-Up & Contact

Follow-Up

You will have a follow-up appointment six weeks after surgery to assess healing and discuss any concerns.

Questions?

If you have any questions about your treatment, please contact the Pelvic Clinic. They will be happy to discuss your concerns and help you make an informed decision about your care.

Email: info@thepelvicclinic.co.uk

Telephone: 0161 726 5100