



Dr Jonathan Broome | Consultant Gynaecologist

Procedure Information

SACROHYSTEROPEXY

What is a Sacrohysteropexy?

A sacrohysteropexy is an operation used to treat uterine prolapse while preserving the uterus.

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

During a sacrohysteropexy, a fascial strip is used to support the uterus and attach it to a strong ligament over the sacrum (the bone at the base of the spine), restoring the uterus 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 Sacrohysteropexy?

You may be offered this procedure if:

- You have symptomatic uterine prolapse.
- You wish to preserve your uterus.
- 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
- Vaginal hysterectomy with prolapse repair
- Sacrospinous hysteropexy
- Hysterectomy with sacrocolpopexy

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.
- Restoration of normal pelvic anatomy.
- Preservation of the uterus.
- Improvement in bladder and bowel symptoms caused by prolapse.
- Preservation of vaginal length and sexual function in many women.
- Durable, long-term prolapse correction.
- Mesh-free repair.

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

What are the Risks and Complications?

All surgical procedures carry risks. Dr Broome will discuss all risks with you prior to deciding on surgery.

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
- Failure of the repair requiring further surgery

How is the Operation Performed?

During the operation:

- Small incisions are made in the abdomen.
- The surgeon identifies and mobilises the uterus.
- A fascial strip is attached to the cervix and supporting tissues of the uterus.
- The other end of the fascia is attached to a strong ligament over the sacrum.
- The fascia is covered with the body's own tissue where possible.
- 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 - 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 surgery and occupation.

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