

Call us: 0161 726 5100

Email us: info@thepelvicclinic.co.uk



Sacrohysteropexy Information

Dr Jonathan Broome - The Pelvic Clinic

Below is some information regarding a sacrohysteropexy. If you have any further questions following reading this leaflet, please contact us.

What is a sacrohysteropexy?

A sacrohysteropexy is an operation to suspend a prolapsed (dropped) uterus (womb). Dr Broome offers the procedure using the more traditional method using mesh, or in more recent cases, using a donor fascia graft in place of the mesh.

You can read more about the donor fascia on the below link -

<https://www.hospitalinnovations.com/products/fascia-lata/>

What condition does a sacrohysteropexy treat?

The operation is primarily intended to treat prolapse of the uterus. It can also help correct a prolapse of the bladder or bowel to some extent if they are also present along with prolapse of the uterus.

A prolapse is a bulge within the vagina (front passage) caused by a weakness in the supporting tissues and muscles around the vagina so that one or more pelvic organs bulges downwards into or out of the vagina.

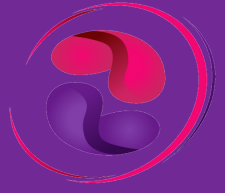
Pelvic organs include the uterus, bladder and bowel. A prolapse may arise in the front wall of vagina (anterior compartment / cystocele), back wall of the vagina (posterior compartment / rectoenterocele/rectocele), the uterus or the vault (top) of the vagina after hysterectomy (apical compartment).

Many women have a prolapse in more than one compartment at the same time.

You should keep in mind that even though surgical treatment may repair your prolapse, it may or may not relieve all your symptoms.

The decision to offer you this procedure will only be made after a thorough discussion between you and Dr Broome.

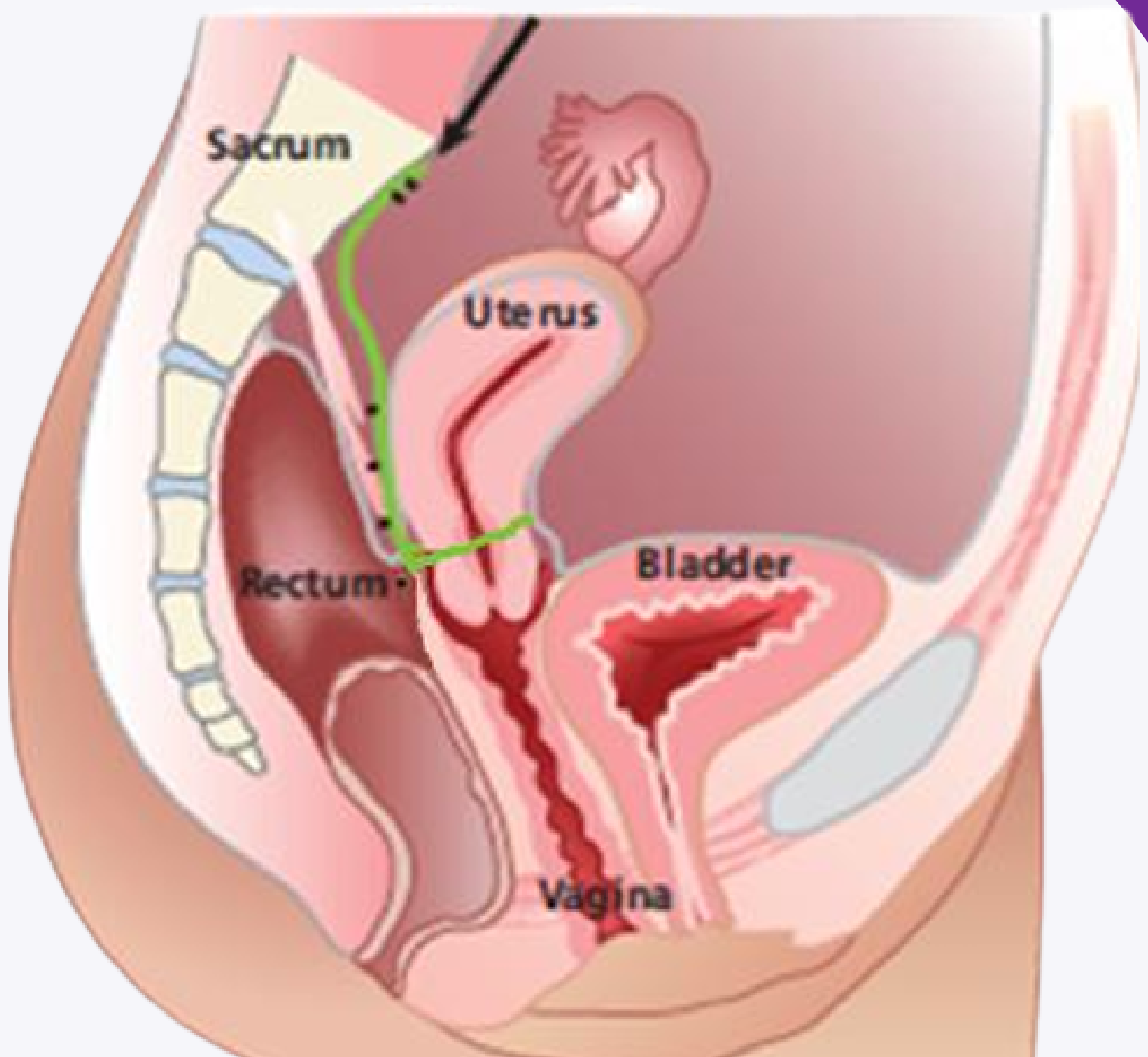
This decision usually depends on the nature and extent of your prolapse and as well as personal factors.



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Diagram showing suspension of uterus using mesh (in green) following sacrohysteropexy below.



Where is the surgery done?

Dr Broome performs sacrohysteropexy procedures at Spire Manchester Hospital.

The Spire Manchester is a purpose built private hospital which is rated 'Outstanding' by the CQC. All patient rooms offer en-suite facilities with round the clock nursing care following surgery alongside high dependency care if needed. Surgery packages include a thorough pre-op assessment and a follow up with Dr Broome post-operatively.





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What are the risks with a prolapse surgery?

Damage to local organs - This can include bowel, bladder, ureters (tubes from kidneys to the bladder) and blood vessels. The risk of bladder injury is about 1 in 200 procedures and bowel injury about 1 in 1000.

Damage to the ureters is even less common. The damaged organ is repaired at the same time and this may delay your recovery. Sometimes, it is not detected at the time of surgery and therefore may occasionally require a return to theatre. A bladder injury will need a catheter to drain the bladder for 7-14 days following surgery. Injury to the rectum (back passage) may require a temporary colostomy (bag) in rare circumstances and inserting the mesh may be delayed till a later date.

Mesh exposure/erosion (relevant to procedures where mesh is used) - There is a small risk of mesh erosion into the adjacent organs such as bladder and bowel. Although this is uncommon this may require a repeat operation to trim the mesh and in severe cases may compromise the results of operation. It may also cause pain with sexual intercourse, but this is less common than for the alternative surgery performed through the vagina.

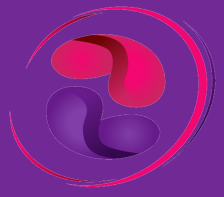
Infection of mesh (relevant to procedures where mesh is used) - The mesh and/or the tissues attached to it may get infected but this is uncommon. This is usually treated by antibiotics and in rare cases, by removing the mesh.

Inflammation of sacral bone (osteomyelitis) is serious, but rare.

Sometimes even if it is planned a laparoscopic approach is not possible and conversion to a laparotomy (open surgery) may be required or you may be advised to have an open surgery from the outset. Occasionally it is not possible to perform the operation due to scar tissue from previous surgery or infection.

Further pregnancies may reduce the benefits derived from surgery and cause recurrence of prolapse symptoms. Delivery in future pregnancies will be via a planned caesarean section.

If you need a hysterectomy in the future and the mesh has been wrapped around the cervix it may make the hysterectomy difficult.



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What to expect after the procedure - in hospital

Pain relief - Pain can be controlled in a number of ways depending on the preference of your anaesthetist and/or gynaecologist. Options are an epidural, injection of local anaesthetic into the tissues during the operation, self administration of pain relief (patient controlled analgesia - PCA), drugs in a drip, tablets or suppositories. The wounds following laparoscopic (keyhole) surgery are not normally very painful but sometimes you may require tablets or injections for pain relief. It is often best to take the pain killers supplied to you on a regular basis aiming to take a pain killer before the pain becomes a problem. If you have had an open operation you may need more pain relief.

Drip - This is to keep you hydrated until you are drinking normally. The drip is usually removed within 24 hours.

Catheter- You may have a tube (catheter) draining the bladder. The catheter may give you the sensation as though you need to pass urine but this is not the case. It is usually removed the morning after surgery or sometimes later the same day.

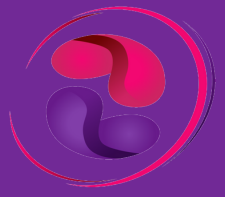
Drain - If there has been more than average bleeding during the operation a drain (tube) from inside the tummy to outside may be placed beside a wound to let any blood which has collected. This is usually taken out the next day.

Vaginal bleeding - There may be slight vaginal bleeding like the end of a period after the operation.

Eating and drinking - You can drink fluids soon after the operation and will be encouraged to start eating as soon as tolerated.

Preventing DVT (deep vein thrombosis) - The same day or the day after your operation, you will be encouraged to get out of bed and take short walks around the ward. This improves general wellbeing and reduces the risk of clots in the legs. You may be given a daily injection to keep your blood thin and reduce the risk of blood clots until you go home or longer in some cases.

Going home - You are usually in hospital for one or two days. If you require a sick note or certificate, please let Dr Broome know and he will arrange this for you ready for when you are discharged. You will also be provided with contact information for the ward at Spire should you have any issues post-operatively.



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What to expect after the procedure - at home

Mobilisation is very important; using your leg muscles will reduce the risk of clots in the back of the legs (DVT).

Bath or shower as normal.

You are likely to feel tired and may need to rest in the daytime from time to time for a month or more, this will gradually improve.

It is important to avoid stretching the repair particularly in the first weeks after surgery. Therefore, avoid constipation and heavy lifting. The deep stitches dissolve during the first 3 months and the body will gradually lay down strong scar tissue over a few months.

Avoiding constipation - Drink plenty of water / juice Eat fruit and green vegetables especially broccoli Plenty of roughage e.g. bran / oats

Any constant cough is to be treated promptly. Please see your GP as soon as possible.

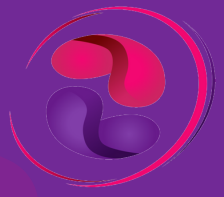
You will have a post-operative appointment with Dr Broome at approx. 6 weeks, around this time you will gradually build up your level of activity. If you are concerned about anything prior to your routine post-operative appointment, you can contact the hospital ward or Francesca/Sarah Jane, Dr Broomes medical secretaries.

After 3 months, you should be able to return completely to your usual level of activity.

You should be able to return to a light job after about 6 weeks, a busy job in 12 weeks. Avoiding all unnecessary heavy lifting will possibly reduce the risk of the prolapse recurring.

You can drive as soon as you can operate the pedals and look over your shoulder without discomfort, generally after 3 weeks, but you must check this with your insurance company, as some of them insist that you should wait for six weeks.

You can start having sex whenever you feel comfortable enough after about 6 weeks. You will need to be gentle and may wish to use lubrication.



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Things to report to Dr Broome/the hospital following surgery..

- Heavy vaginal bleeding
- Smelly vaginal discharge
- Severe pain
- High fever
- Pain or discomfort passing urine or blood in the urine
- Difficulty opening your bowels.
- Warm, painful, swollen leg
- Chest pain or difficulty breathing

How much does it cost privately?

For a self pay package, a sacrohysteropexy has a guide price at The Spire Manchester Hospital of £9,500. Once you have seen Dr Broome in clinic he will advise if any specifications which are needed in your case such as additional nights stay or an overnight stay in the HDU (high dependency unit), they will also factor in the use of a fascia if this option is chosen for your procedure, you will then be provided with a final package quotation.

The Spire offer Omni Finance Plans which means you can spread the cost of your surgery, you can talk to the self pay team regarding this by calling **0161 447 6700**.

If you are using health insurance, Dr Broome will provide you with the procedure codes following your consultation, you will then need to contact your insurance provider with those codes to confirm your treatment is authorised, they will provide you with an authorisation code of which the hospital will ask you for before your surgery takes place.

I'm ready to book, how can I do this?

If you have already had a consultation with Dr Broome, and you would like to book a date for the procedure, please call Francesca on **0161 726 5101** to discuss suitable dates for you. If its more convenient, you are welcome to email on **info@thepelvicclinic.co.uk**.

If you have not yet had a consultation, you will need this before a surgical procedure can be booked, Dr Broome runs regular clinics on Tuesday and Thursdays at Spire Manchester and you can use the above contact details to schedule an appointment.

Initial consultation fees are £250 if you are self funding, if using insurance - please contact your insurance provider to confirm they will authorise an appointment for you.