

The Pelvic Clinic Guide

Treating your prolapse: How Mr Broome can help?

What if your current consultant recommends a hysterectomy for prolapse?

Whilst vaginal hysterectomy is widely performed for prolapse there are better procedures now available with much better long term success rates, shorter hospital stay with the advantage of no incisions in the vagina, no reduction in fertility or vaginal length and faster recovery.

Mr Broome has not performed a hysterectomy to correct prolapse for over 10 years.

What is the Sacrohysteropexy procedure?

This is a procedure developed by Mr Broome to lift the womb back into place. Subsequently, this also lifts the walls of the vagina up at the same time. It is performed laparoscopically and has very high success rates and comes with a very low risk of long term problems. More information about this procedure can be found on our website: <http://www.thepelvicclinic.co.uk>

Can the Procedure be performed on the NHS by Mr Broome?

Yes, you will need to go to your GP and you can be referred under the Choose and Book system. If you choose the BMI Beaumont Hospital in Bolton and a clinic on a Tuesday or a Friday, that is where Mr Broome is based and you will get an appointment to see him. The NHS wait for surgery is approximately 14-16 weeks from the initial consultation.

Where is Mr Broome based?

The BMI Beaumont Hospital is in Bolton. Mr Broome has ladies coming from all over the UK to see him. The BMI Beaumont Hospital is flexible with respect to arranging private operating lists and has two days a week of consultation appointments for Mr Broome. These take place on most Tuesdays and Fridays. The BMI Beaumont has more experience in managing “long distance patients” so can help advise you if you are coming some distance.

What are the recovery times?

This can be very variable. Because of the different circulating hormones, post menopausal ladies bounce back to doing normal things after a couple of weeks. Younger patients have a longer recovery due to their pelvic organs still active and undergoing cyclical change. This can be around

4-6 weeks. The procedure is so robust that Mr Broome is happy for patients of any age to do what they want after a week post op, the only thing stopping them would be discomfort. It's impossible to do any damage to the repair, it won't come undone or break and Mr Broome generally says 'if it hurts stop doing it, otherwise carry on'

How much time off work is needed?

If patients need time off work I'd say book 6 weeks but they may be able to go back much sooner depending on their level of discomfort but the repair is perfectly fine after a week.

How quickly can I get back to my usual high levels of activity?

Generally Mr Broome suggest having two weeks of rest but actually there is no reason to put off high impact exercise if you are pain free. Generally though, it is a 4-6 week recovery period. Having said that, he has had a couple of ladies back on the golf course after 2 weeks.

Which day of the week is operating day?

Mr Broome generally operates at the BMI Beaumont Hospital in Bolton on a Thursday morning. Subsequently, an overnight stay would be required and most ladies are fit to go home the next day. However, if you are not medically fit to leave hospital, you can stay another night at no extra cost. Generally, Mr Broome advises that if you can stay an extra night at a local hotel before you travel home, then he can ring you to see how you are.

What if I want to have another baby?

3 of Mr Broome's patients have proceeded to have babies after a Sacrohysteropexy with no effects. This would certainly be something to talk to Mr Broome about at a consultation.

Is mesh used and will it be problematic long term?

Long term problems associated with mesh are due to it being inserted vaginally. The vagina is full of bacteria and by inserting mesh via the vagina, there is a transference of bacteria internally.

The laparoscopic Sacrohysteropexy is entirely different with the mesh entering into the body via one of the laparoscopic port holes. During the Sacrohysteropexy mesh is attached to the cervix at one end and the periosteum/bone at the other end and has no history of problems associated with it use in this way.

Mr Broome has had no instances of mesh erosion in any of the 1000 plus cases of Sacrohysteropexy. It's impossible for an erosion to occur as the mesh is nowhere near the vagina. Mr Broome has been using the same quality mesh for over 10 years with no erosions, no infections, no disintegrations or migration of the mesh.

Can I see Mr Broome as an NHS patient and then have the surgery performed privately?

Yes, this can be discussed at the Choose and Book consultation with Mr Broome.

How do I make sure that I see Mr Broome and not somebody else?

You would need to ensure that whilst choosing through Choose and Book, that you make your appointment for a Tuesday or a Friday at the Bmi Beaumont Hospital.

Can I see Mr Broome privately and then have surgery on the NHS?

Yes, after your private consultation, you would need to see your GP afterwards. Mr Broome would write to your GP asking that you are re-referred back to him via the Choose and Book system. But you would need to see him again for an NHS consultation before you can be added to the waiting list for surgery.

What's worse: the symptoms or the severity of the prolapse?

Mr Broome will always focus on how the symptoms are affecting you but equally, if you are worried about the severity, he will be happy to see you.

What if my prolapse has occurred after my hysterectomy?

Mr Broome is still able to assist you. There are surgical procedures that he can perform to help.

Is it possible to have pre-operative checks with my GP/Nurse?

Yes, we can liaise with your surgery to ensure that you have the correct checks performed.

Will I have my own room when I attend for surgery?

Yes, being a private hospital, all the rooms are single rooms.

Can I travel home on public transport?

Technically, yes, but we would always advise that you are with someone as you may still be receiving from the effects of the general anaesthetic.

What if another type of prolapse is found at surgery?

Mr Broome can tell when he examines you as to whether any additional surgery will be required.. Often a bladder or bowel prolapse is corrected with a Sacrohysteropexy, and lifting the uterus straightens out the vaginal walls. If there is any laxity noticed, then Mr Broome will repair this at the same time.

How much does a Sacrohysteropexy cost?

The cost is £3750. There is a 0% finance scheme over 12 months available if you are interested.

What if I don't have a womb prolapse, but have an anterior and posterior vaginal prolapse instead?

Yes, Mr Broome can still help you. The operation is performed laparoscopically and is called a Sacrocolpopexy. This is where the mesh is attached to the vaginal vault instead of the uterus

Can I have a second prolapse repair, a long time after the first (done elsewhere)?

Yes, Depending on what you had done and what is prolapsing down there are a number of options

If it's the vaginal walls that have weakened and prolapsed then an anterior and or posterior vaginal repair can be done, some surgeons use synthetic mesh for recurrent vaginal prolapse to try and give extra support and strength but this is falling out of favour due to problems associated with the vaginal mesh such as infection, erosion, scarring and disintegration. Instead local oestrogen in the form of a pessary can be used pre and post operatively to strengthen the tissues to improve healing strengthen the repair and stop further recurrence.

If you've had a previous hysterectomy then the top of the vagina often starts to prolapse down and you may need an operation to lift this back up into place, this can be done either vaginally (Sacrosinous fixation) or by keyhole surgery (Sacroclopexy), the keyhole option is generally stronger, should be permanent and gives a better anatomical result, a strip of mesh is used to lift the top of the vagina up like a sling, mesh problems are very uncommon if done this way.

One last consideration is that your recurrent prolapse may be due to the womb slipping down the vagina causing the vaginal walls to fall in. A bit like a tent where the ridgepole supporting the top gives way causing the top to fall down and the sides to fall in. Repairing the walls (anterior or posterior repair) isn't appropriate and instead simply lifting the womb back into place using a simple mesh sling will resolve the prolapse. This is called a sacrohysteropexy and can usually be done by keyhole surgery, requiring an overnight stay and 2 weeks recovery. The repair is permanent and complications are extremely low.

I've read about Mona Lisa Laser Treatment. What is this?

This is used for vaginal atrophy and is a superficial treatment but does not cause any lifting of anatomy back into the correct position.

Mr Broome does not perform this treatment.

Any questions?

If you have any questions about any gynaecological complaint, then please do contact us. You are entitled to a second opinion if you have already seen a consultant and Mr Broome is very experienced at repairing prolapse.