COLPOSUSPENSION

Colposuspension is an operation designed to cure stress incontinence; urinary leakage due to coughing, sneezing, laughing or exercise.

What is a colposuspension operation?
Urinary stress incontinence is caused by weakness in the bladder neck and pelvic floor, usually because of pregnancy. The principle of the colposuspension operation is to lift the neck of the bladder within the pelvis and hold it securely in this new position. To achieve this, stitches are placed around the bladder neck to raise the bladder neck and the urethra.

The operation can be performed laparoscopically (key hole) or by performing a cut in the lower part of your abdomen, just below the pubic hairline. Through this cut, the neck of the bladder is located, and stitches are placed in the tissue on either side of the bladder neck and attached to a ligament on each side of the pelvis. These stitches are tied and therefore lift the bladder neck.

A small fine drain is placed in the wound to remove any excess blood which may accumulate. If the wound is closed with clips, they are removed on the fifth day. A suprapubic catheter is a small tube placed through the abdominal wall and this helps to drain the bladder. You will have a drip in your arm, which will allow you to have fluids until you are able to drink normally.

Can any other operations be performed at the same time?
If you have a prolapse of the vagina, then after the colposuspension has been performed, the vagina will be examined. We may perform a vaginal repair operation if there is still a significant prolapse, or a correction operation for prolapse of the top of the vagina can be performed through the same cut made for colposuspension. However, this would be discussed beforehand.

The pre-operative visit:
One or two weeks before your surgery we will invite you to a pre-operative clinic where you will be assessed for surgery. You will be seen by a member of nursing staff, who will ask questions about your previous medical history and arrange for some tests, for example a blood test. You may also have a chest x-ray.

What to do before coming to hospital?
You will come in on the day of your operation.
Please bring into hospital any tablets or medicines you may be taking.

What do I bring to hospital?
You will need to bring your nightwear, loose day clothes, towels, sanitary towels, personal hygiene items, lip balm, tissues, slippers and loose-fitting underwear.

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We also recommend that you bring in books or other reading materials. Mobiles are not allowed in some areas of the hospital.

What happens before the operation?
You need to have a bath or shower before you come into the hospital. Please leave any jewelry / piercings at home. If you are unable to remove any piece of jewellery, a protective tape will be placed over it.

When you arrive on the ward, the nurse will check your details and will show you to your bed and help you to change into a gown and give you an identity wristband. If you are wearing any nail varnish or make up, you will be asked to remove this. We will take some basic tests such as pulse, temperature, blood pressure and a urine sample. You will also need to remove contact lenses, glasses and false teeth.

Visit by the gynaecology team:
A doctor will come and see you and explain the operation to you. If you have not already signed a consent form in the clinic, we will ask you to sign one which gives us permission to perform the operation. If you have any questions, please ask.

Visit by the anaesthetic team:
One of the anaesthetists who will be giving you anaesthetic will come and see you. Please tell the anaesthetist about any allergies, chest problems, dental treatment and any previous anaesthetics you have had, and any anaesthetic problems within the family.

If your operation is in the morning, you must have nothing to eat or drink after midnight. If you are having your operation in the afternoon, you may have a light breakfast and a drink no later than 6am. The breakfast can consist of cereal and toast; you must not have a large cooked meal as this could affect you during the operation.

Preparation for surgery:
We will give you anti-embolic stockings to help reduce the possibility of blood clots during your stay in hospital. These should always be pulled up and not be allowed to roll down. We may give you a pre-medication drug a few hours before your operation, which may cause drowsiness and a dry mouth. A member of staff will go with you to the operating theatre and will hand you over to the care of a member of anaesthetic team.

What happens after the operation?
After the operation you will be taken to the recovery room.
Although you will be conscious a minute or two after the operation ends, you are unlikely to remember anything until you are back in your bed on the ward. You may find you have a:

- Mask supplying oxygen.
- Narrow tube into your vein to replace lost fluids.
- You may return to the ward with either a suprapubic catheter or a urethral catheter (placed into the bladder via the ureter) to rest the bladder after surgery. Initially, your catheter will be draining freely. The medical team will discuss removal of the catheter with you.
- In order to prevent clots in the legs (thrombosis), we will ask you to wear anti-embolic stockings while you are in hospital. You will also be given an injection every day of a medicine to keep your blood thin.
- You should be able to walk the day after the operation and we will encourage you to shower by the second or third day.

Will I be in a lot of pain after the operation?
Pain levels can vary from person to person. There are a variety of methods of pain relief that we can use so that you remain comfortable. Many patients are given a hand-held device to control their pain called a patient controlled analgesia system (PCA), which enables you to give to yourself appropriate levels of pain relief according to how you are feeling.

Nurses can also give injections of strong pain relief and when you start eating you will be able to take tablets. You may feel sick especially in the first 24 hours and various medicines are available to control this. A drip will be used to give fluid to you while you are unable to drink.

Understanding your catheter care
Your catheter will be closed off on about Day 2 in the morning after your surgery, to stop the flow of urine into the bag and you will be encouraged to pass urine naturally every four hours. If you cannot pass urine, or are in pain, please let the nursing staff know so that your catheter can be released. Each time you pass urine the amount will be recorded by the nursing staff and entered into your fluid balance chart.

Four hours later, the catheter will be released and the residual urine (the amount drained into the bag) will be measured. If the residual is more than 150mls (about the level of a tea cup), and you are passing amounts of urine less than 150mls, the catheter will be clamped once again. The residual is then measured. If this is less than 200mls and if you are passing good amounts of urine, the catheter is removed. If the second residual volume is greater than 200mls and you are not passing satisfactory amounts of urine, the catheter will be left to drain freely overnight, and the procedure repeated the following day. This is a pain-free, simple routine which the nurses are familiar with and they will answer any questions if you are unsure. Some patients are quicker than others to resume normal bladder function, and you should not be alarmed about this if you appear to be taking longer than others. Every woman is different in her recovery process.

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How long will I be in the hospital?
People take different lengths of time to recover from surgery, but most would be fit to go home 2-3 days after the operation.

You may be discharged home with your catheter if you have not been able to pass urine normally yourself. In this instance an appointment will be made for further catheter management in the hospital.

After review by your doctor you will be discharged home. If you require any medications to take home, these will be ordered from the Pharmacy. However, you may be advised to go home and return to collect your drugs in the early evening. For those women who require a post-surgical follow up, appointments are usually six to eight weeks after discharge and you will receive this appointment via the postal system.

At home
You can gradually resume a normal household routine, avoiding heavy lifting for at least six weeks after surgery. Get up once a night for a week after your operation to empty your bladder, and this will avoid an over-filled bladder when you normally wake.

When will my stitches be removed?
Your stitches are usually dissolvable and do not need to be removed.

When can I resume intercourse?
We would advise that you wait for the review in the clinic before resuming sexual intercourse to allow time for internal healing.

When can I drive?
Provided you are comfortable sitting in a car, and can perform an emergency stop without pain or discomfort, it is safe to drive. We recommend short distances initially, gradually building up to longer journeys. We strongly advise that you check with your Insurance Company regarding any restrictions.

Activities to avoid:

- Do not douche your vagina or use tampons till your review back in the clinic.
- Avoid heavy lifting and sport for 6 weeks to allow the wounds to heal.
- Drink lots of fluids and eat fresh fruit and vegetables to avoid constipation and straining to open your bowels.
- Any constant cough is to be treated promptly. Please see your GP as soon as possible**.**

When will I be seen again?
You will be seen in the gynaecology outpatients by the team who performed your surgery six to ten weeks after the date of the surgery. A doctor may need to

examine you. After this visit you may able to return to work providing it does not involve heavy lifting and you may also resume sexual intercourse.

Will I be incontinent after the operation?
The success rate of colposuspension is about 90-95% for a first procedure. However, a small number of women (about 5%) may have symptoms of passing urine frequently, having to rush to the toilet, which may indicate an infection. To treat this you may require a course of antibiotics.

Are there any risks associated with this operation?
No surgery is without risk. The following risks are associated with this surgery:

- Haematoma (blood clot underneath the skin).
- Haemorrhage 5% (heavy bleeding following surgery).
- Wound infection 1%
- Urinary tract infection 32%
- Bladder injury - 12%
- Voiding dysfunction - 10% of women may experience difficult passing urine. This usually improves but may be permanent. You many need to pass small catheters to fully empty your bladder
- Urgency and urgency incontinence - 18% of women may experience overactive bladder.
- Prolapse - There is an increased need for further possible prolapse surgery. 14% may have prolapse of the back wall of the vagina (rectocele)
- Failure of the procedure – up to 20% at 1 year
- Erosion of stitch – rarely the stitches may erode into the bladder and require removal
- Deep vein thrombosis (DVT) / Pulmonary Embolism (PE) - The risk of DVT (blood clots in legs) and pulmonary embolism (blood clots in lungs) is also noted in 2 % of cases.

Please do speak to your doctor if you are unsure about anything or you have any concerns.

What if I have problems after discharge?
If you are unable to pass urine after discharge or have severe vaginal bleeding, abdominal distension or pain you need to attend the Accident and Emergency Department (A and E) immediately.
Contact your GP if you have other problems such as:

- Foul smelling discharge from the wound.
- High fever
- Pain when passing urine or blood in the urine.
- Difficulty opening your bowels.
- Pain or swelling of the legs.

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You may contact Shirley Oaks Hospital:

By Telephone: 020 8655 5500 is our direct line
By post: Shirley Oaks Hospital, Poppy Lane, Shirley Oaks Village, Croydon, Surrey. CR9 8AB

Smoking:
Shirley Oaks Hospital is a no smoking hospital.

Data Protection:
During your visit you will be asked for some personal details. This is kept confidential and used to plan your care. It will only be used by staff who need to see it because they are involved in your care and we may send details to your GP.

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