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Sacrospinous fixation

JAN YPERMAN ZIEKENHUIS

PATIENT DETAILS

Patient label

HOME NURSING DETAILS

Last name + first name:

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Phone number:

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Email address:

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You can send comments and/or suggestions to communicatie@yperman.net.

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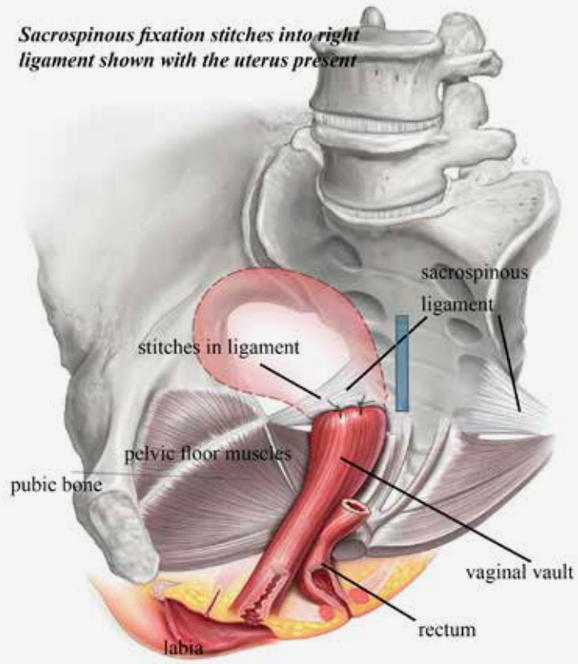
Questions?
Ask your attending doctor or a nurse.



What is a sacrospinous fixation?

A sacrospinous fixation is a surgical procedure performed to correct a **prolapse of the uterus** (descensus uteri) **or vaginal vault prolapse**. During this operation, the doctor uses two **insoluble sutures** to sew the cervix or vaginal vault to a **solid tendon** between the sacrum and the ischial tubercle (the sacrospinous ligament). The operation is performed **entirely via the vagina**. So, there are no external scars. Furthermore, **no synthetic material** ('mesh') is used.

The **success rate** of a sacrospinous fixation is **80% to 90%**. Occasionally, the prolapse may reoccur over time or a different organ may prolapse.

What happens during a sacrospinous fixation?

In a sacrospinous fixation, the doctor makes a vertical **incision** in the **front or back wall** of the vagina (depending on the nature of the prolapse). The vaginal mucosa is then detached from the underlying connective tissue, and the **sacrospinous ligament is found**. Two non-dissolvable sutures are sewed to it, which are then attached to the cervix or vaginal apex. After the cervix or vaginal vault is pulled against the ligament, the vaginal mucosa is closed with soluble sutures.

The procedure is often combined with an anterior colporrhaphy (anterior vaginal wall repair) or posterior colporrhaphy (posterior vaginal wall repair). This involves strengthening the support tissue between the bladder and the vagina and/or the rectum and the vagina.

Generally, the procedure takes 60 minutes and can be performed under general or regional ('epidural') anaesthesia. Consult with your doctor about which anaesthetic is most suitable. During surgery, we administer a single preventive dose of antibiotics via an IV. You will receive a catheter. At the end of the procedure, a vaginal tampon will be inserted to limit blood loss.

Preparation for surgery

Before surgery, you have a **preoperative anaesthesia consultation** to discuss your medical history and any allergies. You will also be asked about whether you are taking any medication that must be temporarily stopped before the procedure (such as blood thinners).

The procedure date will be scheduled with your attending physician. The day before the procedure, you will be contacted with the exact time you need to be at the hospital. **You must not eat anything starting six hours before your admission.** You may drink clear liquids (water, apple juice, coffee and tea without milk and sugar, sports and soft drinks) until your arrival at the hospital, depending on your thirst.

We also discuss this during the preoperative consultation.

Recovery after surgery

After the operation, you stay in the **recovery room** until you are sufficiently awake or you can move your legs properly (after an epidural anaesthesia). You will then be taken to the ward.

After surgery, you usually stay for **one night in the hospital**. The morning after the procedure (around 6 a.m.), the bladder catheter and vaginal tampon are removed. The nurse checks whether you can urinate properly. You will be asked to urinate in a bidet. Afterwards, we check whether the bladder is sufficiently empty using a bladder scan (bladder ultrasound). If you urinated sufficiently so that not too much urine remains in the bladder, you can go home around noon.

Recovery after a sacrospinous fixation **usually goes smoothly**. For the first **six weeks**, **relative rest** is recommended. Avoid strenuous physical activity, such as lifting and intense exercise. Light activities, such as walking, cycling and household chores, are allowed. To allow the vaginal wound to heal properly, **swimming, bathing, tampon use and sexual activity** are **not recommended** for six weeks. During bowel movements, you must **avoid pushing hard**.

Slight blood loss may occur up to **one week** after the operation. If you experience heavy bleeding (beyond normal menstruation), contact your doctor. Also, you may experience **increased vaginal discharge during the four to six weeks** due to the presence of dissolvable sutures in the vagina.

A **check-up appointment** is scheduled with your attending physician after four to six weeks.

Risks and complications

All surgical procedures carry certain risks and potential complications.

General risks during surgery:

- **Risks due to anaesthesia:** These complications are generally very rare and primarily depend on your general medical condition. At the preoperative anaesthesia consultation, we go over your medical history and any home medications.

- **Infection:** There is always a small risk of infection despite the physician performing the procedure in sterile conditions and the preventive antibiotics you receive for the procedure.
    - Bladder inflammation (occurs in about 5% of patients). To detect this early, we always take a urine culture on the day after surgery.
    - Infection of the surgical area.

- **Bleeding:** Blood loss during a vaginal prolapse repair is usually quite limited. Severe bleeding requiring a blood transfusion is very rare (<1%).

- **Thrombosis (clot in a blood vessel):** All surgical procedures have an associated risk of a thrombosis. This is why you receive preventive anti-thrombosis injections during your admission. You will also be given compression stockings. We recommend you wear these stockings until you regain mobility. If you have experienced thrombosis in the past (or have other risk factors), you may also need to continue injections for several weeks after the procedure.

Specific complications in a sacrospinous fixation

- **Bladder injury:** If the procedure is performed via an incision in the anterior wall of the vagina, there is a small risk of damage to the bladder. This is very rare and is corrected immediately during surgery. In that case, you will receive a catheter for a week to allow the bladder to heal.

- **Intestinal injury:** If the procedure is performed via an incision in the posterior wall of the vagina, there is a small risk of damage to the rectum. This is very rare and is corrected immediately during surgery.

- **Urinary retention:** After surgery, it may be temporarily more difficult to urinate due to swelling around the bladder and urethra. A nurse carefully monitors how well you can urinate after the procedure. If you cannot urinate or too much urine remains in the bladder, It may be necessary to empty the bladder with a catheter (self-catheterisation). The nurse teaches you how. This problem is usually short-lived. Once the swelling subsides (usually after a few days), you can stop using the catheter.

- **Constipation:** Difficult bowel movements are a common problem after surgery. You must absolutely avoid pushing hard after a prolapse correction. We recommend making your bowel movements as easy as possible after the procedure by:
    - Using laxatives temporarily.
    - Eating a high-fibre diet and drinking plenty of water.

- After a sacrospinous fixation, 5% to 10% of patients experience pain in the right buttock due to the sutures. We easy treat this with painkillers. The pain usually disappears within six weeks.

Contact details

Doctors

- dr. E. Bauters
- dr. O. Brouckaert
- dr. L. Deblaere
- dr. J. Quintelier
- dr. E. Rossey
- dr. A. Vandenameele
- dr. I. Vanderbeke
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Physical: 8 a.m. – 12:30 p.m. & 1:30 p.m. – 6 p.m.
Phone: 8:30 a.m. – 12:15 p.m. & 1:30 p.m. – 5:30 p.m.

Serious complaints or emergencies?

Please immediately contact

- your attending physician
- the hospital's emergency department
  057 35 60 00

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