

Department of Urogynaecology

# Laparoscopic hysteropexy



You have been given this leaflet as your doctor has recommended that you have a laparoscopic hysteropexy to treat your prolapsed uterus. It will explain the common reasons why we recommend this operation. It also describes what will happen when you come into hospital, the potential benefits as well as risks, recovery from the operation, and what to expect when you go home.

## Conditions leading to a prolapse of the uterus

A prolapse is a collapse of the uterus (womb) and/or vaginal walls away from their normal positions inside the body. Prolapse occurs over a period of time and can be mild to severe. It is usually caused by damage to the supporting muscles of the pelvic floor during childbirth.

Being overweight, heavy lifting, chronic constipation and a lack of hormones after the menopause can weaken these muscles further, creating a prolapse. Many women will have a prolapse of some degree after childbirth; it is not unusual.

There are different levels of prolapse. The symptoms can include:

- a 'dragging' feeling, lump inside or outside the vagina and a feeling of 'fullness' in the vagina
- low backache
- constipation or straining to open your bowels, and a feeling of not having emptied them properly
- discomfort or pain during intercourse.

## What is a laparoscopic hysteropexy?

Hysteropexy involves lifting the prolapsed uterus back into its normal position. This is done by using a strip of synthetic mesh to lift the uterus and hold it in place. One end of the mesh is attached to the cervix and the other to the ligament over the sacrum (a bone near your spine). Once in place, the mesh supports the uterus. Eventually, new connective tissue grows into the mesh, which forms a new strong ligament.

Hysteropexy is performed using keyhole surgery (laparoscopy) so only small cuts need to be made. Most hysteropexies are done with you asleep under a general anaesthetic.

## Alternative treatments

Your doctor will probably have given you advice about other treatments before discussing this procedure. These can include pelvic floor exercises, vaginal pessaries or more minor surgery. The choice of the treatment that your doctor recommends depends on the nature and extent of your condition, as well as personal factors, such as whether you would like to become pregnant in the future.

For many years, the traditional “standard” surgical treatment for prolapsed uterus has been a vaginal hysterectomy (removal of the prolapsed uterus through the vagina). If you are also experiencing problems such as heavy or irregular periods or abnormal cervical smears, a vaginal hysterectomy may be a better option for you.

You can discuss available treatments with your doctor, who can help you to weigh the option of laparoscopic hysteropexy against how severe your condition is and whether there are other suitable treatments.

## The benefits of hysteropexy

- Hysteropexy doesn't involve removing any part of your vagina or uterus. The uterus is just suspended back in its normal position by reinforcing weakened ligaments with a mesh.
- A laparoscopic hysteropexy procedure uses only small cuts (incisions) and small instruments. This reduces the risk of damage to the surrounding organs, such as the bowel and bladder. The operation can be carried out in a much shorter time and recovery afterwards is quicker.
- Many women choose to have a hysteropexy as it means they can 'keep their uterus'. This decision may be influenced by a general desire to feel young, intact and fertile. Many women express relief when they learn that they can keep their uterus, as it is commonly thought that a hysterectomy (removal of the uterus) is the only option.

- An advantage of keeping your uterus is that you can remain fertile if you wish to have children after this procedure.
- The uterus and cervix may have an important role in sexual function. Having a hysterectomy can affect your sexual wellbeing, due to damage to the nerves and supportive structures of the pelvic floor. In some women, removing the uterus may even influence their sexual and personal identity, as they may associate their uterus with feeling feminine.
- Although laparoscopic hysteropexy is a relatively new procedure, initial results show that it is as effective as the 'standard' vaginal hysterectomy in curing prolapse.

## Risks of laparoscopic hysteropexy

Most operations are straightforward and without complications. However, there are risks associated with all operations. You need to be aware of these when deciding whether to have this treatment. The risks of having a laparoscopic hysteropexy are shown below:

- Damage to the bladder or one of the tubes (ureters) which drain the kidneys (1 in 200).
- Very rarely, damage to the bowel (1 in 1000).
- Excessive bleeding. This may occur during the operation and would mean we would need to carry out a hysterectomy (removal of the uterus (1 in 100).
- Deep vein thrombosis (DVT). This is the formation of a blood clot in a leg vein, which occurs in about 1 in 250 women. We will give you medication and special stockings to wear to help prevent a blood clot from developing.
- As the mesh is a foreign material, there is a risk that it may wear away (erode) the surrounding tissues or cause inflammation. This is very rare and unlikely to happen. There hasn't been a single case of mesh erosion into the bladder, vagina or bowel in more than 1,000 laparoscopic hysteropexy procedures performed in Oxford.<sup>1</sup>

- If you are planning to have children after this procedure, a pregnancy may damage the repair and cause the prolapse to happen again. To help prevent this, you may be advised to have a scheduled caesarean section rather than a vaginal birth.
- Infections can occur which may affect the wound, bladder or lungs, or can develop around the operation site internally. Most infections are easily treated with a course of antibiotics but others can be more severe.
- Abdominal incision (cut). Although the aim is to do the surgery through keyhole incisions (laparoscopically), sometimes this is not possible and we will have to make a larger cut on your abdomen.

Although hysteropexy is a relatively safe operation and serious complications are not very common, it is still major surgery. You and your doctor must weigh up the benefits and risks of surgery, giving consideration to alternative treatments.

### **Anaesthetic risks – general anaesthesia**

In modern anaesthesia, serious problems are uncommon. Risk cannot be removed completely, but modern equipment, training and drugs have made general anaesthesia a much safer procedure in recent years. Throughout the whole of life, a person is at least 100 times more likely to suffer serious injury or death in a road traffic accident than as a result of anaesthesia.

## Vaginal repair

If you also have a prolapse affecting the front and/or back wall of your vagina, your surgeon may suggest repairing this at the same time as carrying out the hysteropexy. This additional surgery is called an anterior or posterior repair (or pelvic floor repair) and will be discussed with you.

## Pre-admission clinic

Before your surgery you may be asked to come to a pre-admission clinic appointment. This is to check that you are fit and well for the operation.

A nurse practitioner or doctor will see you at this appointment. We will ask you about your general health, past medical history and any medicines that you are taking. We will organise any investigations you may need (such as blood tests, electrocardiogram (ECG or heart tracing), chest X-rays). We will tell you about your admission, the operation itself and your care before and after the operation.

You will be given information about not eating or drinking (fasting) before your operation at this appointment.

This is the time to ask any questions or to raise any concerns you may have.

## Preparing for the operation

### **Plan ahead**

When you come out of hospital you are going to need extra help at home for the first two weeks. Make sure your family know this too!

### **Smoking**

If you smoke, try to stop completely. This will make your anaesthetic safer, reduce the risk of complications after the operation, and speed up the time it takes for you to recover. Perhaps this is a good opportunity to give up completely. If you are not able to stop completely, even doing so for a few days will be helpful. You will not be able to smoke while you are in hospital.

### **Driving**

We recommend that you do not drive for two to four weeks after the procedure. You will need to check with your doctor at your follow-up appointment whether you are safe to drive. We also advise checking with your insurance company that you have insurance cover if you choose to drive earlier than we recommend. It may be helpful to first

sit in the car while it is parked, to see if you could do an emergency stop, if needed. You must be able to comfortably and safely perform an emergency stop for your safety and that of others.

## **Medicines**

Some medicines need to be stopped or altered before the operation. You should check this with your GP. In particular, the contraceptive pill should be stopped at least four weeks before the operation and you will need to use another method of contraception. If you have been or are anaemic, your GP will advise that you take iron supplements before the surgery.

## On the day of your surgery

You may be given an estimated time for your operation, but this may change, as the operating theatres are also used for emergency surgery.

You will be seen by the anaesthetist and the surgeon (or a senior member of the team). They will confirm with you the purpose of the operation, what will happen during the operation, and the risks associated with it. You will then be asked to sign a consent form, if you have not already done so. You will also have an opportunity to ask any further questions about anything you are still unsure about.

In the anaesthetic room, next to the operating theatre, a narrow tube called a cannula will be placed in your arm or wrist. It will be attached to a tube which will supply your body with fluids and medicines during and after the operation. This will stay in place until you are drinking normally after the operation. Before you are given the anaesthetic we will attach a monitor to your chest with leads, which will measure the activity of your heart (electrocardiogram or ECG).

## The operation

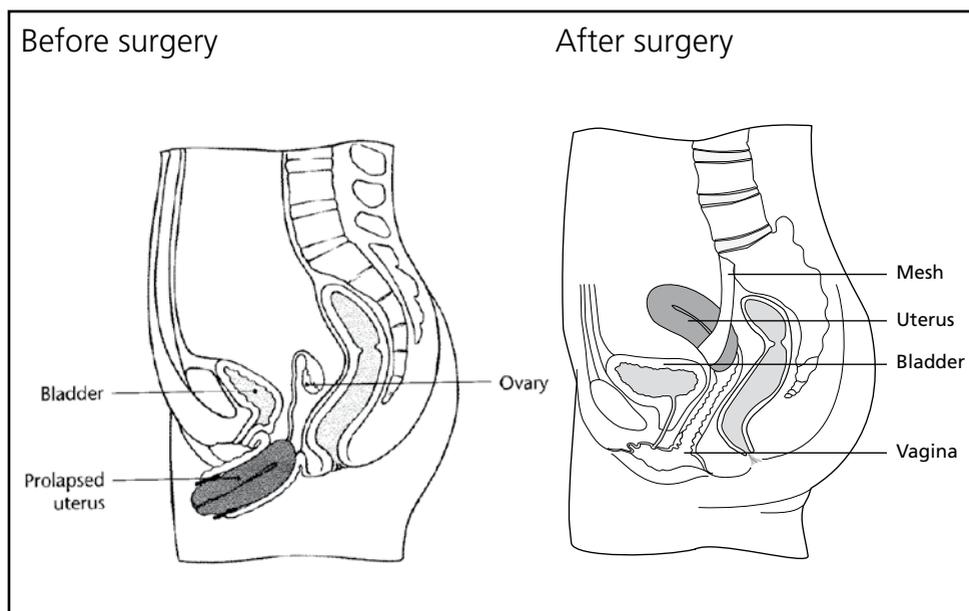
### Laparoscopic hysteropexy for prolapsed uterus

Once you are asleep under the general anaesthetic, the surgeon will make three 5mm incisions (cuts). Two of these will be on your lower abdomen at your bikini line. The third incision will be within your belly button, so that the small scar will be invisible.

A narrow telescope, called a laparoscope, will be inserted through one of the cuts on your abdomen. A light source and a camera are connected to the laparoscope, which allow the surgeon and assistants a magnified view of the area they are looking at. Additional special keyhole instruments, such as scissors, will be inserted through the other two incisions.

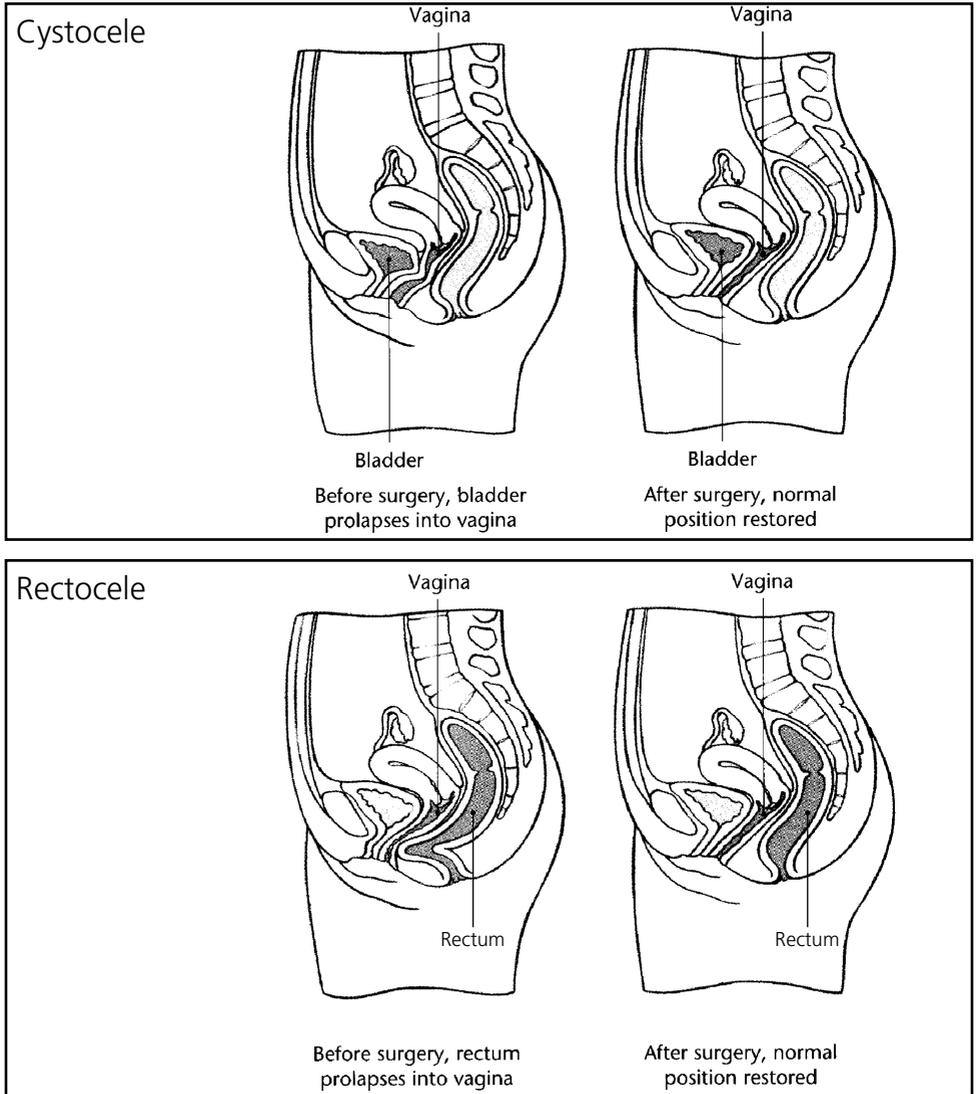
One end of the mesh will be attached to your cervix using non-dissolvable stitches, and the other to a ligament over the back bone (sacrum) near your spine. This gently lifts the uterus back up into its normal anatomical position.

When the procedure is finished, the surgeon will close the small cuts on your abdomen with dissolvable stitches. These will gradually disappear after two to three weeks.



## Vaginal repair

Other types of prolapse may result from stretching and weakening of the walls of the vagina, with bulging of the bladder through the front wall (cystocele) or bowel through the back wall (rectocele).



All of these conditions can result in the feeling of something coming down the vagina.

The vaginal repair operation tightens the walls of the vagina and the pelvic floor muscles. It involves making a cut on the back and/or front wall of the vagina and repairing the wall between the rectum and vagina, or bladder and vagina, to cure the vaginal bulge.

The operation normally takes around 20-30 minutes to complete and may be carried out at the same time as the laparoscopic hysteropexy or at a later date. All the internal stitches used in vaginal repair are dissolvable, but can take up to 3 months to fully dissolve.

## After the operation

When you return to the ward you are likely to be very sleepy for the rest of the day. There may be a narrow tube, called a catheter, in your bladder (to drain away urine). The catheter will normally be removed the next day.

### **Will I have any pain?**

You are likely to experience some pain or discomfort for the first few days but we will offer you painkillers to help ease this. Please let us know as soon as you start to feel any discomfort, rather than waiting until the pain becomes worse.

For the first 24 to 48 hours after the operation you may have a special infusion pump attached directly to a vein in your arm, to give you pain relieving drugs. This is called a Patient Controlled Analgesia pump (PCA). You can press a hand-held button when you feel pain or discomfort and the pump will deliver a pre-programmed dose of painkilling drugs directly into your vein. The machine controls the amount of drugs you receive, so you cannot have too much in one go.

If you do not have a PCA you may need to have strong painkillers by injection to keep you comfortable. As you recover, you will have the choice of tablets or suppositories to control any pain you may have. You will be encouraged to take painkillers, as being pain-free will speed up your recovery.

Having an anaesthetic, being in pain and having strong painkillers can sometimes make you feel nauseous or sick. We can easily help with this by giving you anti-sickness medications as injections or tablets.

Many women get wind pains a few days after the operation, which can be uncomfortable and make your tummy look distended (swollen). This should not last long and can be relieved with medicines, eating and walking about.

### **Will I bleed?**

After the operation you may have some vaginal bleeding and will need to wear a sanitary pad. We advise you not to use tampons as these increase the chance of an infection developing. This blood loss should change to a creamy discharge over the next two to three weeks. If you have any new pain, fresh bleeding or bad smelling discharge after you go home, you should contact your GP.

### **Will I have stitches?**

If you had vaginal repair as well as hysteropexy, you will have stitches inside your vagina, which are all dissolvable. As they dissolve, the threads may come away for up to three months, which is quite normal.

### **How will I cough?**

If you need to cough, your stitches won't come undone and you won't damage the repair. You will be wearing a sanitary towel, and coughing will hurt less if you press on your pad firmly to give support between your legs.

## Recovery

Recovery is a time consuming process, which can leave you feeling tired, emotionally low or tearful. Although the scars from laparoscopic (keyhole) surgery are small, this does not shorten the healing process. Your body needs time to build new cells and repair itself. Depending on the surgery you have had, you will need to take four to six weeks off work to recover.

After a hysteropexy, most women stay in hospital for approximately two days, but this could be longer if needed. When you will be discharged from hospital depends on the reasons for your operation, your general health and how smoothly things go after surgery. Recovery time varies from woman to woman. It is important to remember that everyone's experience is different, and it is best not to compare your own recovery with that of others on the ward.

Whilst you are on the ward you will be visited by a physiotherapist, who can give you advice on exercises, including pelvic floor exercises, and other ways to help your body recover.

### **Sex after the operation**

For many women, this area of their life is improved because there is no longer any discomfort during sexual activities. We advise that you avoid penetrative intercourse for about six weeks, until you've had your check-up with your doctor.

Take your time, feel comfortable and relaxed and don't be rushed. For the first few occasions you might find a lubricating gel is helpful. You can buy this from the chemist and many other shops. Talk to your husband or partner about this, as you will need extra gentleness and understanding.

### **Weight**

The operation itself should not cause you to gain weight. Initially, because you are feeling better, are not able to be as active as usual and may have an increase in appetite, you might tend to put weight on. By paying attention to what you eat and increasing your activity level as you recover, you should be able to avoid any significant weight gain.

## **Exercise**

It is important to continue to exercise; walking is an excellent way of doing this. Gradually increase the length of your walks, but remember to only walk the distance you can achieve comfortably. Cycling and swimming are equally as good and you can start to do these activities within a couple of weeks of your operation.

## **Cervical smears**

After a hysteropexy you will need to continue to have your usual cervical smear tests.

## **Follow-up**

We will see you back in clinic again approximately 8 to 12 weeks after your surgery to assess your recovery. This appointment will be sent to you through the post and should arrive within 3 to 4 weeks.

## How to contact us

If you have any questions or concerns either before or after your surgery, please telephone the:

### **Urogynaecology Nurse Specialists**

Tel: 01865 222 767

(Monday to Friday, 8.00am to 5.00pm)

We have an answerphone available and will return your call by the end of the next working day.

Or

### **Gynaecology Ward Nurses**

Tel: 01865 222 001/2

(24 hours)

Specific enquiries will be referred to the Urogynaecology Nurse Specialists.

## Further reading and support

### **The Physiotherapy Department**

Women's Centre

John Radcliffe Hospital

Tel: 01865 235 383

(Monday to Friday, 8.00am to 4.00pm)

### **Women's Health Concern**

Women's Health Concern produce information leaflets about hysterectomy, prolapse, and associated health conditions.

Website: [www.womens-health-concern.org](http://www.womens-health-concern.org)

### **Oxford Gynaecology and Pelvic Floor Centre**

Oxford Gynaecology and Pelvic Floor Centre provides specialist services for women with gynaecological and pelvic floor problems. Please speak with your doctor about being referred to this service.

Website: [www.oxfordgynaecology.com/](http://www.oxfordgynaecology.com/)

### **NHS Choices**

NHS Choices has information about a wide range of health problems and symptoms.

Website: [www.nhs.uk/Pages/HomePage.aspx](http://www.nhs.uk/Pages/HomePage.aspx)

## References:

1. Laparoscopic Hysteropexy– One to four years follow up of women post operation. Rahmanou P, White B, Price N, Jackson S. Int Urogynecol J. January 2015.
2. Laparoscopic hysteropexy: the initial results of a uterine suspension procedure for uterovaginal prolapse. Price N, Slack A and Jackson SR. BJOG, Jan 2010; 117(1): 62-68

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