

Complications?

- Pain (generally or during intercourse) in 2-3%
- Exposure of the mesh in the vagina in 2-3%
- Damage to bladder, bowel or ureters in 1-2%
- There are also general risks associated with surgery:

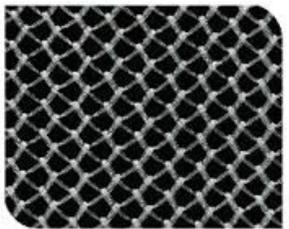
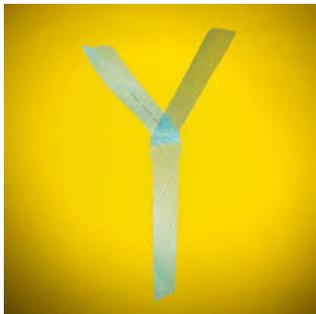
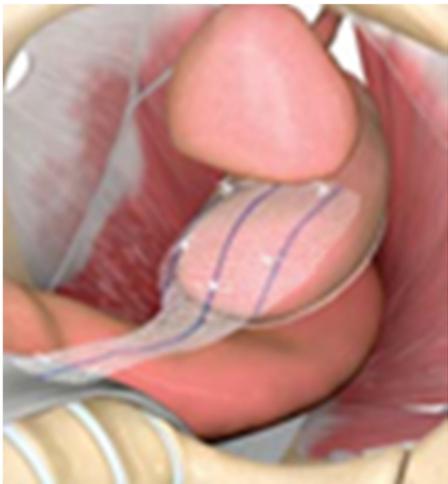
Wound infection,

Urinary tract infection,

Bleeding requiring a blood transfusion and

Deep vein thrombosis (clots) in the legs,

Chest infection



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PATIENT INFORMATION BROCHURE

VAULT REPAIR (SACRO-COLPO PEXY)

Patient well-being is my first priority!

Vault Repair (Sacro-Colpo Pexy)

Why is it done?

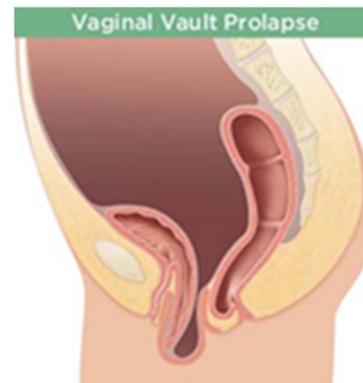
- The aim of surgery is to relieve the symptoms of vaginal bulge and/or laxity
- Improve bladder function without interfering with sexual function
- Used where own natural tissue is too weak to use
- Vaginal prolapse is a common condition causing symptoms such as a sensation of dragging or fullness in the vagina, and difficulty emptying the bowel or bladder and back ache.
- About 1 in 10 women need surgery for prolapse of the uterus or vagina.

Pre-requirements

- An informed consent is required from the patient and a pre-admission clinic will be arranged.
- Patients may not eat or drink from midnight the previous evening.
- Patients are to refrain from smoking before the procedure.
- **Patients allergic to IODINE/CHLORHEXIDINE should clearly state this at the pre-admission clinic as well as to theatre staff and Dr Schoeman.**
- Any anti-coagulants such as Warfarin or Aspirin must be stopped 7 days prior to surgery. This may be replaced by once daily Clexane injections.
- Pre-operative blood tests are required 4 days prior to surgery.
- Patients with cardiac illnesses require a cardiologist/physician report.
- A chest X-ray is required for patients with lung disease.
- Be prepared for an 2-3 day stay.

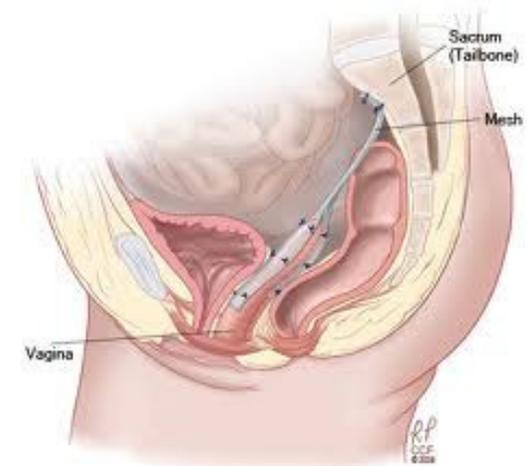
How is it done?

- This procedure is done under a spinal / general anaesthetic, as decided by the anaesthetist.
- Sacrocolpopexy is performed either through an abdominal incision or 'keyholes' (using a laparoscope or with a surgical robot), under general anaesthesia.
- The vagina is first freed from the bladder at the front and the rectum at the back.
- A graft made of permanent synthetic mesh is used to cover the front and the back surfaces of the vagina.
- The mesh is then attached to the sacrum (tail bone)
- The mesh is then covered by a layer of peritoneum that lines the abdominal cavity; this prevents the bowel from getting stuck to the mesh.
- Sacrocolpopexy can be performed at the same time as surgery for incontinence or vaginal repair for bladder or bowel prolapse.
- A pelvic drain is left post-operatively
- A cystoscopy may be performed to confirm that the appearance inside the bladder is normal and that no injury to the bladder or ureters has occurred during surgery.
- A pack may be placed into the vagina and a catheter into the bladder at the end of surgery.
- If so, this is usually removed after 3-48 hours. The pack acts like a compression bandage to reduce vaginal bleeding and bruising after surgery.



What to expect after the procedure?

- When you wake up from the anaesthetics you will have a drip to give you fluids and may have a catheter in your bladder.
- The surgeon may have placed a pack inside the vagina to reduce any bleeding into the tissues.
- You will have a surgical drain until the drainage is less than 20ml/24hours.
- Both the pack and the catheter are usually removed within 48 hours of the operation.



How successful is this surgery?

- Studies show that 80 to 90% of women having sacrocolpopexy are cured of their prolapse and prolapse symptoms.
- Following surgery there is a small risk of prolapse developing in another part of the vagina, such as the front wall that supports the bladder.
- If this does develop it may require further surgery.