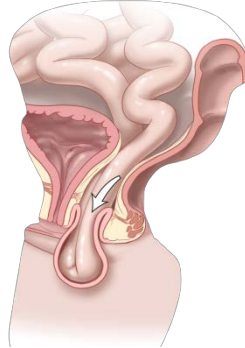




## Vaginal Prolapse

Vaginal prolapse is a common condition that affects women. About one in ten women will eventually undergo surgery to correct vaginal prolapse. Prolapse, which is much like a hernia into the vagina, is caused by weakness in the support to the vagina that allows the vagina to bulge down. This can occur in different areas of the vagina. Depending on what area is involved, prolapse can also cause difficulty emptying the bladder or the bowels. It can also cause symptoms of vaginal bulge or heaviness.



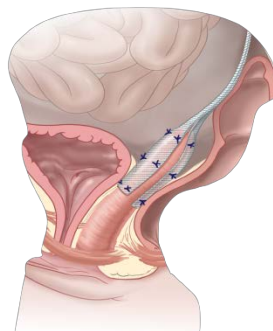
Vaginal apex (top) prolapsing with small bowel hernia (enterocele).

## What is Sacrocolpopexy?

Sacrocolpopexy is an operation that corrects vaginal prolapse that affects the vault (the top) of the vagina in patients who have previously undergone hysterectomy. Sacrocolpopexy restores normal anatomy and function to the vagina. It has been performed since the 1960s, and is a reliable procedure with a long track record of success. Studies have shown improvement in symptoms and anatomy in 80-100% of patients.

## How is the surgery performed?

Sacrocolpopexy can be performed through an incision in the low abdomen or through small (less than half an inch) incisions using the surgical robot or laparoscopic instruments, as seen in the illustration. During the surgery, the top of the vagina is separated away from the bladder and rectum. Permanent synthetic mesh is attached to the vagina. The mesh is then attached to the sacrum, which provides a strong support to the top of the vagina, as shown in the illustration. Sacrocolpopexy can be performed at the same time as other surgeries for urinary incontinence (leakage) or other prolapse.



Mesh placed on top and below vagina to support it to sacrum (tailbone).



### **What is the expected recovery after surgery?**

Most patients will stay in the hospital for one to five nights. You may leave the hospital with a catheter for drainage of the bladder. Depending on how physical your job is, you may need to take up to six weeks off from work. It is advised that for six weeks after the operation, you do not lift more than five pounds. You must also avoid strenuous exercise. Walking is fine and you may walk up and down stairs as well. You may drive after you no longer require narcotic pain medication.

After the operation you must not have sexual intercourse until after you have seen your doctor at your follow-up appointment. For a strong recovery, consider eating foods with protein and fruits and vegetables. Good nutrition as well as no tobacco use will enhance your recovery from surgery. Drink plenty of water and try to avoid constipation.

### **What are possible risks or complications?**

The most commonly reported complications of Sacrocolpopexy are:

Urinary tract infection (11%)

Wound problems (infection or separation) (4.6%)

Bleeding with possible need for transfusion (4.4%)

Mesh erosion (3.4%)

Damage to surrounding organs, such as bladder (3.1%) or bowel (1.6%) or ureter (1.0%)

There are risks that occur with any surgery which include bleeding, infection and damage to surrounding organs, scarring, as well as difficulties with wound healing. Also, after any abdominal surgery there can be a period of time where digestion is slow.

There are additional considerations with any prolapse surgery. There is a small chance that the vagina can bulge down again from the vault or from other areas of the vagina. Repairing the prolapse can help improve pain with intercourse, but sometimes pain can newly occur or remain after the surgery. When repairing a large prolapse and returning the bladder back to its normal position, the urethra (tube from the bladder) will become uninked, and if weakness is already present in the urethra, it will be revealed as urine leakage. Discuss testing for urethral weakness with your doctor. It can be corrected at the time of the Sacrocolpopexy.