

Colposuspension

Gynaecology Department



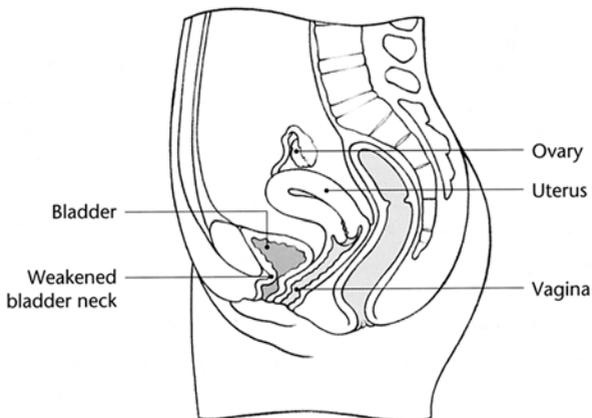
Patient information leaflet

What is a Colposuspension?

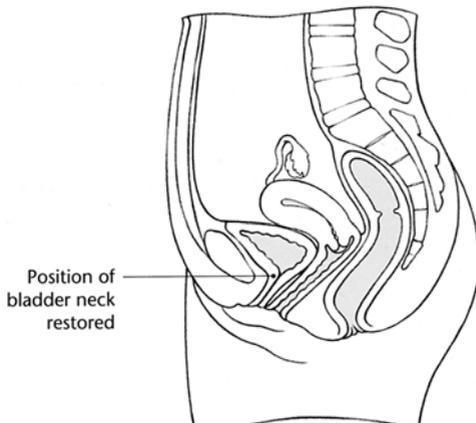
A colposuspension is an operation for patients who wet themselves when coughing, sneezing or moving (stress incontinence). Stress incontinence is caused by a weakness in the bladder neck and pelvic floor, usually as a result of pregnancy.

Colposuspension

Before surgery – diagram



After surgery – diagram



How is it treated?

Colposuspension is designed to support the bladder and prevent incontinence. Three special stitches are placed on each side of the bladder and fastened to strong ligaments on the inside of the pelvis, forming a type of hammock to support the bladder. The operation can either be performed through a bikini line incision in your abdomen through smaller incisions (Key hole).

Are there any alternatives?

It is difficult to predict what will happen to your bladder, or if you have an operation how long it should last for. You should have the operation only if you feel the stress incontinence is badly affecting your quality of life at the moment.

Pelvic floor exercises – If you have been doing these on your own you may like to see the Physiotherapist to check that you have been doing them correctly. If this has not been suggested, you should ask your doctor.

By trying to avoid things that may put too much stress on the bladder can help to stop it getting worse and might even improve your symptoms. If you are very overweight you should try and lose weight. You should make sure your bowels are regular and not become constipated, as straining to open your bowels increases pressure on your bladder. If you are a smoker you should stop, as it will make you prone to chest infections, which puts stress on the bladder when you cough.

Before and after your operation

Before

- As soon as your surgery is planned, try to get yourself into the best physical shape so that you will recover more quickly from your operation. Stop smoking, eat a healthy diet and take regular exercise.
- You may have intercourse until your admission to hospital, but use contraception – eg condoms.

Pre-Assessment

Your Pre-Assessment appointment is the opportunity to ensure you are fit and healthy for both anaesthetic and surgery and plan your admission with the nurse-led team.

Enhanced Recovery Appointment

You will have a separate appointment to be seen by a Gynae Nurse from the Enhanced Recovery Team. She will give you the opportunity to ask questions and will enable you to have a good understanding of what to expect in hospital and what to do when you get home. The nurse will discuss with you your expected length of stay in hospital. Your length of stay will depend upon the consultant who is caring for you. The nurse will monitor your progress and will call you on discharge home; she will be there to support you.

Before admission

Please remove nail varnish (fingers and toes) and body piercings and leave at home. If unable to remove, wedding bands (no stones) are acceptable as we can cover these with tape.

In hospital – the Ward

The day of your operation

When you arrive on the ward the nurses will check your details and attach a name band to your wrist. This will be red if you have any allergies. You will be starved prior to your operation, which will have been discussed with you during your Enhanced Recovery Appointment.

You will be measured for tight, elastic stockings (usually knee length) called TEDS. The stockings work together with a daily injection of Clexane (to thin the blood) this helps to prevent clots.

A member of the Anaesthetic Team will visit you on the ward prior to your operation to discuss your medical history and plan your pain management with you. A member of the operating theatre team will come and take you to the operating theatre.

After the operation

This depends upon the type of Colposuspension you have had.

Open Colposuspension

Colposuspensions are performed through a bikini line incision.

Laparoscopic Colposuspension

Usually the surgery is performed using key hole (small) incisions. Often patients have 4-5 small incisions. Patients usually recover quicker following key hole surgery.

Your recovery

You will remain in the Recovery Room until the recovery team decides you are well enough to return to the ward. When you return the nurses will continue to monitor your progress by taking your blood pressure, pulse, temperature and checking your wounds etc.

- The doctors and nurses will discuss your recovery plans with you and will expect you to mobilise as soon as possible.
- Remember everyone is different and some people take a little longer to recover. Your Consultants team will monitor your progress on the ward and the nurses will be there to advise you.

After your procedure

Pain

You will probably experience some pain and discomfort when you wake. You will be given strong painkillers for the first 48 hrs. If your surgery has been completed laparoscopically, you may experience shoulder tip discomfort, which is due to “trapped gas” following the operation. This will settle quickly but pain relief and peppermint water/ sweets along with gentle mobilisation will be helpful

Patients who have had the open procedure are usually hooked up to a special pain relief machine, called a PCA pump (Patient Controlled Analgesia) in the Recovery Room. The machine contains a syringe of morphine and a button. You manage your pain yourself by pressing the button on the machine.

You may also get gripping wind pains caused by bowel and stomach gas but there are medicines that can help to relieve this. If you are constipated you may be given a laxative.

Diet

You may have a “drip” in your arm and this will stay in until you are able to drink. Usually you start with a few sips and build up the amount (this is to stop you being nauseous). The doctor/nurse will advise you when you can start a light diet and build up to eating normally. Little and often is usually acceptable for most people after surgery rather than waiting several hours and then eating a large meal.

Urine

During the operation the doctors will insert a catheter. A catheter is a thin rubber tube that goes into your bladder and the urine drains into the bag by the side of your bed. The nurses will empty this. Some patients have their catheter removed before they leave hospital and are able to pass urine normally.

Other patients are discharged home with the catheter with a special tap called a 'flip-flow' attached to the end of the catheter. This process is to help tone your bladder. You will usually be brought back in a week to have the catheter removed.

Sometimes if you have been experiencing problems with urgency and dribbling to aid the success of the surgery, a 'supra pubic' catheter is inserted during your operation. Prior to your surgery your Consultant will have discussed this with you. The 'supra-pubic' catheter drains through a tube inserted into your bladder through your abdominal wall. It is stitched in position so that it cannot fall out. The catheter is connected to a bag which drains freely immediately after your operation.

After a few days (depending on your consultant's wishes) the catheter will be clamped off, to assess how well you pass urine in the normal way. When you are passing enough urine normally, the catheter is removed by a nurse – a small hole is left in your tummy which closes rapidly. Sometimes the process of retraining your bladder takes a few days. Occasionally women may need to go home with the catheter still in place, coming back to have it removed after one or two weeks.

Very rarely, the bladder doesn't work properly after the operation (called a voiding disorder), in which case you will be taught by a nurse to put a catheter into your bladder to empty it yourself (intermittent self catheterisation).

Bowels

It may take two to three days to have your bowels open. If you are having difficulty, the nursing staff can give you some medicine to help have your bowels open. You will also find it helps if you;

- Drink lots of fluids.
- Eat a high fibre diet (e.g wholemeal or granary bread, fruit, vegetables, cereal).
- Keep having short walks and staying mobile.

Mobility/exercise

The first day after your operation you will be encouraged to mobilise straight away. You will be expected to move yourself, but the nurses will show you how and give you help if needed. We also encourage you to rest, but it is also important to start doing exercises as soon as you can. A physiotherapy booklet will be given to you to follow exercises after your operation. If you have any problems, the nursing staff can refer you to the physiotherapy team. Any time spent in bed, it is important for you to move around in order to relieve pressure on your heels and bottom.

Hygiene

You may shower as soon as you feel able. This will depend if your surgery has been laparoscopic or open.

Wound and stitches

When you come out of theatre, if you have had an open procedure, then you will have one dressing, however if your surgery is keyhole (through small incisions) then you will have 3-4 small dressings. The dressings will be removed by the nursing staff before you are discharged home.

Usually patients have dissolvable stitches, which will dissolve in their own time, or glue which does not need to be removed. Sometimes with the open approach patients have clips (staples), which will be removed on discharge home by a Practice Nurse or District Nurse (the ward staff will arrange).

Your recovery

Recovery is a time-consuming process, which can leave you feeling very tired emotionally low or tearful. This often happens during the early days and is a normal reaction. The body needs time and help to build new cells and repair itself.

Going home

- You will be discharged from hospital once you are medically fit. Your length of stay will be discussed with you in your Enhanced Recovery Appointment. This will vary if your surgery was 'open' or 'laparoscopic'. It will also depend upon the type of catheter you have (if any). Some patients stay 1-5 days, but in some cases it may be longer. Try not to compare your recovery with other women on the ward, as everyone is different.
- You will need to arrange for someone to collect you to take you home.

Before you go home

- Your catheter will have been removed and you will be able to pass urine without any problems.
- If you are being discharged home with a catheter, the nurse will teach you how to manage the catheter and give you extra supplies. Either an appointment will have been made for you to come back in to have the catheter removed in a week, or you will be monitored by the Enhanced Recovery team.
- You will be able to eat and drink. Often after surgery eating little and often is best.
- You will be up and walking around.
- Make sure that you fully understand the operation that you have had. Your hospital doctor will write a letter to your G.P about your operation. This will be sent in the post.
- The nurse will go through any medication that has been prescribed for you to take home.

- You may be given an outpatient appointment for 6-8 weeks time for a post-operative check in the Gynaecology Outpatient's Department. Alternately patients are referred to see their G.P.

General advice

When you go home

Pain

You may have some initial discomfort and require pain relief. You will be given medication to take home to keep you comfortable. Usually this is an Anti-inflammatory (to reduce swelling after your operation). We suggest you take Paracetamol to assist with pain symptoms as Codeine may cause constipation. Over time you will gradually be able to reduce the amount of pain relief that you require.

Diet

Eat a well-balanced diet including fruit and vegetables to avoid constipation. By eating a healthy diet you will help to improve the healing process. Do not starve yourself for hours and then eat a big meal, as this could make you feel bloated and uncomfortable. It may also help to cut down on bread and pasta to help with a bloated abdomen. If you are feeling nauseous, you need to "nibble" – little and often to break the "nausea cycle". Peppermint tea and hot water helps break down gas in your body. Caffeine may aggravate your bladder, cut down your tea / coffee intake for the first few days and drink water / lemon barley / cranberry juice.

Urine

Initially if you have been discharged home without a catheter it may be uncomfortable to pass urine following your operation. If you notice pain or burning/stinging when passing urine and offensive smell or low backache/or increased frequency may indicate infection. See your GP because if you have got an infection, which will require a course of antibiotics.

Catheter

If you have been discharged home with a catheter, you will either have a catheter with a special tap called a 'flip-flow' or you will have a "supra-pubic" catheter (coming from your abdominal wall). The nursing staff will teach you how to manage your catheter before being discharged home. The Enhanced Recovery nurse will call you on discharge to monitor your progress and will facilitate your admission to have the catheter removed when you are ready to do so. Every patient is different and some patients take longer for their bladder to be toned post-surgery. If your catheter is taken out too early, you will not get the full benefit from your surgery and may still experience problems with leakage/frequency.

Bowels

Constipation is one of the most common problems after surgery. Even if you have had your bowels open on the ward, you may find that you have problems with constipation when home. Apart from a fibrous diet you may need to take stimulant laxatives. Docusate Sodium acts as a stimulant and a softening agent.

Senna is also useful for a few days to help get your bowel back to normal function. You will also need to exercise – walk to help stimulate the bowel. We advise you have some laxatives ready to take at home on a regular basis until you resume your normal bowel routine.

Wound care

If you have dissolvable stitches, they will dissolve in their own time and do not need to be removed. For those patients who have been discharged home with clips (staples), the ward nurse will arrange for a Practice Nurse or District Nurse to remove them on a particular day (usually after 7 days). If your wounds have been stuck with glue, the glue acts as a dressing and will fall off when ready.

Keep the wound area clean and dry to help to prevent infection. A shower is more advisable than a bath for the first week following surgery. Use kitchen roll to dry the area and then discard. Avoid using talcum powder, perfumed products, lotions, antiseptic gels on the area.

You may have been discharged with spare dressings, use these as you feel necessary. If you notice any problems with your wound such as redness or smelly discharge, make an appointment with your G.P as soon as possible as you may require a course of antibiotics.

Mobility/exercise

Gentle exercise is good for you but remember to build up gradually. Only do light household duties e.g. dusting, making a cup of tea etc. Do not carry heavy shopping, toddlers or heavy objects (more than three-pint kettle), move furniture, use the vacuum cleaner, gardening or drive a car.

Be guided by how you feel and do not push yourself. It is important to carry on with the exercises in the physiotherapy booklet. You will need to continue with pelvic floor exercises to maximise the tone of the pelvic floor.

You can climb the stairs from the day you get home. Walking is good exercise. Start with 10 minutes a day and gradually build up. Because of the risk of infection, swimming is best left for about three weeks. More active sports like horse riding and aerobics should be left for at least 3 months after the operation.

Work/activity

On discharge home from hospital you should be given a 'fit for work' certificate, for the length of time anticipated for you to require off work. All patients recover at different rates you may need to see your G.P to get your certificate extended if you take longer than anticipated to recover. Often it is a good idea to be checked over by your G.P before returning to work.

Driving

From a surgical viewpoint we recommend that you do not drive for a few weeks, but always check with your insurance company that you have insurance cover before you start driving again. Before you do, make sure you can reach the pedals comfortably and that you can manage an emergency stop. Some insurers will not provide cover for three months after a major operation.

Sexual intercourse

We advise that you avoid penetrative intercourse for about six weeks, until you have had your check-up with your doctor. This allows time for everything to heal. Make sure that you feel comfortable and ready.

Any complaints or comments?

If you have any complaints, please contact the doctors or nurses straight away at;

Royal Surrey County Hospital, Egerton Road, Surrey GU2 7XX

Similarly, if you have any other comments about the service provided we would also like to hear from you.

For further information or advice

- **NHS Direct** – information on a range of women’s health topics, plus an online enquiry service.
Telephone: 0845 4647
Website: www.nhsdirect.nhs.uk
- **www.prodigy.nhs.uk** – excellent patient information on a variety of common conditions and symptoms.
- **Incontact** – provides information and support for people affected by bowel and bladder problems.
Telephone: 0870 7703246
Website: www.incontact.org
- **The Cystitis and Overactive Bladder Foundation**
Gives support to people with all forms of cystitis and overactive bladder.
Telephone: 01908 569169
Website: www.cobfoundation.org

References

- Diagram: Patient Pictures Gynaecology, Michael Stafford (1996)
- Colposuspension Information for Patients – Oxford Radcliffe Hospitals Dr Blackwell Mr Simon Jackson (June 2005)
- Colposuspension – Northern Devon Healthcare
www.northdevonhealth.nhs.uk/patientinformation/gynaecology/colposuspension

Contact details

For further information or advice (Monday–Friday)

Day Surgery Unit	01483 571122 ext 6977
Surgical Short Stay Unit	01483 571122 ext 6828
Gynaecology Outpatient's	01483 571122 ext 4173 (answerphone)

PALS and Advocacy contact details

Contact details of independent advocacy services can be provided by our Patient Advice and Liaison Service (PALS) who are located on the right hand side as you enter the main reception area. PALS are also your first point of contact for health related issues, questions or concerns surrounding RSCH patient services.

Telephone: 01483 402757

Email: rsc-tr.pals@nhs.net

Opening hours: 9.00am–3.00pm, Monday to Friday

If you would like information documents in large print, on tape or in another language or form please contact PALS.

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