

Laparoscopic Sacrocolpopexy

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information

What is a laparoscopic sacrocolpopexy (LSCP)?

LSCP is a minimally invasive operation for the treatment of genital prolapse. It is particularly used in women with failed previous surgery. It involves the use of a mesh, which is attached to the vagina and then fixed to the sacrum, a long flat bone in the back of the pelvis (the 'seat' bone).

What is involved?

The procedure is performed usually under general anaesthesia. A telescope is inserted through the belly button and two or three very small incisions are made on your tummy to insert the operating instruments for 'keyhole' surgery.

A mesh made of polypropylene - PROLENE™ (that has uses outside of medicine in packaging, textiles, stationery etc) is then attached to the back of the vagina and fixed to the sacrum by means of non-dissolving stitches/ titanium buttons. The incisions are usually closed with dissolvable sutures.

You are usually admitted the day of surgery and you may be given a gentle enema to clean out your bowel. Your stay is usually between two and three days at the most.

What can go wrong?

As with any operation there can be infection of the mesh as it is foreign material but this is usually treatable with antibiotics. Sometimes (in 10 out of 100 women) the mesh needs to be trimmed or even removed.

As with all laparoscopic procedures there is a very small risk of bowel or major blood vessel injury. An open operation may be required in 1 to 2 out of 100 women.

Anaesthesia is not without risks - these will be outlined in the consent forms or discussed with you by your doctor.

What to Expect

The success rate of this operation is good and continues to be evaluated. It is certainly similar with conventional major surgery. Weight loss if overweight, reducing or quitting smoking, improving pelvic muscle tone by doing pelvic muscle exercises and continuing to do them after surgery will ensure that the operation is a success.

After the Surgery

When you go home you must not lift heavy objects or do strenuous work for about six weeks. Avoid intercourse for the same period. You can return to work usually in ten to fourteen days.

The incisions on your abdomen just need to be kept clean and dry. The stitches are dissolvable and may 5 days to two weeks to completely dissolve.

You will be seen ten to twelve weeks after the operation where follow up investigations may be arranged for you. If everything is well the success of our operation should be permanent.

Tips for Success

Pain should be relieved with Panadol or Panadeine (remember if you take Panadeine, this increases the risk of constipation so ensure you have an adequate intake of fibre and fluids in your diet). Some bleeding may occur during the first week or so, this is the stitch coming away. This is quite normal providing it is 'pinkish' coloured discharge. (If your loss becomes dark, clots or an odour develops then you must contact your local GP)

We recommend you are not to self examine or self assess your operative site until you have been examined by the doctor post operatively.

Do not drive an automatic car for	1 week
Do not drive a manual car for	2 weeks
Do not make a bed for	2 weeks
Do not hang out washing for	4 weeks
Do not use your vaginal oestrogen for	4 weeks
Do not stretch upward for	6 weeks
Do not do any lifting for	6 weeks
Do not have sexual intercourse for	6 weeks

Remember to **rest**. If you are tired and uncomfortable you have been doing too much and need to slow down.

Do not use tampons; pads are a safer option after the surgery. When emptying your bladder, sit on the toilet, feet flat and lean forwards.

Drink 6-8 glasses of fluid per day; limit your caffeinated drinks to 3 per day. Ensure your fibre intake is 30g per day. If constipation is a problem, Lactulose, which you can buy from the chemist, or another stool softener should be used.

Contact your GP or Emergency Department if you experience any of the following:

- pain not relieved by painkillers
- burning or difficulty passing urine
- increased vaginal bleeding or passing clots
- smelly, offensive, or unusual genital discharge

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- fever or feeling unwell

Your doctor will be happy to discuss any concerns that you may have regarding this operation.

I have read this information leaflet and understand its contents.

Signed: _____

Name: _____

Date: _____

**PLEASE BRING THIS DOCUMENT WITH YOU AT THE
TIME OF ADMISSION FOR YOUR OPERATION**

*It is important to check with your insurance company, re driving your car as each company has different policies on driving and surgery.