

## What is this operation?

This operation is designed to help women who have urinary stress incontinence. If the pelvic floor muscles supporting the bladder outlet are weak, you may find that urine leaks out when you cough, laugh or exercise.

A surgical procedure may be considered when physiotherapy has not helped. It is usually recommended that you complete your family before having any operations of this kind.

## What is a Colposuspension?

When you cough, laugh or exercise, your urethra (the tube coming out from your bladder) drops downwards, which causes you to leak urine. Your urethra lies in between your vagina and your pubic bone. This operation aims to stop the urethra from moving downwards. Stitches are used to support your urethra by attaching the front wall of your vagina to the back of your pubic bone. The stitches may be non-dissolving stitches and stay in place forever.

This operation is usually done through a cut (about 10cm / 4 inches) on your lower abdomen, along the bikini-line. Through this cut, we reach behind your pubic bone and put stitches between your vagina and ligaments that run at the back of the bone. These stitches lift up (suspend) the front wall of the vagina.

## Why do I need a Colposuspension?

Colposuspension used to be the standard procedure for urinary incontinence. For many years, the insertion of artificial tapes made from mesh material replaced the colposuspension as the standard operation. Mesh procedures are currently not offered in Scotland, and therefore colposuspensions are done more often again. In some (but not all) hospitals, colposuspensions are offered as a keyhole operation.

## How well does it work?

Urinary stress incontinence will be significantly improved in over 80% of women one year after this operation. After five years, most patients are still happy with the result. If you have had operations for this problem before, the success rate may not be as high.

This operation is **not** designed to help with urinary frequency (going to the toilet often) or urgency (having to rush to the toilet and sometimes not making it in time) **and you should not expect it to**. Urgency and frequency may improve; however, sometimes an operation for stress incontinence may cause these problems or make them worse (in up to 17% of cases). These urinary problems are treated in a different way and not with a surgical procedure.

## What will happen to me?

You will have a general anaesthetic (be asleep) during the operation. The operation takes about 1 hour. You will usually be in hospital 3–4 days afterwards. You may have a small tube (drain) next to the cut on your abdomen to make sure any spilled blood can drain off. You may also have a catheter tube in your abdomen to rest the bladder and make sure it empties properly.

## What problems could I have?

**No** operation is ever without potential problems. These are the possible problems that you may experience:

- **Anaesthetic risks:** These are rare but can occur with any anaesthetic.
- **Bladder injury:** Because we are operating near the bladder, there is a small chance (<5%) it could be injured and needs to be repaired. A catheter may have to left in the bladder for 24-72 hours afterwards to allow healing.
- **Problems emptying the bladder:** Any operation to help with stress urinary incontinence could result in the bladder not emptying properly. The nursing staff will check you can pass urine normally before you go home. There is a 10% chance you may need to empty your bladder with a small tube (catheter). You may be shown how to do this before you have the operation.
- This is usually only a problem for a short time, but if you had operations for this problem before or if you had problems with bladder emptying before, it could become a permanent problem.
- **Bleeding:** There may be some bleeding during the operation and a drain may be left in the wound to make sure spilled blood does not stay inside your body. The risk of major bleeding is small but can happen with any operation.
- **Infection:** All operations carry the risk of infection, particularly wound and urine infections. You will be given antibiotics during the operation to decrease this risk.
- **Irritable bladder symptoms:** As mentioned above, you may have increased urgency, which means you may go to the toilet more often, sometimes being unable to get there in time.
- **Pain and bruising:** You may expect some pain around the site of the cut and occasionally also some discomfort down below.
- **Sexual intercourse:** Any operation involving the vagina may cause discomfort during intercourse. As there is no actual cut in the vagina, this risk is small (5%) and mostly related to the change of the shape of your vagina or the stitches.

- **Prolapse of the back wall of the vagina:** Because of the changing shape of the vagina, it may happen that the back wall of your vagina is less well supported and may start to sag down after some time (prolapse). The chance of this happening is about 14%. This may not cause you any problems but if it does, you may need an operation to repair this.

### What can I do after the operation?

You should avoid heavy lifting for at least 6 weeks. Light tasks may be started when you are comfortable doing them (e.g. making coffee) but more strenuous tasks (e.g. vacuuming) should be left for at least 6 weeks. Pilates exercises, swimming, gym activities, jogging, cycling and horse riding should all be avoided for 6 weeks before gradually building them up. There are no restrictions on gentle walking, once you find it comfortable to do so. After 12 weeks you should be fully recovered and return to all your usual activities.

It is advisable to resume pelvic floor exercises within the first few days after surgery or whenever it is comfortable to do so.

### When can I go back to work and when will I be able to drive?

With a cut on your abdomen, you will be advised to remain off work for 4-6 weeks, depending on your job. The team looking after you will advise what is right for you.

You should only return to driving when you are able to comfortably and safely change gear and carry out an emergency stop, which is usually after 4-6 weeks, but please contact your insurance company for further details as policies may vary.

### Data collection

We are continuously auditing/reviewing our results to be able to advise patients and to ensure we are maintaining the best possible care. Some of your data may be **anonymously** collected for this purpose. The results of these reviews may be presented to our colleagues at educational meetings / scientific journals.

### Contact details

If you have any further queries regarding your operation, please contact your consultant's secretary.

If you wish to discuss concerns about emptying your bladder, you can call the Urogynaecology Nurse Specialists on **07977 842 325** (Midlothian and East Lothian / Edinburgh East) or **07855 090 042** (West Lothian / Edinburgh West).

# Colposuspension for Female Urinary Incontinence

Information for patients

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