Pelvic Organ Prolapse

Vaginal Suspension Surgery

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Voices for PFD

AUGS

Vaginal prolapse can be repaired using any of three types of vaginal surgery, either at the time of vaginal hysterectomy or afterward. Stitches are placed to support the vaginal walls to deep ligaments of the pelvis.

About Vaginal Suspension Surgeries

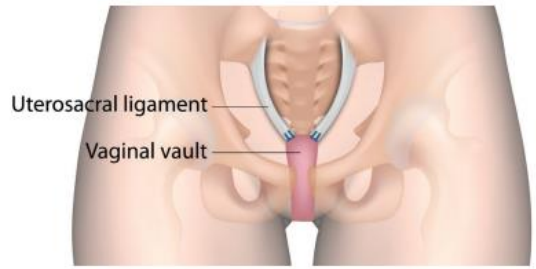
Uterine prolapse occurs when the upper support of the vagina weakens, allowing the uterus and cervix to drop into the vaginal canal. In women who have had a hysterectomy, the top of the vagina can fall, which is called a vaginal vault prolapse. To correct this problem, a pessary can be used or surgery can be performed. Vaginal suspension surgeries are one option.

There are three common types of vaginal suspension surgeries. The surgeon will recommend the best option for you after discussing your goals for surgery. It will depend on your specific prolapse. Other considerations include your age, activity level, and health status. In addition, your plans for having a family and prior prolapse history impact the choice of surgery.

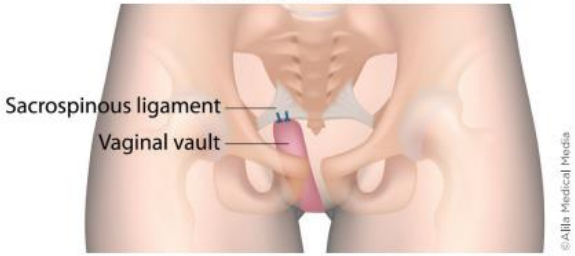
If you still have a uterus, vaginal suspension surgery can be performed at the same time as a hysterectomy, or the uterus can remain in place. Discuss this with your surgeon. All of these surgeries will allow you to still be sexually active after the operation. These surgeries do not involve the use of mesh material.

Pelvic reconstructive surgeons with advanced training perform these operations. These procedures have a very high success rate. However, for some women over time the prolapse may come back.

UTEROSACRAL LIGAMENT SUSPENSION



SACROSPINOUS FIXATION



Bon Secours

As with any operation, there are risks. Ask your surgeon for more information about your specific risks:

- Slow return of normal bladder emptying requiring use of a catheter temporarily in about half of women.
- Slow return of normal bowel function.
- Bladder or urinary infections in about 40 percent of women.
- Infection of the skin incisions made during surgery, which may be just on the outside of the vaginal opening.
- Buttock pain, which is most common if you have a sacrospinous ligament fixation.
- Blood clot formation in the legs (deep vein thrombosis—DVT) or lungs (pulmonary embolus—PE).
- Pelvic pain, including pain with sexual activity.
- Changes in urination (slow urine stream, for example) or bowel movements.
- Injury to nearby organs, including the bowels, bladder, ureter (tube from the kidney to the bladder), vagina, nerves or large blood vessels in the pelvis.
- It is rare that women need a blood transfusion after these surgeries.

LEARN THE TERMS

Uterine prolapse: The supports to the uterus and upper vagina weaken, allowing the uterus to slide down into the vaginal canal or beyond the vaginal opening.

Vaginal vault prolapse: Upper support of the vagina weakens in a woman who has had a hysterectomy, allowing the vaginal walls to sag into the vaginal canal or beyond the vaginal opening.

Apical prolapse: Generic term for prolapse of the top of the vagina or uterus.

Hysterectomy: Surgical removal of the uterus. Note that hysterectomy does not always include removal of ovaries. The removal of ovaries is a different surgery called oophorectomy, which can be performed at the same time as a hysterectomy.

- **Total hysterectomy:** The uterus and cervix are removed.
- **Supracervical hysterectomy:** The uterus is removed and the cervix is left in place.
- **Vaginal hysterectomy:** The uterus is removed through the vaginal opening without an abdominal incision.

Make sure you have all your questions answered ahead of time and know how to contact your surgeon with questions or problems after surgery.

For more about preparing and recovering from urogynecological surgeries, ask your doctor's office for a copy of the ***Surgery: What to Expect*** fact sheet.

How the Surgery is Performed

This surgery can be done under general anesthesia, which means you will be asleep with a tube in your throat. It can also be done under spinal anesthesia, which means you would be numb from the waist down but breathing on your own. Discuss these choices with your surgeon, medical doctor and anesthesia team.

During the operation, you will lie with your legs up in stirrups, similar to the position you would be in for a pelvic exam in the office. A catheter will be placed in your bladder after you are numb or asleep. If you are having a hysterectomy, this is done first during the surgery.

Then, the surgeon makes an incision in your vaginal wall. Depending on the type of suspension you are having, this incision may enter your abdominal cavity, or it may be enter into the deep pelvic spaces on either side of the vaginal canal.

Next, the sutures are placed into the ligament being used for suspension. These stitches are connected to the vaginal vault to tie it back up. The placement of the stiches varies with the type of surgery performed:

- **Uterosacral ligament suspension:** The dropped vaginal vault is suspended using sutures to both of the uterosacral ligaments, which run on either side of the pelvic walls inside the abdomen.
- **Sacrospinous ligament fixation:** The dropped vaginal vault is suspended using sutures to the sacrospinous ligament on one side or both sides of the pelvis. These ligaments are deep in the buttocks. This can sometimes mean the vagina diverts slightly to one side of the pelvis.
- **Iliococcygeus suspension:** The dropped vaginal vault is suspended using sutures to the one of the iliococcygeus pelvic muscles, which run along the pelvic walls on both sides. This can result in some shortening of the length of the vagina.

Permanent or dissolvable stitches may be used depending on the type of suspension. No permanent stitches remain inside the vaginal canal. No mesh is used. Other operations to correct pelvic floor disorders may be done at the same time, such as procedures to address urinary incontinence or to support the vaginal walls if they are prolapsed. Your surgeon will also look inside the bladder with a small camera to ensure nothing was damaged.

After the operation, you will be in a recovery room for a couple of hours. When you wake up, a catheter will be in your bladder and you may have gauze material in the vagina. The gauze will be removed and your bladder will be tested to see if it is ready to empty on its own before you leave the hospital. As many as 50 percent of women have trouble emptying the bladder immediately after this surgery. These symptoms are usually temporary. You may need to go home using a catheter, either placing one yourself intermittently or having it in place all the time. If so, a nurse will teach you how to do this. Ask your surgeon about when you can stop using the catheter.

Discharge Considerations

Most women recover well from this surgery and find relief from the symptoms of prolapse. Give yourself time to heal over the next six to eight weeks. You may notice spotting and discharge from your vagina. This is normal. If the discharge has a foul odor or there is heavy bleeding, call your doctor's office. Constipation is also very common after surgery. You will likely need the help of stool softeners and laxatives for a short time.

Avoid lifting anything that is too heavy to lift easily with one hand for six to eight weeks after surgery. You can do light activities, and walking is good for you. Don't stay in bed all the time, but refrain from high-impact exercises, swimming, spa baths, and sexual intercourse. Once you feel your reflexes are back to normal and you are not using narcotic pain medicines, you can drive.

Ask your surgeon when you should schedule a postoperative appointment. Discuss at that visit when to resume your regular activities.

Three Takeaways

1. Three types of surgeries can be performed through the vaginal canal to correct prolapse of the uterus or top of the vagina. Sometimes a hysterectomy is performed at the same time.
2. The vaginal walls are stitched to a deep ligament of the pelvis to fix the prolapse. No mesh material is used. Initially, it is common to experience pain and cramping. You may also notice spotting and discharge from your vagina. You may need to use a catheter temporarily to drain your bladder.
3. Six to eight weeks after surgery, you can resume most of your regular activities. Ask your doctor when you can resume exercise and sex.

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Bon Secours

Thank you!