South Tees Hospitals
NHS Foundation Trust

Colposuspension for stress incontinence

Patient Information

Women & Children
Obstetrics & Gynaecology

Colposuspension for stress incontinence

Contents

About this booklet

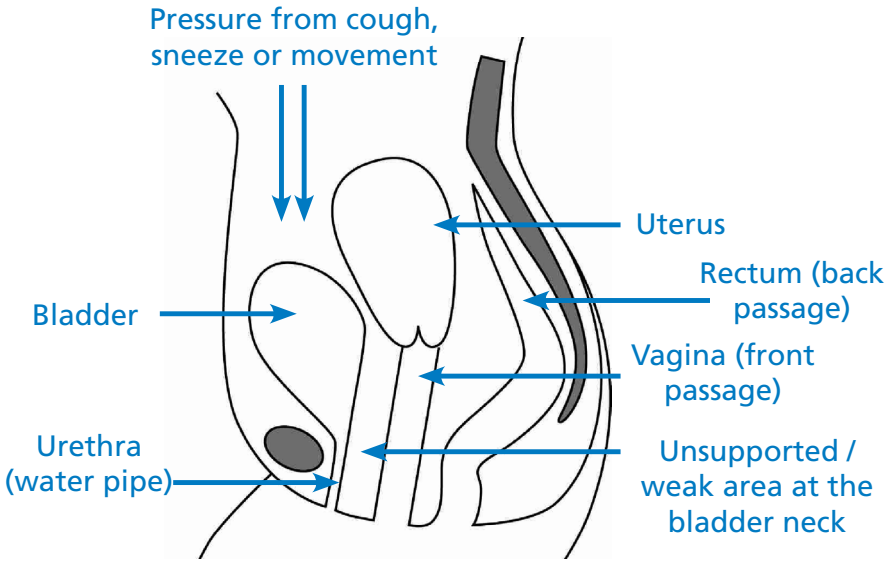
We advise you to take your time to read this booklet, any questions you have please write them down on the sheet provided (towards the back) and we can discuss them with you at our next meeting. It is your right to know about the operations being proposed, why they are being proposed, what alternatives there are and what the risks are. These should be covered in this booklet.

This booklet firstly describes what stress incontinence is, it then goes on to describe what alternatives are available within our trust, the risks involved in surgery and finally what operation we can offer.

What is stress incontinence?

- Stress incontinence is the leakage of urine usually caused by an increase in pressure in the abdomen (tummy) e.g. coughing or sneezing (figure 1) due to a weakness in the support of the urethra (urine pipe), and bladder neck.

Figure 1 shows the side view of a woman standing up. You can see the pressure above the bladder and an unsupported (weak) area at bladder neck.



- This weakness is usually caused by childbirth, heavy lifting and constipation, when the pelvic floor muscles are damaged. Further weakening occurs during the menopause because the quality of the supporting tissues deteriorates.

- The pressure in the abdomen rises when one coughs, sneezes, bends down, etc and results in urine leakage. This can cause distress and limit your quality of life.
- It must be understood that these operations will not cure all urinary symptoms. They will only help urinary symptoms caused by a weakness in the bladder neck. Many urinary symptoms seen in clinic are not caused by a weakness in the bladder neck.

Alternatives to surgery

- **Pelvic floor exercises (PFE)** – The pelvic floor muscle runs from the coccyx at the back to the pubic bone at the front and off to the sides. This muscle supports your pelvic organs (uterus, vagina, bladder and rectum). Any muscle in the body needs exercise to keep it strong so that it functions properly. This is more important if that muscle has been damaged. PFE can strengthen the pelvic floor and therefore give more support to the pelvic organs. These exercises may not get rid of the prolapse but they make you more comfortable. PFE are best taught by an expert who is usually a physiotherapist. These exercises have little or no risk and even if surgery is required at a later date, they will help your overall chance of being more comfortable.
- **Devices** – There are numerous devices (none on the NHS) which essentially aim to support the urethra. The devices are inserted into either the vagina or the urethra. They are not a cure but their aim is to keep you dry whilst in use, e.g. during ‘keep fit’ etc.

Other operations available for stress incontinence

Please read the leaflets below from our online patient information site to know what other operations are available for Stress Incontinence.

Website:

http://southtees.nhs.uk/services/gynaecology-services/leaflets

- Urethral bulking
- Transobturator mid urethral sling
- Retropubic mid urethral sling
- Autologous fascial sling

General risks of surgery

- **Anaesthetic risk.** This is very small unless you have specific medical problems. This will be discussed with you.
- **Haemorrhage.** There is a risk of bleeding with any operation. The risk from blood loss is reduced by knowing your blood group beforehand and then having blood available to give you if needed. It is rare that we have to transfuse patients after their operation. Please let your doctor know if you are taking an anti-clotting drug such as warfarin or aspirin.
- **Infection.** There is a risk of infection at any of the wound sites. A significant infection is rare. The risk of infection is reduced by our policy of routinely giving antibiotics with major surgery.
- **Deep vein thrombosis (DVT).** This is a clot in the deep veins of the leg. The overall risk is at most 4-5% although the majority of these are without symptoms. Occasionally this clot can migrate to the lungs which can be very serious and in rare circumstances it can be fatal (less than 1% of those who get a clot). DVT can occur more often with major operations around the pelvis and the risk increases with obesity, gross varicose veins, infection, immobility and other medical problems. The risk is significantly reduced by using special stockings and injections to thin the blood (heparin).
- **Chronic pain.** Any wound can result in chronic pain,this is defined as pain lasting longer than six months but it can be lifelong and therefore life changing.

Specific risks of a colposuspension

Some risks are specific to operations for stress incontinence and some risks are specific to just the colposuspension operation. You should have the chance to discuss these with your doctor.

- **Failure to work:** No operation for stress leakage works for everyone. Approximately 20% risk of failure (1 in 5). After 20 years up to 40% of patients (2 in 5) may find the operation is no longer working. This maybe because the tissues weaken as we get older.
- **Overactive bladder:** The bladder becomes irritable or overactive in up to 17% (17 in 100) of women. This gives symptoms like needing to rush to the toilet or needing to pass urine more often. Sometimes an overactive bladder can make you leak because you can't get to the toilet in time.
- **Prolapse:** A prolapse is a bulge in the vagina caused by the vaginal walls sagging. It is very common and often doesn't cause you bother or need any treatment. About 14% of women (one in seven) who have had a colposuspension operation, are more likely to get a prolapse to the back wall of the vagina. It might be small and not need any treatment. Sometimes it needs treating with a pessary (a device inserted into the vagina) or an operation if it is causing symptoms.

- **Difficulty passing urine:** You might notice that the flow of urine is different after the operation. Sometimes it is slower and sometimes women notice that they have to change position on the toilet (such as leaning forward to empty the bladder completely) to get the last of the urine out. About 10% (1 in 10) women who have colposuspension have problems emptying their bladder after the operation. The next section of the leaflet explains what your doctor can do when this happens.
- **Pain during sexual intercourse:** Pain during sex can occur after any operation where there are stitches near the vagina. About 5% (1 in 20) women find sex uncomfortable or painful after a colposuspension. Sometimes the sensation during intercourse may be less and occasionally the orgasm may be less intense.
- **Problems with the stitches:** In a very small number of women, the stitches holding the neck of the bladder in place cause problems. Over time they can wear through to the inside of the bladder. This is rare.

Problems passing urine after the operation

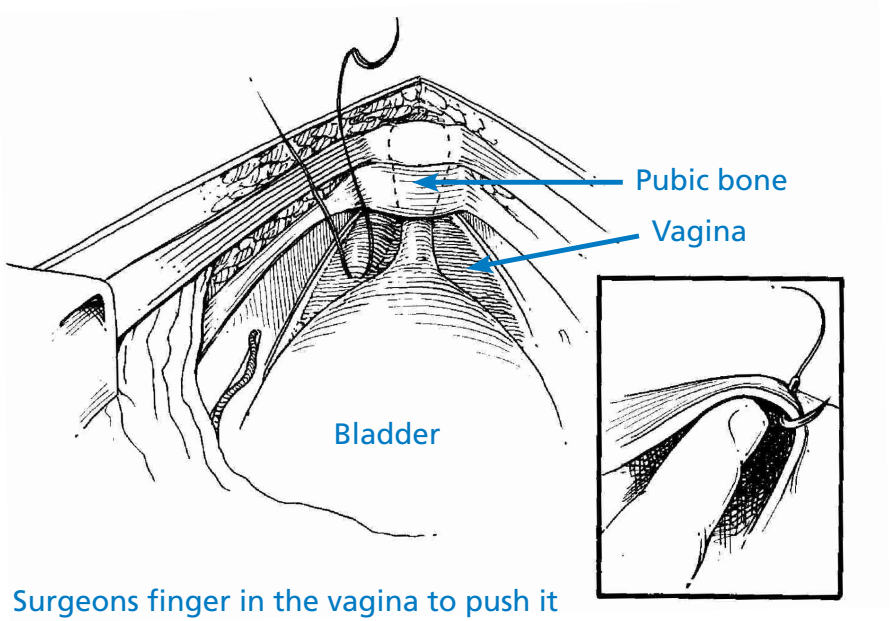
- Some women have difficulty in emptying their bladder after their operation. This may get better, but in a small number of women it lasts forever.
- It is normal to leave a small bit of urine behind after going to the toilet. We call this the 'residual volume'. However, if too much is left behind it can lead to problems such as having to go to the toilet too often and infections of the bladder.

- If the residual volume is too high, you may want to learn to empty your bladder using clean intermittent self catheterisation (CISC).
- CISC involves emptying out the urine that has been left behind using a fine catheter tube. This is passed along the urethra (water pipe) into the bladder so the urine can drain into the toilet. Once the urine is out, the catheter is removed and thrown away. A new catheter is used each time and they are available on prescription, like tablets, from your doctor.
- Most women pass the catheter tube twice a day, but the number of times it is needed will depend on each woman and how her bladder is behaving.
- Although passing the catheter sounds unpleasant, most women find it is easy to do and gives more control and freedom than using a permanent catheter. The normal feeling of wanting to pass urine is not altered so you know when to empty your bladder. The catheters are very small and can easily be hidden in a handbag.
- Sometimes the tests on your bladder give a clue that you may have problems passing urine after an operation for Stress Incontinence. If your doctor thinks you may be more likely to have problems, they may suggest you learn CISC before having the operation. Then if you have trouble passing urine after colposuspension, you could start CISC and this would mean there isn't a delay in getting home after your operation.

What happens during colposuspension

- The operation is done under a general anaesthetic (so you are asleep) or a spinal anaesthetic.
- Occasionally this operation can be done by keyhole surgery, 3 – 4 small cuts are introduced into the abdominal wall. Occasionally a bikini-line cut is made on your abdomen (tummy) which is about 10cm (four inches) long.
- Stitches are put into the vaginal wall on either side of the bladder neck and sometimes the bladder base. The stitches are tied to some strong fibrous tissue just behind the pubic bone.

Figure 2 shows a cut in the abdomen to show the bladder. A stitch is then put in the vaginal wall either side of the bladder neck and these are used to lift the bladder neck.



Surgeons finger in the vagina to push it upwards either side of the bladder neck

- The abdominal incision is closed and a catheter tube may be inserted into the bladder to rest the bladder overnight.
- The catheter is removed the following day and if you empty your bladder well you may go home. Some patients need to go home with a catheter for 7 – 14 days if they are not emptying properly.

After the operation – in hospital

- On return from the operating theatre you will have a fine tube (drip) in one of your arm veins with fluid running through to stop you getting dehydrated.
- You may have a tube (catheter) draining the bladder. The catheter may give you the sensation as though you need to pass urine but this is not the case.
- Usually the drip and catheter come out the morning after surgery or sometimes later the same day. This is not generally painful.
- The day after the operation you will be encouraged to get out of bed and take short walks around the ward. This improves general wellbeing and reduces the risk of clots in the legs.
- It is important that the amount of urine is measured the first couple of times you pass urine after the removal of the catheter. An ultrasound scan for your bladder may be done on the ward to make sure that you are emptying your bladder properly. If you are leaving a significant amount of urine in your bladder, you may have to have the catheter re-inserted back into your bladder for 7 – 14 days.

- You may be given injections to keep your blood thin and reduce the risk of blood clots in your legs. The injections are normally given once a day until you go home or longer in some cases.
- The wounds are **not** normally very painful but you may require tablets or injections for pain relief.
- There may be slight vaginal bleeding like the end of a period after the operation. This may last for a few weeks.
- The nurses will advise you about sick notes, certificates etc.

After the operation – at home

- Mobilisation is very important; using your leg muscles will reduce the risk of clots in the back of the legs (DVT), which can be very dangerous.
- You are likely to feel tired and may need to rest in the daytime from time to time for a month or more, this will gradually improve.
- It is important to avoid stretching the repair particularly in the first weeks after surgery. Therefore, avoid constipation and heavy lifting.

  Avoiding constipation
  - Drink plenty of fluids
  - Eat fruit and green vegetables
  - Plenty of roughage e.g. bran / oats
- Do not use tampons for six weeks.

- At six weeks gradually build up your level of activity.
- After three months, you should be able to return completely to your usual level of activity.
- You should be able to return to a light job after six weeks and a heavy or busy job in twelve weeks. Always avoid unnecessary heavy lifting, such as luggage and furniture, to protect your pelvic floor.
- You can drive as soon as you can make an emergency stop without discomfort, generally after three weeks, but you must check this with your insurance company, as some of them insist that you should wait for six weeks.
- You can start sexual relations whenever you feel comfortable enough after four weeks. You will need to be gentle and may wish to use lubrication (KY jelly).
- Follow up after the operation is usually three to four months. This maybe at the hospital (doctor or nurse), with your GP or by telephone.

Information about the British Society of Urogynaecology Surgical Database (Surgical Register)

The British Society of Urogynaecology ("**BSUG**") is a National group of gynaecologists with a special interest and expertise in the treatment of incontinence and prolapse. BSUG is a registered charity number – 1143157).

BSUG has developed a database of clinical and surgical information which we hope will make procedures as safe and effective as possible. Hospital trusts and individual consultants can use this information to look at their practice and make any necessary changes to improve patient care.

We would like your permission to record some important information about you and your operation on the BSUG Database to ensure that we continue to provide the best surgical procedures possible. We emphasise that all information drawn from this will be anonymous so that nobody apart from your consultant team will have any identifying information about you. Your consultant team will also hopefully collect information about the outcome of your operation so that it is possible to look at success rates and potential complications associated with individual procedures. National reports looking at operations performed across the UK will also be produced by BSUG but these will contain NO identifying features relating to you personally.

The patient information held in the BSUG database comprises: Name, Hospital Number and Date of Birth (Patient Identifiable Data) together with clinical and surgical information. The Patient Identifiable Data is held securely on the NHS computer network (N3) and managed in line with the General Data Protection Regulation (GDPR) (2018).

BSUG uses the services of a specialist information technology company (ICE ICT) to host the BSUG Database. They have agreed to adopt appropriate technical and organisation measures to protect the security of your Patient Identifiable Data and only to process it in accordance with BSUG's instructions.

If you agree to let us enter information about your condition, procedure and outcome on the BSUG database, then you will be asked to sign a specific consent form to make sure you give your agreement. If you do not want your case to be recorded on the BSUG database your care will not be affected in any way.

Please note that you can request access to view your entry on the BSUG database from your consultant team and can request that this is deleted at any time by sending a written notice to your consultant or to the following address:

BSUG c/o BSUG,
Registered charity no: 1143157,
Royal College of Obstetricians & Gynaecologists
27 Sussex Place
Regents Park
London NW1 4RG.

If you think that there is a problem with the way in which we are handling your data please inform us or you can complain to the Information Commissioner's Office.

BSUG database Consent

If you agree to allow us to enter your Patient Identifiable Data into the BSUG database this will signify your consent to the following:

1. The processing of my Patient Identifiable Data and clinical information by BSUG for research and auditing purposes as outlined above.

2. The disclosure by BSUG of my Patient Identifiable Data and clinical information to its information technology service providers (ICE ICT), where such suppliers have agreed to adopt appropriate technical and organisation measures to protect the security of my Patient Identifiable Data and only to process it in accordance with BSUG's instructions.

More information about stress incontinence and the operations to treat it

If you would like to know more about stress incontinence and its treatments, you may try the following sources of information.

- Ask your GP.
- Ask the doctor or nurse at the hospital.
- Speak to your local continence nurse advisor. The receptionist at your GP surgery should know who this is.

Things I need to know before I have my operation

Please list below any questions you may have, having read this leaflet.

1. .....

2. .....

3. .....

4. .....

5. .....

6. .....

Please describe what your expectations are from surgery.

1. .....

2. .....

3. .....

4. .....

5. .....

6. .....

Useful references

You may find the address and websites useful to obtain more information. We can however bear no responsibility for the information they provide:

- Bladder & Bowel Foundation SATRA Innovation Park Rockingham Road Kettering, Northants, NN16 9JH
- Bladder & Bowel Foundation Nurse Helpline for medical advice: 0845 345 0165
- Bladder & Bowel Foundation Counsellor Helpline: 0870 770 3246
- Bladder & Bowel Foundation General enquiries: 01536 533255
- Bladder & Bowel Foundation Fax: 01536 533240
- BSUGS patient information leaflet on Colposuspension: https://bsug.org.uk/budcms/includes/kcfinder/upload/files/Colposuspension%20Apr%202018.pdf

Also:

- http://www.ics.org/Documents/Documents.aspx?DocumentID=2172

Comments, compliments, concerns or complaints

South Tees Hospitals NHS Foundation Trust is concerned about the quality of care you receive and strives to maintain high standards of health care.

However we do appreciate that there may be an occasion where you, or your family, feel dissatisfied with the standard of service you receive. Please do not hesitate to tell us about your concerns as this helps us to learn from your experience and to improve services for future patients.

Patient Advice and Liaison Service (PALS)

This service aims to advise and support patients, families and carers and help sort out problems quickly on your behalf.

This service is available, and based, at The James Cook University Hospital but also covers the Friarage Hospital in Northallerton, our community hospitals and community health services. Please ask a member of staff for further information.

If you require this information in a different format please contact Freephone 0800 0282451

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