

Prolapse surgery through Laparoscopic sacrocolpopexy

In this brochure, you will learn more about Prolapse surgery through Laparoscopic sacrocolpopexy and admission to ward H5-South.

Introduction.

You will soon be admitted to the Gynecology department (H5-South) at the Amsterdam UMC, location AMC, for a Prolapse surgery through Laparoscopic sacrocolpopexy. In this brochure, you will find information about this operation. The brochure is intended to supplement the oral information provided by your doctor. If you have any questions, please get in touch with the nurses at the outpatient clinic or the nursing department. We wish you strength and a speedy recovery.

What is prolapse surgery via keyhole surgery (laparoscopic sacrocolpopexy)?

A laparoscopic sacrocolpopexy is a prolapse surgery performed laparoscopically on patients with prolapse of the vaginal tip (in women without a uterus), prolapse of the uterus, and sometimes prolapse of the bladder or bowel. In this surgery, through a series of four holes in the abdomen, the top of the vagina is attached with an implant to a connective tissue band on the lower part of the spine. Usually, the surgery is performed on women who no longer have a uterus. However, the gynecologist may also suggest this surgery for women who have a uterus. If you still have the uterus, the gynecologist will discuss with you in advance whether the uterus will be removed during surgery.

What is the result?

About 80% to 90% of women who undergo prolapse surgery through keyhole surgery (sacrocolpopexy) heal from their prolapse and prolapse symptoms. After this procedure, there is a small risk of developing a prolapse in another part of the vagina. If this happens, additional surgery may be required in the future.

Possible complications

With any surgery, there is a chance of complications. The following common complications may occur:

- Bleeding
- Infection after surgery (e.g., a bladder infection)
- Urinary leakage can sometimes occur after prolapse surgery. Most often, it involves leakage of urine when coughing, sneezing, or pushing. If this bothers you a lot, there are treatments for this.
- Damage to the bladder, ureter, bowel, and blood vessels.
- Scar fracture at the insertion openings in the abdomen, which causes surgery.
- Thrombosis

Possible implant complications:

- Implant exposure.

In 4-10% of women, the implant used in surgery may become exposed vaginally (exposure). This may cause vaginal discomfort, especially during intercourse (also for the partner), and minor bloody discharge. It can be treated with vaginal estrogen cream or through the vagina, and the exposed implant part can be surgically removed and re-covered.

- Chronic vaginal pain and pain during intercourse.

Pain (general or during intercourse) occurs in 2-3% after implant placement through the abdomen. Some women develop chronic pain or a feeling of vaginal discomfort due to scarring of the vagina around the implant. Although every effort is made to prevent this, sometimes it cannot be countered. Treatment may mean surgery again if it does not improve with time or respond sufficiently to conservative treatment such as pelvic physiotherapy.

Finally, even after successful surgery, prolapse symptoms can reoccur years later. This is because surgery does not eliminate the cause of the prolapse. Unfortunately, there are no treatments that will permanently prevent the problems from recurring. If you think you may have a new prolapse, be sure to discuss it.

Preparation for the outpatient clinic

Before you undergo surgery, you will have at least one video consultation with the outpatient clinic at Amsterdam UMC, location AMC for an intake interview with the doctor. Subsequently, an appointment with anesthesiology will be scheduled.

Anesthesiology Outpatient Clinic

You will have an appointment with the anesthesiologist to discuss anesthesia during surgery. An anesthesiologist, a specialist in the field of anesthesia and pain management, will ask you questions about your general health status, previous surgeries, your medication regimen, past illnesses, any hypersensitivity to certain medications, and experiences with previous anesthesia. In addition, your blood pressure will be measured, and additional tests may be arranged.

Multidisciplinary consultation

We discuss bi-weekly within our team who will be operated on and what the best treatment is. We will also do this for you. Sometimes we also discuss the results of examinations.

You will be called about 1 to 2 weeks before your surgery about the surgery date and when you will be admitted.

Planning

You will be notified by phone approximately 1-2 weeks before the scheduled admission.

Preparations for the nursing ward

You will be admitted to the nursing ward H5-South the day before surgery or the day of surgery. You can usually go home the day after surgery. The total duration of hospitalization is 1-2 days on average.

Interviews and examinations on the day of admission

On the day you are admitted, the nurse will conduct an intake interview, in which she will ask about your medication use, among other things. It is important that you bring all your medications in the original packaging(s) when you are admitted. The nurse will discuss with you which medicines you should take. The nurse will also ask whether you are allergic to any medication and what your health is like. The nurse will also discuss your home situation and your contact person. A contact person is a person who can be called after the operation to be informed that the operation is over. You can specify your partner, relative or good friend as a contact person. The phone number of the contact person will be noted.

A medical assistant will go through a medical questionnaire with you and take your blood. The gynecologist and/or assistant physician will visit you to discuss the operation with you once more. In addition, you may have another internal gynecological examination.

Evening before the operation

The evening before the operation, you may eat whatever you want until midnight.

On the day of surgery, you may not eat or drink anything for the last 6 hours before surgery.

Up to 6 hours before the operation, you may eat something light like a biscuit or crackers.

Up to 2 hours before the operation, you may drink clear liquids.

Keep in mind that the operating schedule may change, so you may have to come earlier.

Before the operation

- The nurse will provide you with surgical clothing. Jewelry, piercings, make-up, and headgear should be removed. If you have glasses, contact lenses, or dentures, they must be removed before going to the operating room.
- In preparation for the anesthetic, you will be given medication for the operation. The anesthesiologist will determine these drugs, which include painkillers and/or tablets for relaxation/rest.
- The nurse will take you and your bed to the waiting area of the operating room, the recovery room. A specialist nurse will take over your care here temporarily.

- You will be picked up from the recovery room by the anesthetist and their assistant. Then, a team of doctors and operating assistants are ready to take you into surgery.

During the operation

- In the operating room, the latest safety procedures are checked. You will be asked for your name, date of birth, what you are allergic to, when you last ate, and finally, your wristband will be checked. Your surgery will also be confirmed.
- In the operating room, you will be given an IV to administer fluids and medication.
- During surgery, you will receive an epidural or general anesthesia. If you receive anesthesia, you will be unconscious and connected to a monitor that checks vital signs. A breathing tube will also be inserted into your throat for ventilation during surgery. As a result, you may have discomfort in your throat for several days. An epidural does not require a tube to be inserted into the throat.

After the operation

- After surgery, you will be taken back to the recovery room. Here you will stay some time for observation. You will be connected to monitoring equipment. If necessary, you will receive extra oxygen through a tube in your nose. In addition, a catheter is inserted into the bladder that provides for the drainage of urine. A specialized nurse takes care of you here.
- The recovery nurse will contact the first contact person to inform that person that the operation is finished. There will be no substantive information told.
- As soon as your physical condition permits, you will be returned to H5-South.
- The catheter can be removed 6 hours after surgery in most cases.
- You may usually eat immediately after surgery.

First day after the operation and discharge from hospital

In principle, it is possible to go home the first day after surgery. The IV will be removed. After surgery, it is important to start mobilizing as soon as possible. The nurse will instruct you in this. The morning after surgery, the catheter and vaginal tampon will be removed. . A routine check will be made to see if you are urinating sufficiently. If not, you will be taught how to empty your bladder yourself (catheterization), or you will be given a catheter to take home for a few more days. After this surgery, this is only rarely needed.

Discharge

Upon discharge, you will have a discharge interview with the ward physician. You will be given a letter for your General Practitioner and any prescription(s) for medication. In addition, the doctor and nurse will provide you with instructions on living and when you should contact the hospital.

Recovery

Recovery from surgery may take 4-6 weeks.

You will receive advice from the hospital about pain relief and laxatives.

For the first six weeks, the following rules of life apply no heavy lifting, no swimming or bathing, no using tampons, and no sexual intercourse. After about four weeks, you may start cycling

again, provided your condition allows for it. Vaginal bleeding may occur up to about six weeks after surgery. You should not use tampons at this time. The blood loss will slowly decrease and often turn into brownish or yellowish discharge. Any stitches in the vulva will dissolve on their own. They may come out on their own for more than six weeks after surgery.

It may be that the rules you are given from the hospital are different from those above. If so, please keep to the rules you were given from the hospital.

As long as you are not in good condition and cannot lift heavy objects, household help may be desirable. If you do not have a partner or adult children living at home, you can apply for this before your operation at the Social Support Act desk. However, this does involve a personal payment. Of course, you can also arrange for domestic help yourself..

Aftercare

You will have an appointment at the gynecology outpatient clinic 6 weeks after surgery. However, if there are any symptoms, you can always contact us earlier.

When should you contact us?

In case of unexpected events in the period after surgery, such as fever, severe pain, heavy blood loss, or inability to urinate properly, contact the gynecology department of the Amsterdam UMC, location AMC 020-5663665 immediately.

To conclude

If you have any questions or complaints, please do not hesitate to contact your treating physician

Source

IUGA, www.iuga.org/patientinfo and www.NVOG.nl.