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Colposuspension (page 1 of 2)

A colposuspension is a surgical treatment option for stress urinary incontinence. It aims to give better control when you cough, sneeze or exercise by repositioning your bladder neck with supporting stitches lifting the bladder neck and vagina upwards. It is a very effective treatment with a 60% success rate over 5 years in women who also continue to do their pelvic floor exercises.

The surgery is carried out under a general anaesthetic. It can be done either by key hole (laparoscopically) or as an open procedure. Your consultant urologist will discuss these options with you to decide the best method for you.

- The key hole operation is done through two or three very small cuts in your lower abdomen.
- The open operation is done through a large cut in your lower abdomen.

In both types of operation your vagina is lifted up in the space behind your pubic bone, this is the bone behind your pubic hair. Stitches are used, which are permanent, to tie your vagina behind your pubic bone. The opening of the bladder lies in front of the upper vagina and is lifted into its normal position.

After surgery

- You will have a catheter in the bladder to drain urine, which remains in place for 24 - 48 hours after the operation.
- You may have a drain in your abdomen to help prevent any fluid building up in the abdomen and, depending on the amount drained this will also be removed 24 - 48 hours after the surgery.
- You should be able to go home 2 - 3 days after the operation depending how well you recover.
- An open procedure often requires a longer stay than key hole surgery.
- You may experience some bleeding from the vagina for a short time after the operation.
- You will need pain relief after the operation and this can result in you becoming constipated. If this happens let the nurses know and they can give you some medication to help.
- It is important to be up and about as soon as possible as it not only

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reduces the risk of blood clots forming in the legs but helps with digestion.

- It is also important to eat a normal diet with plenty of fruit and vegetables.
- It can take up to 6 weeks to make a full recovery after this surgery especially if you have had an open procedure.
- It is very important to not do any strenuous exercise or heavy lifting for at least 6 weeks after the operation.
- You will not be able to drive for 6 weeks. You will need to check that you can do an emergency stop within any restriction.
- Depending on the job that you do, you will need up to 6 weeks off work.

Complications

As with any surgical procedure there are risks involved.

- There is a chance of developing a urine infection after surgery. The signs of a urine infection are: generally feeling unwell, pain or burning sensation when passing urine, cloudy, offensive smelling urine, needing to go to the toilet more often and back pain. If you suspect you have a urine infection please see your GP and take along a urine sample with you.
- There is a small risk of not being able to pass urine after this operation. This may require a catheter to be re-inserted to drain the bladder or you may need to learn intermittent self catheterisation. One of our specialist nurses will teach you how to do this.
- If you have a laparoscopic procedure there may be the need to convert to the open procedure in theatre.
- There is a very small risk of damage to the bladder or ureter (tube from kidneys to bladder) which may require further surgery.
- Some women find intercourse painful to start with after the surgery but this usually settles after a few months.
- For a short time after the surgery you may find you need to go to the bathroom more frequently or have to rush there.

There are alternative treatments for stress incontinence and these can be discussed in more detail with your consultant urologist.

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