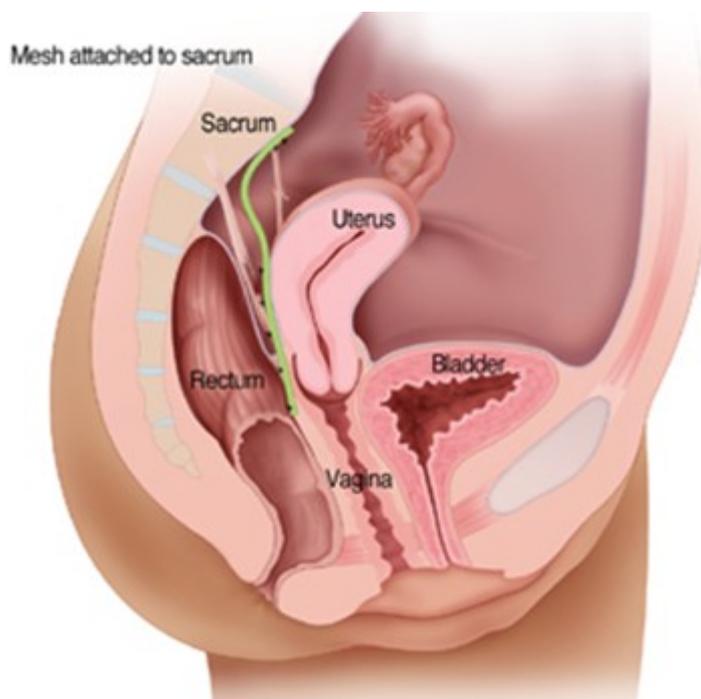


Hysteropexy

What is a hysteropexy?

A Hysteropexy is resuspension of the prolapsed uterus using a strip of synthetic mesh to lift the uterus and hold it in place. The operation is performed using open or keyhole surgery (laparoscopy).

Diagram showing the position of a mesh following a Hysteropexy



When is a hysteropexy performed?

A hysteropexy is performed to correct prolapse of the uterus (womb). The standard treatment for a prolapsed womb is a hysterectomy performed through the vagina. However this becomes inappropriate when women wish to preserve fertility and indeed many women who have completed their families still wish to preserve their uterus.

Resuspension and preservation of the uterus as an alternative to hysterectomy is not widely available. Sheffield is one of few centres offering this surgery and it is important patients appreciate it is still a relatively new procedure with no long term follow up results.

The theoretical advantages of this operation over hysterectomy, includes preservation of fertility. For some women preservation of a sense of femininity is the reason why they want to retain their uterus even though they may not be planning further pregnancies and there are some reports suggesting low risk of recurrent prolapse. Cuts to the vagina itself are also avoided so it is likely there is less risk of subsequent sexual problems.

The decision to perform a hysteropexy is made only after a thorough discussion with the patient. The choice of treatment depends on the nature and extent of the prolapse, as well as patient's personal factors.

What are the alternatives?

Conservative measures in the form of physiotherapy and vaginal pessaries are usually recommended as a first line before surgery. For women who have completed their family the traditional treatment for a prolapse of the uterus is a vaginal hysterectomy which involves removal of the uterus from the vagina. For women with additional problems such as heavy or painful periods, abnormal smears a standard vaginal hysterectomy may be a better option. The benefits of each procedure should be weighed up before proceeding to a hysteropexy.

What does the operation involve?

The procedure is performed under a general anaesthetic through either a bikini line incision or keyhole incisions (laparoscopically). One end of the mesh is attached to the cervix and the other to a ligament over the back bone (sacrum) near the spine. This gently lifts the uterus back up into its normal anatomical position. When done as keyhole surgery the benefits are

- Minimally invasive procedure
- More than 95% cure rate for uterine support
- Minimal blood loss
- Short hospital stay

Need for Vaginal repair at the time of Hysteropexy

If you have a prolapse affecting the front or the back of the vagina, I may suggest repairing this at the same time. This additional surgery is called an anterior or a posterior repair.

What happens after the operation?

When you regain consciousness in recovery you will be with a nurse. She will take you back to the ward where you are likely to be quite sleepy. You will have a small drip running in your hand which supplies you with fluids and medicines till you are eating and drinking and stops you becoming dehydrated. You will have a catheter in your bladder and sometimes a pack in your vagina. Both are removed the morning after surgery.

Will I have pain?

Most women experience some pain or discomfort for the first few days. This can be controlled either with strong painkillers or you will be offered a Patient Controlled Analgesia Pump (PCA). This is a syringe pump which gives you pain killers directly into a vein and is under your control. If you have pain you simply press a button and a monitored amount of painkiller is delivered. The machine controls how much you have so you cannot give yourself too much.

Will I have bleeding?

This depends on whether you are having a prolapse operation at the same time. If you have had a vaginal repair you may experience vaginal loss for up to 2-3 weeks similar to or lighter than a period. This is normal and should get less with time. If however the bleeding should be heavy, bright red with clots or the vaginal discharge becomes offensive please contact either the hospital or your GP for reassurance. You may need a course of antibiotics.

When can I go home?

Most women stay in hospital for 24-48 hours after laparoscopic surgery and 3-4 days after open surgery. Usually, on the first morning after the operation the catheter is removed and you are able to eat, drink and move around.

Recovery after surgery varies between individuals.

When can I Drive?

You should be alright to resume driving and work in 4 weeks. The body will be using extra energy to build new cells and repair itself and you may therefore feel tired for upto 6 weeks after surgery. Do check with your insurance company when you are allowed to start driving.

Returning to Normal.

This is mostly common sense. Light housework, cooking a small meal is acceptable. Ironing a little at a time, sitting down, is reasonable. On the other hand avoid heavy lifting, heavy housework, gardening and sport until you feel comfortable. Avoid sexual intercourse until you feel ready and all discharge has settled (this is normally 6 weeks but can be longer). Following surgery it is advisable to eat a diet that is high in fibre (fruit and vegetables) and drink plenty of water (1.5-2 litres a day). This will help you to avoid becoming constipated. You may be given a mild laxative on discharge which should be continued as required to keep bowel movements softer than normal.

You will probably feel more tired than usual for a few weeks and may feel a little down. This is normal and should pass with time. Everyone is different and so people will recover at different rates. It is difficult to put exact time limits on various stages of recovery, so listen to your body.

When can I have Sex?

You should be able to resume intercourse in 6 weeks or after you follow up. For the first few times you may need a lubricant.

Complications

This is usually a safe procedure but as with any operation there are risks and these include –

1. Risk of bladder injury or tubes going from kidney to bladder (ureter) 1 in 200.
2. Damage to the bowel 1 in 1000
3. The mesh may erode into surrounding structures or may become infected and require removal.
4. Excessive bleeding. If this occurs during surgery it may mean I have to remove the uterus 1 in 100
5. Further childbearing may reverse the effects of the surgery and cause your prolapse to recur. Future pregnancies will be advised by Routine caesarean section.
6. Usual risks associated with any major surgery ie infection, need for blood transfusion and risk of deep vein thrombosis ie clots in legs and lungs.