

MOUNT SINAI HOSPITAL

Joseph and Wolf Lebovic Health Complex

Bright Minds. Big Hearts. The Best Medicine.



GYNAECOLOGY PROGRAM

Pre- and Post-operative Instructions: Sacrospinous Vault Suspension



Informed Consent

As part of informed consent, your doctor will talk to you about:

- What will be done during the surgery
- Why you need it
- Risks of surgery
- Risk of not having any treatment
- What other choices you may have

You may also be asked to consent to Blood Transfusion and/or Blood Products, consent for Tissue Samples for Research Purposes, and/or consent for Photography.

Make sure you understand this information. Don't be afraid to ask questions. Have your doctor go over something if it is not clear to you.

What is Sacrospinous Vault Suspension?

When patients have a condition known as vaginal vault prolapse (bulging or sagging of the upper part of the vagina into the vaginal canal or outside the vagina), this surgery is done to help to bring the vagina into position. Sacrospinous Vault Suspension involves the top of the vagina being attached to a strong ligament at the base of your pelvis.

The base of the bladder and the rectum ("cystocele and rectocele") will also be repaired if they are bulging into the vagina. A cystoscopy (a look inside the bladder using a long, thin viewing tool) is performed to make sure the bladder and ureters (kidney drainage tubes) have not been injured. A urine drainage catheter is inserted into the bladder through the urethra (from below) to be removed the next day. The success rate is about 85 per cent.

What are the risks of this procedure?

The risks of this procedure include but are not limited to the following:

- **Anesthetic risk:** which is minimal in otherwise healthy patients
- **Risk of bleeding:** there is a very small chance of requiring a blood transfusion if there is a large amount of blood lost but this is only done in rare cases
- **Risk of infection:** (usually treated with antibiotics)
- **Minimal risk of Injury to bladder, ureters or bowel:** if these rare situations do occur, they are usually identified and repaired at the time of surgery without any significant long-term effects
- **Shortening of the vagina** or pain with intercourse

What should I do before surgery?

At your Pre-Admission Unit visit, please bring a list of all the drugs you take (including all prescription and non-prescription medications and supplements). You will have an opportunity to ask any further questions, routine blood tests may be taken, and consultation with an anesthetist may be necessary.

You should not eat or drink after midnight the night before your surgery (water may be taken up to four hours before the surgery). You should come to the Admitting Department at the hospital on the main floor on the day of your surgery.

1. You will be directed to the Surgical Admission Waiting Room, room 548 on the 5th floor. A family member or friend may accompany you if you wish. The rest of your family and/or friends may wait for you in the surgical waiting room located on the main floor, room 351.
2. Once you are admitted into the Surgical Admission Waiting Room, you will be directed to a locker room where you may change into your gown. You may find more comfortable to put on a robe and slippers over the gown while you wait for your surgery.

3. You (and your family member) will be sent to a cubicle where you will meet with your surgeon, your anesthetist and nurses before surgery. This gives you an opportunity to have any last minute questions and concerns addressed before the surgery.
4. After the surgery, you will spend approximately two hours in the Post Anesthetic Care Unit (PACU). The surgeon will attempt to speak with your family by phone in the Surgical Waiting Room (room 351) to let them know how the surgery went.

What happens after surgery?

In most cases, patients go home one or two days after surgery. On the morning of the first day after surgery, the urine drainage catheter will be removed, and your bladder will fill normally. You should try to pass urine every three to four hours. Take your time, and when you feel like you have finished urinating, lean forward off the toilet seat, then, sit down again and give an extra push to try to empty your bladder completely. Please measure the amount of urine in the white measuring “hat” which will be placed on the toilet seat. If you cannot empty your bladder well during your hospital stay, the nurse will drain your bladder with a small tube every four to six hours. Very rarely, you may go home with a catheter draining your bladder for one week.

What if I go home with a Temporary Urine Drainage Catheter?

You may not be able to urinate immediately after surgery due to swelling around the urethra, which is normal and gradually improves. In this case, you will be discharged home with the catheter and home care nurses can be arranged to assist you at home. Before leaving Hospital, the nurses will ensure that you are able to manage the catheter and small drainage bag (“leg bag”). The catheter will be removed in the office in four to seven days, and you will again try to urinate. In very rare circumstances, a second week or longer of catheter drainage will be required for further swelling to decrease.

What happens after I go home?

You will be given a prescription for pain medication (usually Tylenol 3[®] and/or Naproxen). Take the Naproxen with meals, twice a day, but stop if you have an upset stomach. Use the Tylenol 3[®] if you are unable to take the Naproxen or the Naproxen is not enough to control the pain. If you are in doubt about what to use, follow your surgeon's recommendations. To avoid constipation, ensure you drink adequate fluids (six to eight glasses per day), take Colace (a stool softener) twice a day, and use Milk of Magnesia if you do not have a bowel movement within two days. Avoid caffeinated drinks because they tend to irritate the bladder.

You may take showers, but try to avoid baths. Regular daily and household activities are acceptable immediately after surgery; however, any heavy lifting (more than 20 pounds) or straining (sit-ups, strenuous exercise) should be avoided for six weeks. No driving for at least two weeks. Nothing should be placed into the vagina until after your six-week check-up. You may return to work in four to six weeks, depending on the physical demands of your job. Please phone the office for a follow-up appointment, which will occur six weeks after your procedure.

What warning signals should I look for?

1. Please call your surgeon's office or go to your nearest Emergency Department if you have:
 - Fever over 38 degrees Celsius (100.4 degrees Fahrenheit)
 - Heavy bleeding
 - Pain that is not relieved with pain medication
 - Redness around the incisions
 - Vomiting
2. If you have a burning sensation when you urinate, call either your surgeon's office or your family doctor to leave a urine sample (if the sample shows an infection, you will be called within 24 to 48 hours and given an antibiotic prescription).

Why are students taking part in my care?

Mount Sinai Hospital is a teaching hospital affiliated with the University of Toronto and the team includes medical students and residents. This should enhance your hospital experience by providing you with additional care from these doctors-in-training. Your willingness to allow students to take part in your care enhances the experience of those who are eager to learn, helping to ensure well-trained doctors in the future. They are fully supervised, and are only given responsibilities that are appropriate to the level of education they have. Final responsibilities always rest with the staff physician. The people taking care of you should always introduce themselves and ask your permission before commencing any care.

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