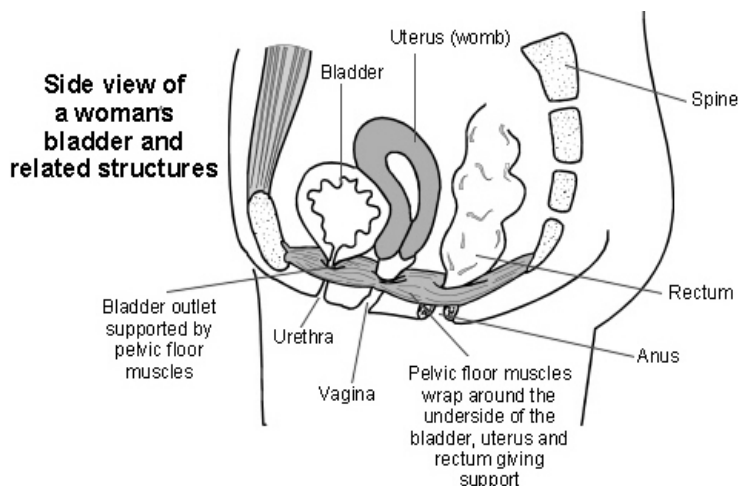


What is a sacrospinous fixation (SSF)?

This leaflet is to help you understand the sacrospinous fixation operation (repair of prolapse).

Why do I need an SSF?

The aim of this surgery is to support the womb and/or upper vagina in those where this area is 'coming down,' also known as prolapse. It can be performed in women with or without a womb. It is usually performed with repair of the front and/or back wall of the vagina (please see the leaflet titled '*Surgical repair of vaginal prolapse: anterior / posterior vaginal wall (or pelvic floor) repair Cystocele / rectocele prolapse repair*').



What happens during the operation?

The procedure can be performed under general (you are asleep) or spinal (you are awake, but the area is numbed) anaesthetic. A small cut is made within the vagina. Behind the vaginal skin is a strong ligament called the sacrospinous ligament. Stitches are placed into this ligament to support the top of the vagina.

What are the benefits?

SSF is highly effective at controlling upper vaginal prolapse with only 5-10 out of every 100 of these operations failing. It also means the womb does not have to be removed. SSF can also be performed in women who have had a hysterectomy.

One of the benefits of this surgery compared to other prolapse surgery is that it does not shorten or narrow the vagina, which can affect sexual relationships.

What are the risks?

There is a risk of complication with any surgery. The risks related to this operation are uncommon and are:

- Infection occurs in up to 5 in every 100 prolapse operations. You will be given antibiotics during the operation to minimise infection risk.
- Heavy bleeding requiring a blood transfusion occurs very rarely. Bruising is more common.
- Bladder or bowel injury is very unusual – less than 1 in 100 of these operations.
- A small proportion of women will experience buttock pain after the operation; less than 1 in 100 women will have this problem long-term.
- Pain during intercourse may occur after some prolapse operations. However, most women feel more comfortable and confident to have sex after prolapse repair.

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Is there anything else I should be aware of?

- It is common for a vaginal pack to be left within the vagina over night after the operation. This helps reduce bleeding and bruising.
- A urinary catheter will empty the urine from the bladder into a bag until you are on your feet. After the operation, you should avoid straining when opening your bowels. The doctor will often prescribe a mild laxative for the first two weeks after the operation.
- There are no stitches to be removed after this operation.

How long will it take me to recover?

- Most women leave hospital on the same day or the day following surgery.
- Complete healing can take up to six weeks. You should avoid heavy lifting and sexual intercourse during this time.
- You should also avoid/minimise driving in the first six weeks and plan returning to work 4-6 weeks after the operation depending on the amount of strain that will be placed on the repair by your work.
- You should avoid weight gain to minimize failure of the procedure in the long term.

What are the alternatives?

- You may decide that you would prefer not to have an operation at all.
- You may consider using non-surgical options such as a vaginal pessary. This plastic device stays within the vagina, supporting the prolapse (see Vaginal pessary leaflet).
- Your symptoms may improve with pelvic floor exercises.
- Your surgeon will discuss other possible surgical techniques with you.

Where can I find more information?

- NHS website prolapse information: <http://www.nhs.uk/conditions/prolapse-of-the-uterus/Pages/Introduction.aspx>
- International Urogynaecology association website: http://c.ymcdn.com/sites/www.iuga.org/resource/resmgr/brochures/eng_sacrospinousfix.pdf

Contact us

If you have any concerns or questions regarding your operation, you can contact Pelvic Floor Clinic on **0118 322 7721 / 7191**.

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

W Kuteesa, Consultant Gynaecologist, February 2014

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