thinning injections are given to reduce the risk of developing clots in the legs. We will provide you with patient controlled analgesia (PCA) to control your pain. This will deliver correct amounts of painkillers as you require it. The vaginal pack and catheter are usually removed 24 hours after the surgery.

**What will happen after I go home?**

The main thing you will notice is tiredness and it is normal for the body to slow down after surgery. You are encouraged to be fairly active and perhaps go for short walks if you have the energy. The most important thing is to avoid heavy lifting for around six weeks following surgery. It is fine to lift a kettle but you shouldn’t lift heavy shopping bags or suitcases. Constipation occurs frequently after this operation and you may need some laxatives to help with your bowel movement.

It is important to avoid sexual intercourse for at least two months.

**When will I be able to drive again?**

You are allowed to drive after four weeks if you are able to perform an emergency stop, but you will need to check details with your insurance company.

**Will I need to come back to outpatients?**

You will be seen in the clinic eight to 10 weeks after your surgery at which time the doctor will examine you. This will be an opportunity for you to discuss with the doctor how you are and ask any further questions you may have.
Sacrospinous fixation

This information leaflet is designed to help you understand what is involved in a sacrospinous fixation operation for vaginal vault prolapse. It is intended to be a guide and is not expected to cover every possible detail. If you require any further information about the operation itself, please ask your surgeon.

What is a vault prolapse?
The vaginal vault is the area at the top of the vagina. The vaginal vault is normally held in position by some ligaments and muscles. However, sometimes as a result of a hysterectomy or child birth the top of the vagina can start to drop down. Some patients have some dragging sensations. Other patients can feel a lump in the vagina which makes them feel uncomfortable and can affect their bladder and bowel control.

What is a sacrospinous fixation?
Sacrospinous fixation is an operation which lifts the vagina up and fixes it to a strong ligament in the pelvic bones known as the sacrospinous ligament. The aim is to reduce the bulge and to restore a more normal and functional vagina.

What does it involve?
The operation is carried out through the vagina. The top of the vagina is anchored to the sacrospinous ligament with very precisely inserted stitches. Any degree of prolapse of either the front wall, (near the bladder) or the back wall, (near the back passage) can be repaired at the same time. The operation normally takes around one hour and is done under a general anaesthetic, which means you are asleep.

A vaginal pack is inserted into the vagina and a catheter into the bladder towards the end of the operation. Following transfer to the recovery area, your blood pressure and pulse will be monitored.

Once you are awake and the staff are happy with your progress you will be taken back to the ward.

How successful is the operation?
Sacrospinous fixation has been used for many years with good results. The success rate is 85%.

What risks does the operation have?
No procedure is free of risk and sometimes complications can occur even when a procedure is done by the very best surgeon.

The most serious and frequently occurring risks are:
- Failure of the operation to achieve its aim
- Bleeding – this occurs rarely but can sometimes be serious and may require a blood transfusion
- Infections – antibiotics are normally given at the time of surgery to reduce this risk
- Damage to nearby organs, for example, damage to the bladder or bowel. This is more likely to occur if you have had previous surgery.
- Deep vein thrombosis (DVT) - a blood clot in the veins
- 10% of patients will experience a degree of right side buttock pain for a few months.
- Some patients may experience pain with intercourse
- Numbness at the back of the right thigh is a rare complication
- Worsening bladder control
- Sometimes when the vaginal vault is dropping down it can cause a kink in the water pipe which stops urine leaking when you cough or sneeze. When the water pipe is straightened, around 5% of ladies can develop stress incontinence which is leaking of urine when you cough, sneeze or exercise. Some ladies may need further surgery to correct this problem.

What happens before the operation?
You will have met your surgeon in the outpatient department prior to your admission. We will invite you to attend a pre-operative assessment. Some blood tests will be performed and occasionally chest X-rays and recording of your heart beat (ECG) taken. We will admit you to hospital on the day of surgery. Your surgeon will visit you and may ask you to sign a consent form. You will also meet the anaesthetist on the ward.

What happens after the operation?
Following your surgery you will be kept in hospital for two to three days but occasionally longer if necessary. During this time the nurses will look after you and you will be visited by your surgeon. Blood