Colposuspension surgery for stress leakage of pee

Department of Urogynaecology

Information for Patients

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What is stress leakage of pee?

Stress leakage of pee is caused by weakness of the ring of muscle (sphincter) around the pee pipe (urethra). As the sphincter is weak, it cannot close off the urethra tightly. This leads to leakage of pee when you do something that causes an increase in tummy pressure. So, coughing, sneezing, laughing, lifting something heavy, running or jumping causes leakage.

Treatment options without surgery:

Do nothing. If leakage is minimal and does not bother you, then treatment is not needed. You can come back and see us if it worsens.

Losing weight if you are overweight can help reduce leakage by reducing tummy pressure. Losing weight will also make any surgery you may need safer and more effective.

Devices can be inserted into the vagina to compress and close off the pee pipe. You are taught how to insert and remove them so that they can be used when needed.

Pelvic floor exercises help strengthen the pelvic floor muscle. This creates a tighter seal around the pee pipe and reduces or cures leakage. These exercises are most effective when they are supervised by specialist nurses or physiotherapists. You need to do these for at least 3 months before you know if they are effective. You should do this before having surgery.

Treatment options with surgery

Bladder neck injection Bladder neck injections to treat stress leakage of pee (incontinence) available from yourhealth.leicestershospitals.nhs.uk/. An

injection in the bladder neck can be used around the pee pipe to bulk it up and make it tighter. These are small operations with a quick recovery but are less effective than the other operations in this leaflet.

Fascial sling This is a major operation with a cut across your lower tummy. A small cut in the vagina is also needed. A strip of strong tissue (fascia) covering your tummy muscles is removed and used to support the pee pipe. It is effective in 8 out of 10 women but can cause more difficulty peeing compared with other operations.

Colposuspension. This is a major operation. We make a cut across your lower tummy. We put stitches on either side of the pee pipe to support it. We may use dissolvable stiches or permanent stitches. It is effective in 7 out of 10 women.

Note: It is important to remember that all the operations mentioned only work well for stress leakage. They generally do not work well for overactive bladder (OAB) symptoms. OAB symptoms include having to peeing many times during the day or night, a very strong and sudden need to rush to the toilet and leakage as you are trying to get there. These problems may remain or get worse after surgery.

All the operations mentioned also carry a small risk of difficulty peeing. This is usually a temporary problem but needs the use of a tube and bag to drain urine (catheter) while waiting for it to settle.

Risks of a colposuspension operation

There is a risk of complications with all surgery. The risks below are increased if you are

- overweight,
- have had previous tummy or vaginal operations
- have scarring in the pelvis or other medical conditions

Anaesthetic risk. This is small unless you have significant medical problems. We will assess you at a pre-assessment clinic before your operation.

Heavy bleeding. There is a risk of bleeding with any operation. This occurs in 1 to 10 in 100 women and can happen during or after surgery. You may need a blood transfusion or another operation to deal with it.

Infection. There is a risk of infection with any operation (3 in 10 women). A life-threatening or serious infection is rare. Infections are usually treated with antibiotics but may sometimes need surgery. The risk of infection is reduced if we give you antibiotics during your operation.

Damage to internal organs. This can include bowel, bladder, ureter (the pee tube between the kidney and bladder), nerves and blood vessels (1 to 10 in 100 women). These injuries are sometimes not found at the time of surgery. They may need another major operation. Damage to bowel or ureter is uncommon but may need a temporary bag/stoma to drain pee/poo.

Deep vein thrombosis (DVT). This is a clot in the veins of the leg. It can occur in 4 to 5 out of a 100 women. A serious problem sometimes occurs when a clot in the leg travels up to the lungs. The risk of clots is reduced by using special stockings and injections to thin the blood.

Failure to cure leakage. In 3 out of 10 women, the operation does not work. This may happen straight after the operation or a few years later. If this happens, it is usually possible to try other treatment options.

Overactive bladder . Any operation to tighten the bladder neck can make the bladder overactive. This leads to symptoms such as urgency (needing to rush to the toilet) and frequency (needing to pee many times). This can be a new problem or may worsen if it was present before your operation. It occurs in about 1 to 10 in 100 women.

Difficulty peeing. About 1 in 10 women will have difficulty emptying their bladder. This usually settles after 1 to 2 weeks but a catheter is needed during this time. If the problem lasts for longer, you will be taught how to pass a catheter yourself a few times a day.

Prolapse of the back vaginal wall of the vagina (rectocoele) may occur at a later stage. It can affect about 1 in 4 women. Surgery may be needed to treat this.

Long term pain. Long term pain in the vagina or lower tummy can occur after a colposuspension (1 to 10 in 100 women). This problem may be difficult to treat.

Death. This is very rare about 3 in 1000 operations

On the ward after the operation

You will have a catheter and a drip when you return to the ward. We remove the catheter is after 1 to 2 days but it may be needed for longer if you have difficulty peeing. We remove the drip when you are able to drink normally.

The day after the operation you will be encouraged to get out of bed and take short walks around the ward. This reduces the risk of blood clots in the legs and improves general wellbeing.

You will tend to stay in hospital for about 2 to 3 nights. You will be seen in the clinic in about 3 months after your surgery although this may vary.

At home after the operation

- You should keep mobile to prevent clots in the veins of your legs.
- Avoid heavy lifting for 6 weeks after your operation. After this, gradually build up your level of activity. By 3 months you will probably be ‘back to normal’.
- Do not use tampons or have sex for 6 weeks after surgery. You may be worried about resuming sexual relations. You may need to take your time and use lubricants.
- Make sure you do not become constipated. Drink plenty of fluids and eat foods high in fibre such as fresh fruit and vegetables.
- You may drive again once you can safely make an emergency stop (usually after 4 weeks) but you must check with your insurers.

British Society of Urogynaecology (BSUG) database

We will ask for your consent to collect information about your surgery and recovery. The information is stored in a secure online database. The information collected helps us assess and monitor our practice.

Multidisciplinary team meeting

Before your surgery, we may discuss your urinary problem, tests and operation at a meeting to confirm that your planned treatment is best for you. Sometimes the original plan may need to be changed.

Contact information for your consultant's secretary

Mr Roderick Teo	0116 258 6426
Miss Aneta Obloza	0116 258 3891
Urogynaecology Nurses' Office	0116 204 7897

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