What is an Abdominal Sacrohysteropexy?

An Abdominal Sacrohysteropexy is an operation which is used to treat a prolapse of the womb (uterus). This occurs when the ligaments that support the womb become stretched and weakened. This causes the womb to drop down and become noticeable as a lump at the entrance to the vagina.

How is it performed?

“Sacroysteropexy” means connecting the womb to the sacrum (the bone at the base of the spine). The term “Abdominal” is used because the operation is performed through an incision (cut) at the bottom of the abdomen. A “bikini-line” incision is usually used. A piece of nylon tape is stitched to the womb and the other end is stitched to the sacrum.

Can any other operations be performed at the same time?

After the Sacrohysteropexy has been performed the surgeon will inspect the vagina to make sure that the prolapse has been properly corrected. A vaginal repair operation may be performed at the same time if there is still a significant prolapse. Women who leak urine when they cough or sneeze etc (stress incontinence) may be offered additional operations such as Colposuspension or a TVT but this would be discussed beforehand.

How long will I stay in hospital?

People take different lengths of time to recover from surgery but most will be fit to go home 2-3 days after the operation.

Are there any side effects or complications of the operation?

All operations have the potential to cause side effects or complications. There is sometimes brisk bleeding from the sacrum and a blood transfusion may occasionally be required. Some women have difficulty passing urine after the operation and it is occasionally necessary to have a bladder catheter for a week or two afterwards. There may be difficulty opening the bowels and laxatives may be required. Sometimes there are problems with the wound, such as infection or bruising.

Rare, but potentially serious complications of all operations include allergic reactions to anaesthetic drugs, deep vein thrombosis (a blood clot in the leg), pulmonary embolus (a blood clot in the lung), heart attack and stroke. The risk of serious complications increases with age, and also if you have other significant medical problems. Painful sexual intercourse may occur after this type of surgery.

Is the operation “permanent”?

Although the operation is designed to be permanent, this cannot be guaranteed. There are strong forces trying to push the womb down which may cause the nylon tape to become loose. These forces are increased by heavy lifting, exercise, coughing and obesity. Women who have had a prolapse usually have weak tissue and therefore even if the womb remains well supported, a prolapse of a different part of the vagina may occur.

How soon can I return to normal activities?

Lifting, exercise, long walks and sexual intercourse should be avoided for 6 weeks. Heavy lifting and strenuous exercise should be avoided for 3 months. If you have any doubt about a certain activity you should ask your doctor or nurse.
Is there any alternative to surgery?

Surgery is performed to relieve the symptoms of prolapse. Therefore if your symptoms are not bothering you then you do not need to have an operation. It is often possible to treat symptomatic women without surgery by using a “pessary”. This is a device which is placed inside the vagina that prevents the womb from dropping down. A pessary needs to be changed every 4-6 months by a doctor or nurse. It is sometimes difficult to have satisfactory sexual intercourse when a pessary is fitted. Your doctor will try to fit a pessary if you request, but it is not always possible, and depends on the size and shape of your vagina.