RUH

Colposuspension operation

This information explains:

Overview

This section has been created to you to help you understand the surgical operation or (Burch) colposuspension. There are over 80 operations prescribed for urinary incontinence. The Burch colposuspension was devised in the early 1960's and has subsequently been modified. It appears that this operation gives you the best chance of cure of your urinary incontinence.

Your admission sate

You will normally be asked to come to hospital a day or more before your operation. This is so any necessary blood tests or x-rays can be taken and processed by the laboratory.

You will need to be measured for support stockings as these minimise the rare risk of thrombosis after surgery.

You will need any hair on your abdomen trimming but it is unlikely you will need anything else.

You will not need an enema.

Having a period normally makes no difference to your admission date.

The operation

The usual incision for the Burch colposuspension is a low transverse incision across the pubic hairline (Bikini scar incision). Occasionally an incision will be made in the midline between the belly button and pubic bone.

A new technique involves laparoscopic surgery (key hole operation). This has the obvious advantage that it avoids a cut. However it is new and it is impossible to say if it is as successful as the conventional operation (it might be more successful - we just do not know).

The aim of the surgical procedure is to elevate the bladder neck and produce some compression of the proximal urethra (the tube through which you pass urine). In order to achieve this, the bladder is gently dissected away from the vagina and sutures are placed within the vagina hitching it up to part of the pelvic bone.

Because the operation is designed to hitch up the vagina to elevate the bladder above the pelvic muscles, it can interfere with urination afterwards and make it more difficult to pass urine.

An alternative operation that does not do this is called a bladder buttress. This is a much smaller operation and does not involve an abdominal incision. Unfortunately it is not quite so effective. Approximately two thirds (60%-70%) of women are satisfied by the results and this compares to 80% for a colposuspension.

The choice of operation is always yours but it is important that you understand the advantages and disadvantages of each option.

The procedure usually takes within 40-60 minutes. At the end of the procedure a drain may be left in to collect any blood clot from the operation field and a bladder catheter is placed through the abdominal wall just above the incision.

The anaesthetic

Before your operation an anaesthetist will see you to assess and explain to you what sort of anaesthetic you will need.

About an hour before your operation, while you are still in the ward you will be given an antibiotic tablet to reduce the risk of infection.

You will also have an injection or tablet to make you relaxed and drowsy. This can increase the safety of some anaesthetics and helps to prevent danger from sickness.

A colposuspension operation is normally done under general anaesthetic and this begins in the operating theatre with an injection into a vein at the back of your hand. This produces sleep within seconds and by the time you become conscious again the operation is safely over.

Sometimes, mainly if you have chest or heart problems the anaesthetist may suggest that it is safer for you to be given a 'Spinal' which means that a local anaesthetic is injected into the lower part of your back. If this is done then the lower half of your body becomes numb and free of pain. This numbness will remain while you have the operation and for some hours afterwards. Sometimes this injection will be combined with a very light general anaesthetic so that you will go to sleep as well.

After the operation

When you wake up you will have a drip attached to your arm, possibly a drain from the abdominal wound and the catheter coming out of your abdomen (suprapubic).

Because the operation does not involve your bowels you will be able to start drinking 6-12 hours after the surgical procedure and soon after that you will be able to return to a light and then normal diet.

The drip and drain may be removed after 24 hours.

The stitches will dissolve.

Problems

At the time of operation there may be bleeding from the bladder veins. This is usually easily controlled at the time of surgery and blood transfusions are rare.

The most common problem after this procedure is difficulty in passing water. This is almost inevitable and almost always resolves itself.

Two to three days after the procedure the suprapubic catheter is closed off and you are encouraged to pass urine normally. The suprapubic catheter remains in place as a safety valve, until we are happy that you are passing water normally.

On occasions this can take weeks or even a month but most women pass urine satisfactorily in a few days.

10-15% of women develop cystitis (urine infection) after this procedure and this is usually treated with antibiotics.

Going home

You are normally fit enough to go home four to five days after the operation.

However, if there is still an element of difficulty in passing urine, then your discharge home may be delayed.

Occasionally patients will be sent home with the suprapubic catheter as they find it much easier to pass urine at home rather than under the stressed conditions of the hospital ward.

Getting back to normal

From about three weeks after the operation you may want to start light housework. This type of gentle activity encourages the muscles, particularly the back muscles to get back to normal quickly.

Vacuum cleaning, lifting heavy items and more energetic activities like sports can pull on the wound and be uncomfortable. Although it may be uncomfortable or slightly painful, this sort of exercise is completely safe and will do no harm.

The old fashioned advice was to wait for four to six weeks but we now know you should do what you feel like.

Nothing will fall apart and exercise will not harm your wound. A little gentle swimming is particularly good exercise as it often causes no discomfort.

Any exercise is better than none although it will be tiring. Frequent rests will be necessary, as you will find any exertion makes you tired.

Your family and friends will expect you to take things more easily than usual and advise plenty of sleep.

Use your common sense and be ready to accept offers of help from friends or family.

A lot of concern is shown about the "strength" of the scar but this is rarely a cause for any problem.

The back muscles are the most important part of the body to be concerned with. Too much, or too little activity can result in backache. Moderate activity is best and do remember to bend your knees when lifting.

Work, driving and sex

You should be able to start work again around six to eight weeks after the operation but people vary and some are ready sooner, some later, so it is difficult to be exact as to when you can take up your full duties again.

It is a case of pacing yourself wisely.

You may be advised not to drive a car too soon. You can drive when you feel your concentration has returned and when you feel you can put your foot on the emergency brake without discomfort.

There is no real evidence that it is harmful after surgery but check your car insurance to ensure you are covered.

In most cases it is safe to have sexual intercourse after about four to six weeks and it should actually help your tissues become supple again. Lovemaking should be gentle and if much discomfort is felt you should be prepared to wait a little longer.

A little lubricating jelly can sometimes be helpful at first. You may wish to try intercourse before returning for a check up so you can discuss any problems.

After a Burch colposuspension the anatomy of the vagina is altered. This is rarely a problem and many patients report an improvement in sexual intercourse.

Long term effects

An alteration in the way you pass urine is almost inevitable after this operation.

Many women find that they have to spend longer passing water and that the flow itself is somewhat slower.

For several months after the procedure women often complain that they pass urine more frequently and get up at night to pass urine. This usually settles down.

Occasionally women experience a sudden desire to pass urine and this may be difficult to control (urgency) after the operation but again this usually settles down.

At three months bladder control should be satisfactory and you should no longer be leaking.

Any more questions

Well-meaning friends and relatives or even other patients may tell you things that can be alarming and often inaccurate. Try instead to get your advice from the doctors, nurses or other people who have seen many women who have had this operation.

Do not hesitate to keep asking questions until you understand all you want to know.

We suggest that you also show this leaflet to your partner or relative who lives with you so that they can also understand what to expect.