East and North Hertfordshire NHS Trust

Patient Information

Burch Colposuspension

Urogynaecology

What is colposuspension?

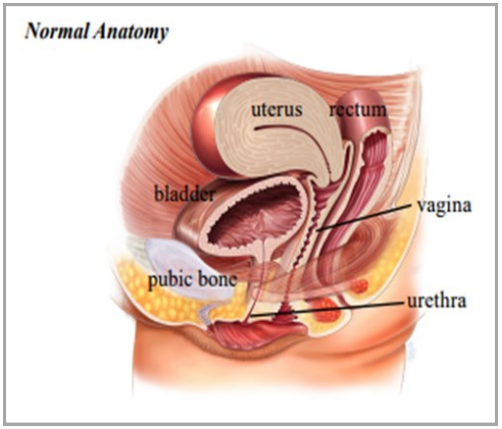
Burch Colposuspension is a procedure that was first performed in 1961 for **stress incontinence**.

Stress incontinence is the complaint of involuntary leakage of urine following exertion or effort, e.g. coughing, sneezing or exercise. It is a very common and embarrassing problem affecting up to 1 in 3 women. Stress incontinence may be cured or improved with pelvic floor exercises and lifestyle modifications, but if these strategies fail then surgery may be available to you.

What does colposuspension involve?

Colposuspension is an operation that involves placing sutures (stitches) in the vagina on either side of the urethra (the tube that urine travels through when the bladder empties), and tying these sutures to supportive ligaments to lift the vagina.

Normally, the urethral sphincter, muscles and ligaments (also known as pelvic floor) wrap around the urethra preventing involuntary leakage of urine but damage to these structures, from childbirth and/or ageing, can lead to stress incontinence. The sutures in colposuspension elevate the vagina and support the urethra, therefore reducing or stopping the leakage of urine.



What complications can happen?

All operations are associated with risks of haemorrhage, infection, and venous thromboembolism (VTE).

VTE generally means a blood clot in the leg veins or in the lung veins and may present with leg pain/swelling, shortness of breath, cough, or chest pain. The risk of VTE is reduced by use of compression stockings and injections of heparin post-operatively to thin the blood.

It is rare for blood transfusion to be required following a colposuspension operation, and the risk of acquiring infection is reduced by use of intravenous (IV) antibiotics when you are in the operating theatre.

There are also risks associated with anaesthetic, which you can discuss with your anaesthetist.

The specific risks of colposuspension include:

- Failure of the operation to work (up to 20% at one year).
- Overactive bladder symptoms (an urgent feeling to pass urine which may lead to incontinence) occurs up to 17% of the time.
- Difficulty passing urine occurs in up to 10% of women. This usually improves but may be permanent. You may need to pass small catheters (clean intermittent self-catheterisation) to fully empty your bladder.
- Prolapse of the back vaginal wall (rectocele) affects 14% of women post-operatively.
- Difficulty with sexual intercourse, which may involve pain (5%) or a less intense orgasm due to the incisions and stitches in the vagina.
- Rarely, the stitches may erode into the bladder and require removal.

What is the success of colposuspension?

Approximately 80% of women feel that their stress incontinence has improved after the colposuspension procedure. However, there are a small group of women for whom the procedure does not seem to work.

The procedure is less likely to be a success if you have had previous surgery to your bladder. For most women, the procedure seems to work long-term for at least 10 to 15 years. However, some women can experience further problems with their bladder with age even though the problems had improved initially.

Will I need to have a general anaesthetic?

Yes, usually the operation is performed under general anaesthetic (whilst you are asleep). Sometimes however, a spinal anaesthetic or epidural may be offered. You will get a chance to speak to the anaesthetist prior to your operation.

How do I prepare for the surgery?

Prior to your admission for surgery, you will be asked to attend a pre-operative clinic to ensure that you are fit and well for your forthcoming surgery.

A nurse practitioner or a doctor will see you and will ask you some questions about your general health; past medical history; any medication that you are taking, and any allergies you may have (not just those to medication).

Any other necessary tests will also be organised, such as blood tests, ECG, chest X-ray etc.

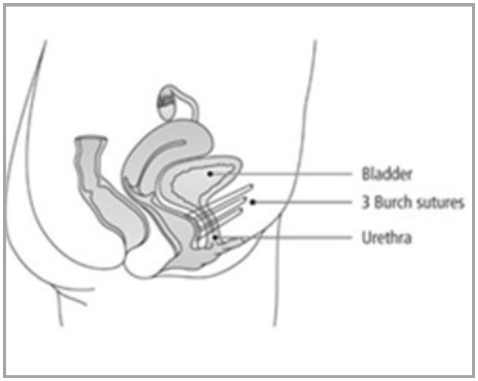
How is the surgery performed?

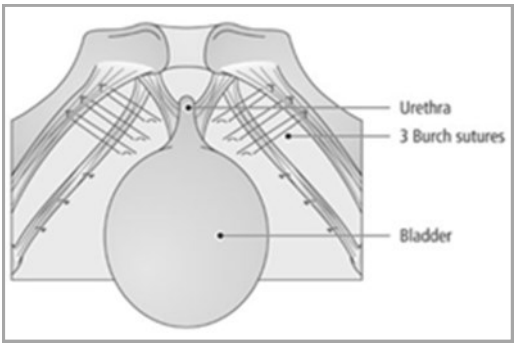
Colposuspension is performed using an abdominal incision - a horizontal cut in the 'bikini-line'.

During the operation, the bladder and urethra are identified and the space behind the pubic bone is exposed. Sutures (stitches) are then placed in the vaginal tissue to the side of the urethra and attached to the ligament behind the pubic bone.

A drain may be left behind the pubic bone to prevent a collection of blood forming. Additionally, a urinary catheter inserted via the abdomen (a suprapubic catheter) may be introduced.

The diagrams below show where the sutures are placed:





What happens after the operation?

When you wake up from the anaesthetic you will have a drip in your hand to give you fluids.

You will have a tube (catheter) draining the bladder overnight. The catheter may give you the sensation of needing to pass urine whilst in place.

Usually the drip and catheter come out the morning after surgery or sometimes later the same day. It is important that we measure the amount of urine you pass for the first couple of times after the removal of the catheter.

An ultrasound scan of your bladder will be done on the ward to make sure that you are emptying your bladder properly. If you are leaving a significant amount of urine in your bladder, you may have to have the catheter re-inserted into your bladder for a further period.

You will be given anti-embolic stockings to wear to help reduce the possibility of blood clots and these need to be worn throughout the duration of your hospital stay. The day after the surgery, you will be encouraged to get out of bed and take short walks around the ward. This improves general wellbeing and reduces the risk of clots forming in the legs. You may also be given injections to keep your blood thin and reduce the risk of blood clots. Normally this will be given once a day until you go home or longer in some cases.

The wound is not normally very painful but you may require pain relief. Please speak to your nurse if you think you need painkillers.

You are usually in hospital for up to three days. Ask your nurse about fit notes/sick certificates etc., before being discharged.

When can I return to my normal routine?

You should keep mobile to prevent the risk of VTE but avoid heavy lifting for the first few weeks post-operatively. Gradually build up your level of activity six weeks following surgery and by three months you will probably be 'back to normal'.

Do not use tampons or have sexual intercourse for six weeks following surgery to avoid the risk of any infection.

Ensure you do not become constipated by drinking plenty of fluids and eating dietary fibre, such as fresh fruit and vegetables, brown bread and oats.

You may drive again once you can safely make an emergency stop but you must check with your insurers before returning to the wheel to ensure your insurance is valid.

Will the operation affect my sex life?

You may have sexual intercourse when you are feeling comfortable. In the long term, there is no evidence to suggest that the operation will make any difference to your sex life. If you leak urine during intercourse, the operation might make this better but, unfortunately, this is not always the case.

You may be apprehensive about resuming sexual relations and may need to take your time. You may benefit from using vaginal lubricant. These are available to buy over the counter at your local chemist.

Some women may also benefit from a course of vaginal oestrogen therapy if you are at menopausal age; you would need to discuss this with your GP.

Contact details

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Hertfordshire SG1 4AB

Telephone: 01438 286172 or 01438 288478
Monday to Friday, 8am - 4pm

Further reading

International Urogynecological Association (IUGA)
www.iuga.org/?page=patientleaflets

The British Association of Urological Surgeons
www.baus.org.uk/

Reference: International Urogynecological Association (IUGA)

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www.enherts-tr.nhs.uk

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