NICE National Institute for Health and Care Excellence

NHS

Surgery for vaginal vault prolapse

Patient decision aid

What is vaginal vault prolapse?

Vaginal vault prolapse happens when the top of the vagina (the vault) slips from its normal position and sags down. It sometimes happens after a hysterectomy (removal of the womb). Vaginal vault prolapse can cause discomfort and problems with urination.

There are some treatment options that don't involve surgery that NICE says you might like to try. These are:

- **Lifestyle changes**, including losing weight if you are overweight, minimising heavy lifting and preventing or treating constipation.
- **Pelvic floor muscle training**, usually given by a physiotherapist.
- **Vaginal oestrogens,** if you have menopausal symptoms such as vaginal dryness.
- **A vaginal pessary**. This is a device made of PVC or silicone inserted into the vagina and left in place to support the vaginal walls and pelvic organs.

If you have tried to manage your condition without surgery but this hasn't worked, or you don't want to try other treatments, you might like to think about surgery. This decision aid can help you and your surgeon decide together which type of surgery is best for you. **You might also decide that you don't want to have any surgery.**

It is important to make the choice that you feel is right for you. This will depend on your individual circumstances and how you feel about each type of surgery.

Every woman is different so this decision aid is only a guide.

Information about how this decision aid was produced and the evidence on which it is based is available on the NICE website.

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What types of surgery does NICE recommend?

NICE recommends two types of surgery as **options** for vaginal vault prolapse. They have technical names but there isn't a short name for either of them. They are:

- vaginal sacrospinous fixation with sutures
- sacrocolpopexy with mesh.

The rest of this decision aid talks about each type of treatment: what it involves, the risks and benefits, and how they compare to each other.

If the type of surgery you would prefer is not available in your local hospital, you can be referred to a different hospital.

There is another operation called a **colpocleisis**, which involves closing the vagina completely and permanently. If you have this you would no longer be able to have vaginal sex. It is not included in this decision aid, but your surgeon can discuss this option with you if you wish.

Which type of surgery works best, and which has the most complications?

There's limited evidence to answer these questions. Both types of surgery can help some women but not everyone. The choice of surgery will also be affected by previous surgery you have had and the type and extent of your prolapse. These might not become clear until after the operation has started.

Some women develop problems, known as complications, after they've had surgery. Some complications only develop several years later, and it's not known for certain what all of them might be. If they do develop they might not trouble you very much, or they could harm your quality of life a great deal. It is not always possible to treat complications successfully.

How do the options compare?

NICE looked at the best studies available that compared the types of surgery when it published its guideline and found that:

- It isn't possible to say for sure whether one type of surgery NICE recommends as an option is better than the other at treating vaginal vault prolapse, especially in the longer term.
- Certain complications seem to be more likely after vaginal sacrospinous fixation with sutures than after sacrocolpopexy with mesh. These are:
  - stress urinary incontinence (leaking urine, especially during exercise or when you cough, laugh or sneeze)
  - pain or other problems having sex.
- Certain complications seem to be more likely after sacrocolpopexy with mesh than after vaginal sacrospinous fixation with sutures. These are:
  - constipation
  - mesh-related complications, including pain and vaginal problems.

There is more information about possible complications from mesh surgery on page 11 of this decision aid.

It is not possible to know for sure what will happen to any individual woman

More information about the types of surgery

The tables on the following pages have information about the different types of operation. They cover the things most women may want to know about and that NICE has found evidence about. On page 13 you can write down how you feel about them.

There may also be other things that are important to you.

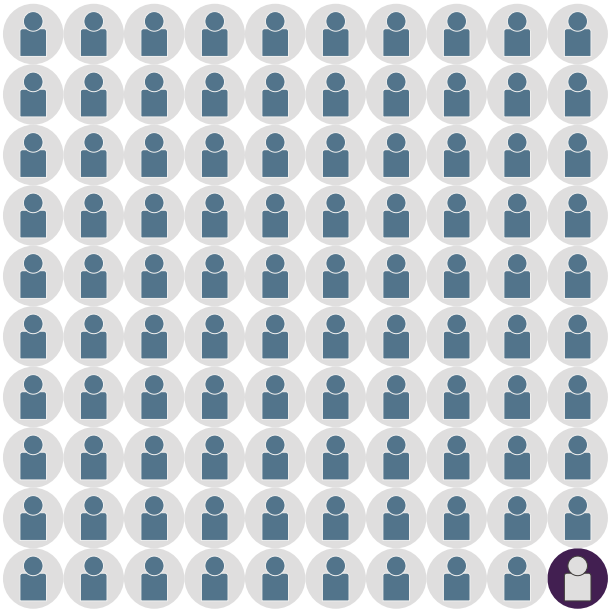
Talk to your surgeon about all your concerns so that you can make an informed choice.

Your chance of getting complications

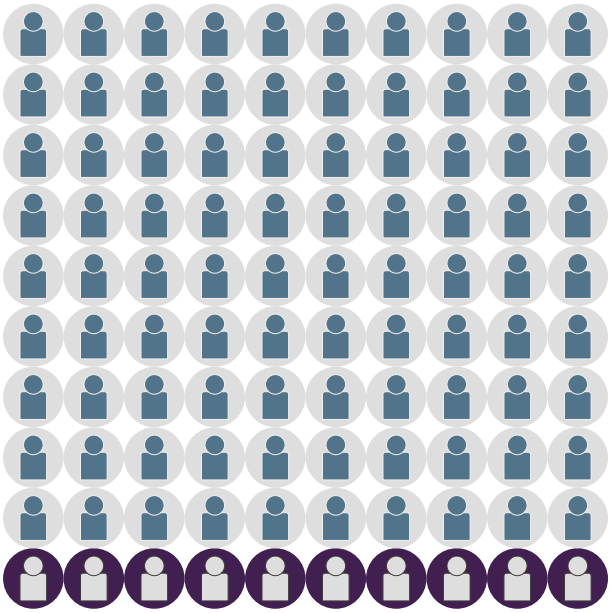
Sometimes it isn't possible to give very precise figures for the chances of different complications happening, so this decision aid gives a general idea. For example, "1 to 10 women in 100 get this complication (which means 90 to 99 don't)".

Some people find the type of diagram below makes it easier to picture the chances of something happening to them. People who have **experienced an effect** are shown in **purple**.

1 in 100



10 in 100 (or 1 in 10)



It is not possible to know in advance what will happen to any individual woman

	Vaginal sacrospinous fixation with sutures	Sacrocolpopexy with mesh
What happens in this type of surgery?	The aim is to restore the vagina to its natural position. This involves attaching the top of the vagina to a ligament in the pelvis using synthetic stitches (sutures). **Surgeons may use stitches that eventually dissolve or stitches that remain in the body permanently.**	The aim is to restore the vagina to its natural position. This involves attaching a piece of mesh from the vagina (usually the top) to a bone at the bottom of the spine. Synthetic mesh is a plastic product that looks like a net. **The mesh remains in the body permanently.**
What does the operation involve?	An incision (cut) is made inside the vagina – there are no cuts in the abdomen. It can be done under: • general anaesthetic – you'll be asleep for the whole operation • spinal anaesthetic – you'll be awake but numb from the waist down and won't feel pain. You will usually need to stay in hospital for 1 or 2 days after surgery.	This can be done in two different ways: • keyhole (laparoscopic) surgery – the operation is carried out through small incisions in your lower abdomen. • open surgery – a larger incision (cut) is made in your lower abdomen. It is done using general anaesthetic – you'll be asleep for the whole operation. You will usually need to stay in hospital for 2 to 3 days after open surgery or 1 or 2 days after keyhole surgery.

	Vaginal sacrospinous fixation with sutures	Sacrocolpopexy with mesh
How do these types of surgery compare for treating vault prolapse? The diagrams on page 14 might help make sense of the numbers.	In the studies NICE looked at, **on average** 2 years after surgery about 70 women in 100 said they no longer had symptoms, and 30 still had symptoms.	In the studies NICE looked at, **on average** 2 years after open surgery about 85 women in 100 said they no longer had symptoms, and 15 still had symptoms.
	The evidence is very limited and it's not possible to say for sure which of these types of surgery is better at treating vault prolapse, especially in the longer term. NICE didn't find any studies that looked at how likely it is that women find their prolapse comes back after one of these types of surgery compared with the other.	

	Vaginal sacrospinous fixation with sutures	Sacrocolpopexy with mesh
What are the possible complications during the operation? The diagrams on page 4 might help make sense of the numbers.	**Needing a blood transfusion.** Some bleeding is quite common with surgery but this doesn't usually cause problems. The number of women who needed a blood transfusion after vaginal sacrospinous fixation with sutures wasn't recorded in the studies NICE looked at.	**Needing a blood transfusion.** Some bleeding is quite common with surgery but this doesn't usually cause problems. In the studies NICE looked at, 1 to 10 women in 100 who had keyhole surgery needed a blood transfusion, and 90 to 99 did not. Slightly more women who had open surgery needed a blood transfusion, but the evidence is very limited.
	There are other possible problems that can happen during the operation, but the number of women who had these problems wasn't recorded in the studies NICE looked at. They include: • **Damage to the bowel.** • **Damage to the bladder.** This is usually straightforward for your surgeon to deal with and doesn't cause long-term problems (although they can happen). • **Damage to nerves.** This could potentially lead to loss of sensation or persistent pain.	

	Vaginal sacrospinous fixation with sutures	Sacrocolpopexy with mesh
What are the other possible complications? (Continued on the next two pages.) The diagrams on page 4 might help make sense of the numbers.	**Stress urinary incontinence** (leaking urine, especially during exercise or when you cough, laugh or sneeze). In the studies NICE looked at, by 2 years after surgery up to 20 women in 100 who had vaginal sacrospinous fixation with sutures had developed stress urinary incontinence (so more than 80 did not). Stress urinary incontinence seems to be more likely after vaginal sacrospinous fixation with sutures than after open sacrocolpopexy with mesh but the evidence is very limited. **Problems emptying the bladder fully.** In the studies NICE looked at, 1 to 10 women in 100 got these problems (so 90 to 99 did not). If you get these problems you may need a catheter for a few days or weeks, or possibly longer. It isn't possible to say for sure whether these problems are more or less likely to happen after vaginal sacrospinous fixation with sutures than after sacrocolpopexy with mesh.	**Stress urinary incontinence** (leaking urine, especially during exercise or when you cough, laugh or sneeze). In the studies NICE looked at, by 2 years after open surgery 1 to 10 women in 100 who had sacrocolpopexy with mesh had developed stress urinary incontinence (so 90 to 99 had not). Stress urinary incontinence seems to be less likely after open sacrocolpopexy with mesh than after vaginal sacrospinous fixation with sutures but the evidence is very limited. Slightly more women who had sacrocolpopexy with mesh through keyhole surgery developed stress urinary incontinence than women who had open surgery, but the evidence is very limited. **Problems emptying the bladder fully.** In the studies NICE looked at, 1 to 10 women in 100 got these problems (so 90 to 99 did not). If you get these problems you may need a catheter for a few days or weeks, or possibly longer. It isn't possible to say for sure whether these problems are more or less likely to happen after sacrocolpopexy with mesh than after vaginal sacrospinous fixation with sutures.

	Vaginal sacrospinous fixation with sutures	Sacrocolpopexy with mesh
What are the other possible complications? (Continued...) The diagrams on page 4 might help make sense of the numbers.	**Constipation.** In the studies NICE looked at, about 15 women in 100 got constipation after vaginal sacrospinous fixation with sutures (so about 85 did not). Constipation seems to be less likely after vaginal sacrospinous fixation with sutures than after sacrocolpopexy with mesh, but the evidence is very limited. **Pain or other problems having sex.** In the studies NICE looked at 1 to 10 women in 100 got these problems (so 90 to 99 did not). They seem to be more likely after vaginal sacrospinous fixation with sutures than after sacrocolpopexy with mesh, but the evidence is very limited.	**Constipation.** In the studies NICE looked at, about 25 women in 100 got constipation after sacrocolpopexy with mesh (so about 75 did not). Constipation seems to be more likely after sacrocolpopexy with mesh than after vaginal sacrospinous fixation with sutures, but the evidence is very limited. **Pain or other problems having sex.** In the studies NICE looked at 1 to 10 women in 100 got these problems (so 90 to 99 did not). They seem to be less likely after sacrocolpopexy with mesh than after vaginal sacrospinous fixation with sutures, but the evidence is very limited. **Mesh complications.** See page 11 of this decision aid.

What are the other possible complications? (Continued from the previous two pages.) The diagrams on page 4 might help make sense of the numbers.	There are other possible complications, but the number of women who had these problems wasn't recorded in the studies NICE looked at. They include: • **Infections,** including wound infections, vaginal infections and urinary tract infections (UTIs). • **Wound complications,** including wound infections and pain. • **Persistent pain in the abdomen or pelvis.** Painkiller medicines can help, but not always. The pain might not trouble you very much, but it might be severe. Women who have sacrospinous fixation with sutures may also get pain in their buttocks. • **Having to get to the toilet quickly to urinate, or not getting to the toilet in time.** These problems can usually be treated with bladder retraining, physiotherapy or drug treatment, although these don't always work. • **Pain or difficulty opening the bowels, not getting to the toilet in time to open the bowels, bleeding from the back passage (anus) or passing mucus.**

Possible complications after sacrocolpopexy with mesh

There are particular complications that can sometimes happen after mesh surgery for vault prolapse. Some but not all of these are similar to problems that can also happen after surgery that doesn't include mesh.

It is not possible to say in advance whether these complications will happen at all, or know how bad they will be if they do happen (although if they do happen, they might harm your quality of life a great deal). They can happen soon after surgery or many years later. **It is not always possible to treat mesh-related complications successfully.** Surgery might be needed to try to treat the complications, but it may not be possible to remove the mesh completely.

What complications can happen?

The mesh can sometimes come through into the vagina. This is called vaginal **mesh exposure** or **extrusion**. This can cause some or all of the following symptoms:

- **Pain,** in the vagina, groin, pelvis, abdomen or lower back.
- **Vaginal problems,** including vaginal discharge or bleeding and vaginal infections.
- **Problems having vaginal sex.** These might include painful sex for you and your partner.

The mesh can also come through into the bladder or bowel. This can cause some or all of the following symptoms:

- **Bladder problems.** These might include frequent urinary tract infections (UTIs), blood in the urine, difficulty emptying the bladder, pain when passing urine, leaking urine or having to get to the toilet quickly.
- **Bowel problems.** These might include pain or difficulty opening the bowels, not getting to the toilet in time, bleeding from the back passage (anus) or passing mucus.

Some women who have had mesh surgery experience **pain** or **changes in sensation** in the back, abdomen, pelvis, leg, vagina, groin or the area between the front and back passages (the perineum). These problems can be severe and persistent, and can be difficult to treat, although there may not be an obvious cause, such as mesh exposure.

Continued over the page...

How likely are these complications to happen?

In the studies NICE looked at, 1 to 10 women in 100 had vaginal mesh exposure after sacrocolpopexy with mesh (so 90 to 99 women in 100 did not).

The diagrams on page 4 might help make sense of these numbers.

The evidence is very limited, and it's possible that more women than this might get mesh exposure or other mesh-related complications.

Other things to think about

Risks of surgery

There are some possible problems that come with any kind of surgery. These depend on your medical history, how long the operation lasts and what it involves. Your surgeon will discuss these with you, but in general:

- **Infection.** All surgery carries the risk of infection, although you will be given antibiotics to reduce this risk.
- **Blood clots.** Surgery can lead to blood clots forming in the veins of the legs (called deep vein thrombosis, or DVT), or in the lungs (called pulmonary embolus or PE) so to help stop this happening you will be given surgical stockings to wear during the operation and for a short time afterwards, and/or given medicines. On average, 1 person in 100 or fewer may get problems from blood clots, so more than 99 people in 100 or more will not. More rarely, if blood clots occur they can cause serious problems and may even be fatal.
- **Back pain.** You will be lying on your back with your legs raised during the operation. This might lead to back pain for a short while afterwards, especially if you already have back pain problems. Talk to your surgeon and anaesthetist if this is a concern for you.

There is also a risk of problems from the anaesthetic, although these are unlikely to happen unless you have particular medical problems, for example problems with your heart or breathing. Your anaesthetist will discuss these risks with you separately.

How do you feel about the options?

Issue	How important is this to me?			
	Very important	Important	Not that important	Not at all important
How troublesome my symptoms are now				
How effective the surgery might be at improving my symptoms				
The length of time I would have to spend in hospital				
Risks from any kind of surgery				
The possibility of problems from having mesh inserted				
The possibility of damage to other organs				
The possibility of constipation or other bowel problems				
The possibility of leaking urine, problems emptying my bladder properly or other problems urinating				
The possibility of pain or other problems having sex				
The possibility of pain in the pelvis or buttocks				
Other things I want to talk about:				

My current choice is (please circle your choice)

Vaginal sacrospinous fixation with sutures • Sacrocolpopexy with mesh

No surgery • Not sure

This is because:

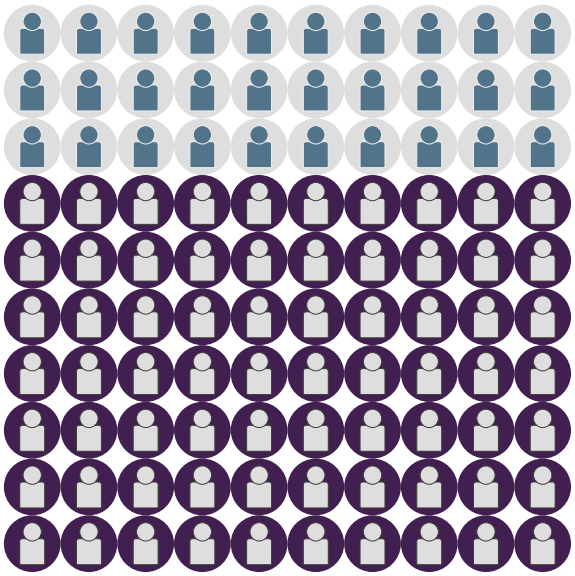
I realise I can change my mind.

Improvement in vault prolapse symptoms 2 years after surgery

NICE looked at studies that compared vaginal sacrospinous fixation with sutures, and sacrocolpopexy with mesh. These diagrams show how many women who took part in those studies found their prolapse symptoms had improved around 2 years after their surgery.

The evidence is very limited and it's not possible to say for sure whether one of these types of operation is better than the other at treating vault prolapse.

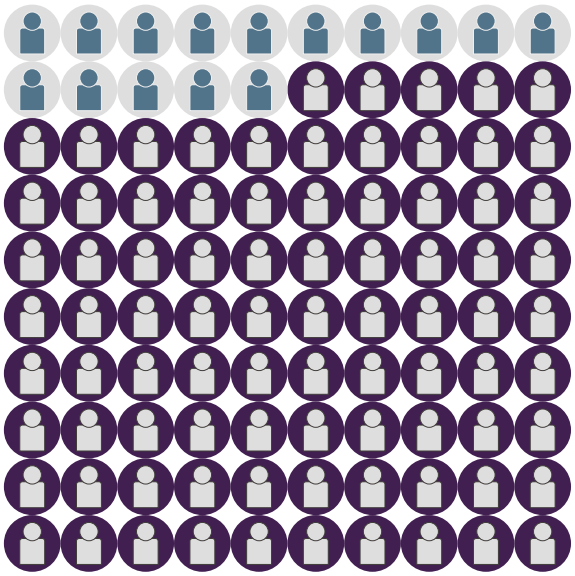
Vaginal sacrospinous fixation with sutures



In every 100 women who had vaginal sacrospinous fixation with sutures, about 2 years after surgery **on average**:

- 70 women said they had **no symptoms**
- 30 women still had **some symptoms**

Sacrocolpopexy with mesh



In every 100 women who had sacrocolpopexy with mesh, about 2 years after surgery **on average**:

- 85 women said they had **no symptoms**
- 15 women still had **some symptoms**

It is not possible to know in advance what will happen to any individual woman