

When can I resume sexual intercourse?

This should be avoided for about six weeks after the operation.

When can I go back to work?

This depends to some extent on your job. Most women return to work after one or two months. If, however, your job is strenuous and involves lifting, it may take longer. You can discuss this with your doctor.

When can I drive?

It is best to refrain from driving for at least three weeks after the procedure because the abdominal wound is still tender. Please check with the DVLA regarding their guidance.

Patient Advice and Liaison Service

If you need general information or advice about Trust services, please contact the Patient Advice and Liaison Service (PALS) on 020 3594 2040 or visit www.bartshealth.nhs.uk/pals. Alternatively please contact staff who are providing your care if you require clinical advice.

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Patient information

Colposuspension to treat incontinence



Why colposuspension operations are carried out?

A colposuspension operation is used to treat women with stress incontinence (where urine leaks during straining). The operation involves placing stitches around the neck of the bladder to give you the necessary support to stop urine from leaking.

What is a colposuspension operation?

The operation (also known as the Burch procedure) is done through a cut in the lower part of the abdomen. Two or three stitches are placed on each side of the bladder neck and attached to a strong ligament on your pelvic bone. At the same time, if you have any prolapse (collapse) in front part of the vagina, this will also be corrected by the operation. You will be in the gynaecological position (lying down with your feet raised in stirrups) during the procedure. The stitches used on the skin are removed five days after the procedure.

What type of anaesthesia will be used?

You will usually be given a general anesthetic for the operation. Occasionally, if you have some medical problems, the doctor may decide to give a spinal anaesthetic.

What will happen while I am in hospital?

You will be admitted to hospital the day before or, very occasionally on the day of the operation. If the operation is in the morning, please do not eat after midnight. If the operation is in the afternoon, you can have a light breakfast at 6am but nothing after that.

Your pubic area will be shaved and you will be given a special pair of stockings. You will also be given an injection of Heparin under the skin with the pre-medication which will continue daily until you are discharged. This will help to prevent blood clot formation.

How long will I stay in hospital?

Most women stay in hospital for between three and five days. You are advised to leave valuables at home, as the hospital cannot accept responsibility for the safety of personal belongings.

What will happen after the operation?

When you are wake up from the operation you will notice a cannula in your arm to give you fluids. You will also have a small catheter (soft tube) fitted through your lower abdomen and into your bladder to drain urine. The catheter will be clamped on the second day after the operation and if you are able to pass urine, it will be removed. You may have difficulty passing urine and will have to go home with the catheter still fitted until your bladder is working normally.

What are the risks of the operation?

As with many operations, there is a small risk of bleeding and you may require a blood transfusion. On very rare occasions, other organs can be damaged like the bladder and intestines.

About 10% of women will have difficulty passing urine after the operation and a very small number of women need to learn to pass a catheter into the urethral to empty the bladder.

There is also a 17% chance of developing a symptom called urgency, where you may find it difficult to control your bladder. Sometimes the angle of the back part of the vagina will be changed and this may lead to prolapse.

What are the success rates of the operation?

About 80% of women will no longer have any leakage and 90% will be significantly improved after the operation. Some women (between 20% and 30%) will notice a return of their symptoms after 10 years.