

Colposuspension



The Portland Hospital
for Women and Children

Colposuspension is an operation to repair the bladder

Before the Operation

You will be admitted and prepared for your surgery by one of the Nursing staff. The RMO will also see you. It will be necessary to have blood tests taken if you have not had one within two weeks. This will check that you are fit for theatre and check your blood type in case you need a transfusion during or after surgery. The Nurse will also inform you if other tests are required such as a x-ray or ECG (to monitor your heart). You may also need suppositories or an enema depending on your surgery and last bowel movement. You will also be measured for support stockings to aid circulation. These will be worn until discharge or fully mobile.

You will see your Consultant before going to theatre who will ask you to sign a form of consent, after explaining your procedure. You will also see your Anaesthetist. You would have been informed by one of these Consultants when to stop eating and drinking before your operation.

During Your Stay

You will be informed by the Nursing staff what to expect on your return to the ward after surgery. In all cases after major surgery you will have fluids intravenously. This will be removed once you are tolerating diet and fluids again. In most cases, you will have a catheter. This is a small tube inserted into your bladder and would stay between 24 hours and five days. In some cases a drain is required. This will remove any excess fluid used during your procedure and would be removed 24 – 72 hours later. Your Anaesthetist will discuss pain relief with you.

After your Operation

Your length of stay will be between four and seven days. You may feel tired and have difficulty concentrating for seven to ten days. This is quite normal. It is partly your body's response to the stress of the operation and partly due to the anaesthetic and pain relief medication. If you have had abdominal surgery it will be approximately four to six weeks until you can return to work after your operation.

You will see our Physiotherapist who will show you breathing and pelvic floor exercises and ways to improve your circulation. They will then see you at least once a day until discharged. You will be given a leaflet so you can continue these exercises throughout the day. You will find you can gradually do more each day but must avoid lifting and bending for at least four weeks, as in most cases of major surgery.

Preparing for Discharge

Your Consultant will normally see you daily or speak to you on the phone and will inform you when you can be discharged. Any medication and sickness certificates need to be written by your Consultant. We advise you to arrange to be collected from hospital. You will be given any medication required by Pharmacy. Time is given prior to discharge to ensure you fully understand how to look after yourself once home such as wound care, activities, out patient appointments.

Things to Avoid after the Operation

It is best to use sanitary towels rather than tampons, until bleeding has stopped to help avoid infection. If your bleeding or pain increases, with clots contact the ward, your GP or Consultant to see whether an infection is indicated.

You can bath or shower as normal once at home. Bubble bath should be avoided as it could irritate wound and vagina. If you notice redness or discharge from your wound, contact the ward, your GP or Consultant for advice.

You should stay off work for four to six weeks.

You are advised not to drive for six weeks, but please check this with your Insurance Company.

You should avoid lifting for four weeks.

You can return to normal activities including sexual intercourse at approximately four to six weeks or when your Consultant has reviewed you in the Out-patients department.

Contact

If you have any questions or concerns once home you can contact the ward direct on 0207 390 8180/02 or your Consultant's secretary between Monday and Friday, 9am to 5pm.

Disclaimer

Whilst this leaflet aims to provide you with useful advice and information it must be noted that it should only act as a guideline. The procedure may effect patients differently and therefore if you find that you deviate from the information given on this leaflet it is advisable that you consult your Consultant.

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