

## INFORMATION FOR PATIENTS

# Colposuspension for stress incontinence

We advise you to take your time to read this leaflet, any questions you have please write them down on the sheet provided (towards the back) and this can be discussed at your next appointment. It is your right to know about the operations being proposed, why they are being proposed, what alternatives there are and what the risks are. These should be covered in this leaflet.

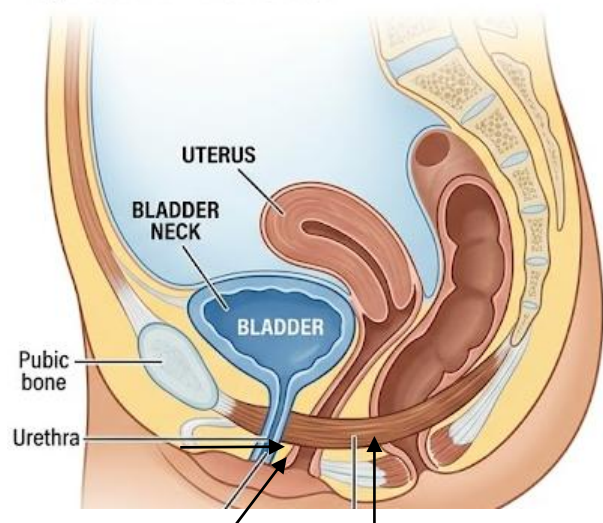
This leaflet details what stress incontinence is, how having a colposuspension treats stress incontinence, what alternatives to a colposuspension are available within our Trust, and inform you of all the risks and benefits involved in having this operation.

### What is stress incontinence?

Stress incontinence is the leakage of urine usually caused by an increase in pressure in the abdomen (tummy), e.g. coughing or sneezing due to weakness in the support of the urethra (water pipe) and bladder neck.

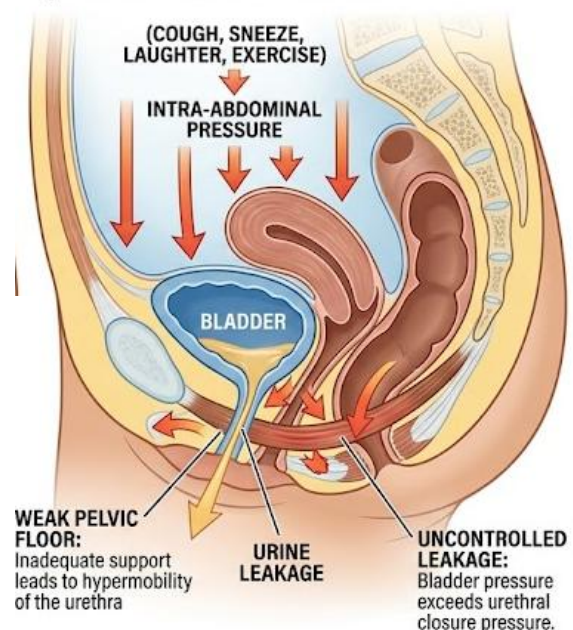
This weakness is usually caused by childbirth, heavy lifting and constipation, and when the pelvic floor muscles are damaged. Further weakening occurs during the menopause because the quality of the supporting tissues deteriorates.

### A) NORMAL FUNCTION



In a 'normal' bladder, a rise in abdominal pressure such as coughing, laughing and jumping, will not cause leakage as the muscles around the urethra are strong enough to keep it closed.

### B) STRESS INCONTINENCE



## What is a colposuspension?

A colposuspension is an operation which uses stitches to support the neck of the bladder. It can be done open (bikini line cut) or also laparoscopically (keyhole).

It must be understood that a colposuspension will not cure urinary leakage caused by an overactive bladder. It is important to understand why you are having urinary leakage and might have to have a test called urodynamics prior to your operation to diagnose the reason for this.

## Benefits to having a colposuspension

More than 80% of women, who have not had an operation for bladder leakage before, are cured by a colposuspension. This means that if 100 women had a colposuspension, 80 of them would feel that they had been cured, and 20 would not feel they had been cured.

## General risks of surgery

There is risk associated with any type of surgery, below are general risks all surgery pose:

- Anaesthetic risk.
- Haemorrhage.
- Infection.
- Deep vein thrombosis (DVT).

If you are at significant risk of any of the problems listed above, you may require a review before the operation. If you are worried about any of the risks, please discuss these with your doctor.

## Specific risks of a colposuspension

Following is a list and explanations of the risks specific to having a colposuspension:

- **Failure to work**

No operation is 100% guaranteed to work for everybody.

Colposuspension surgery is known to not be effective in around 15% of people.

- **Overactive bladder**

It is reported that up to 17% of women develop overactive bladder after this operation. This gives symptoms like needing to rush to the toilet or needing to pee more often.

- **Prolapse**

A prolapse is a bulge in the vagina caused by the vaginal walls sagging. About 14% of women (1 in 7) who have had a colposuspension operation are more likely to get a prolapse to the back wall of the vagina.

- **Pain during sexual intercourse**

Pain during sex can occur after any operation where there are stitches near the vagina. About one in 20 women find sex uncomfortable or painful after a colposuspension.

- **Problems with the stitches**

In a very small number of women, the stitches holding the neck of the bladder in place cause problems. Over time they can wear through to the inside of the bladder. This is rare.

- **Difficulty passing urine**

You might notice that the flow of urine is different after the operation. Sometimes it is slower and sometimes women notice that they must change position on the toilet (such as leaning forward to empty the bladder completely) to get the last of the urine out.

About one in 10 women who have colposuspension have problems emptying their bladder after the operation. It is normal to leave a small bit of urine behind after going to the toilet. We call this the 'residual volume'. However, if too much is left behind it can lead to problems such as having to go to the toilet too often and infections of the bladder.

To mitigate any problems with bladder emptying after the operation we will teach you how to pass a catheter into the bladder, this is called clean intermittent self-catheterisation (CISC).

CISC involves emptying out the urine that has been left behind using a fine catheter tube. This is passed along the urethra (water pipe) into the bladder so the urine can drain into the toilet. Once the urine is out, the catheter is removed and thrown away. A new catheter is used each time, and they are available on prescription from your doctor.

### **What will happen before the operation?**

You will be invited to a pre-operative appointment before the operation. At this appointment a nurse will assess your suitability for the operation and essentially make sure you are well enough to go ahead. After this you will be invited to a separate appointment to see a specialist nurse to be taught intermittent self-catheterisation to make sure you can do this before the operation (in case you can't wee after the operation).

### **What will happen after the operation?**

You will have a catheter inserted during the operation; this will be removed afterwards. It is important that the amount of urine is measured the first couple of times you pass urine after the removal of the catheter. An ultrasound scan for your bladder may be done on the ward to make sure that you are emptying your bladder properly.

You may have a bandage in the vagina, called a 'pack' and a sanitary pad in place. This is to apply pressure to the wound to stop it oozing. There will be slight vaginal bleeding (like the end of a period) after the operation. This may last for a few weeks.

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 on the legs. You may be given injections to keep your blood thin and reduce the risk of blood clots; these will normally be once a day until you go home or longer in some cases. The wound is not normally very painful, but you may require tablets or injections for pain relief.

If you require a sick note, please ask for one before leaving hospital.

### **At home after the operation**

Mobilisation is very important; using your leg muscles will reduce the risk of clots in the back of the legs (DVT), which can be very dangerous.

You are likely to feel tired and may need to rest in the daytime from time to time for a month or more; this will gradually improve.

It is important to avoid stretching the stitches, particularly in the first weeks after surgery. Therefore, avoid constipation and heavy lifting. The deep stitches dissolve during the first three months and the body will gradually lay down strong scar tissue over a few months.

After a laparoscopic colposuspension, you should be able to return to your routine activities after two to four weeks. After an open procedure this is six weeks.

Other things to note:

- Do not use tampons for six weeks.
- You can drive as soon as you can make an emergency stop without discomfort, generally after three weeks. However, you must check this with your insurance company, as some of them insist that you should wait for six weeks.
- You can start sexual relations whenever you feel comfortable enough after six weeks, as long as you have no blood loss.

If you have gone home having to use catheters you will have a telephone call after a week, otherwise you will be reviewed by the specialist nurse in clinic after 12 weeks.

### When to seek advice

If you have any of the following symptoms after your operation, please contact your GP or gynaecology specialist nurse for advice:

- Heavy vaginal bleeding.
- Smelly vaginal discharge.
- Severe pain.
- Pain or discomfort when passing urine.
- Constipation.
- A warm painful swollen leg.

**In an emergency always call 999 if you have any difficulty breathing or chest pain.**

### Alternative options available for stress incontinence

Having a colposuspension is not your only option to treating stress incontinence. All options available should be discussed with you and then you can make an informed decision on what is best for you.

Alternatives include:

- **Lifestyle changes**

There is always the option of not receiving any treatment.

Having urinary incontinence will not limit your life but may limit your quality of life, only you know what impact this has on your individual.

- **Weight loss**

Losing weight if you are overweight has been shown to reduce leakage of urine.

- **Pelvic floor exercises**

Strong pelvic floor muscles can help reduce leakage of urine.

You can be referred to a specialist pelvic health physiotherapist can support you to perform strengthening exercises.. Even if you choose to have surgery it is important to continue the exercises to maintain the success of the surgery.

- **Medication**

Duloxetine can help reduce incontinence. If you would like to consider medication, please speak to your doctor because they will assess your suitability of the medication and explain the side effects.

- **Surgery**

There are other operations such as autologous fascial sling and urethral bulking procedures that can be offered to you. There is a QR code at the end of this leaflet to scan with information that can help you decide what surgery is best for you.

- **Devices**

There are numerous intravaginal devices which essentially aim to support the urethra. They are not a cure, but their aim is to keep you dry whilst in use, e.g. during keeping fit, etc. Some are available on the NHS.

### More information about stress incontinence and the operations to treat it

If you would like to know more about stress incontinence and its treatments, try the following sources of information:

- Ask your GP.
- Ask the doctor or nurse at the hospital.
- Speak to your local continence nurse advisor (the receptionist at your GP surgery should know who this is).
- Visit the British Society of Urogynaecologists website <https://bsug.org.uk/pages/information-for-patients/111>

**Contact details:**

- **Holly West** (Urogynaecology Clinical Nurse Specialist): 0777 835302
- **Urogynaecology patient pathway coordinator:** 01623 622515, extension 3520 (Mr Habeeb) or extension 3514 (for Mr Morgan, Miss Gupta and Mr Samuels).

**If you feel you need urgent advice, please call ward 14 on 01623 622515, extension 2314.**

**Things I need to know before I have my operation**

Please list below any questions you may have, having read this leaflet.

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Please describe what your expectations are from surgery:

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**Further sources of information**



Scan this code to view a decision aid for stress urinary incontinence

NHS Choices: [www.nhs.uk/conditions](http://www.nhs.uk/conditions)  
Our website: [www.sfh-tr.nhs.uk](http://www.sfh-tr.nhs.uk)

**Patient Experience Team (PET)**

PET is available to help with any of your compliments, concerns or complaints, and will ensure a prompt and efficient service.

**King’s Mill Hospital:** 01623 672222

**Newark Hospital:** 01636 685692

**Email:** [sfh-tr.PET@nhs.net](mailto:sfh-tr.PET@nhs.net)

If you would like this information in an alternative format, for example large print or easy read, or if you need help with communicating with us, for example because you use British Sign Language, please let us know. You can call the Patient Experience Team on 01623 672222 or email [sfh-tr.PET@nhs.net](mailto:sfh-tr.PET@nhs.net).

This document is intended for information purposes only and should not replace advice that your relevant health professional would give you. External websites may be referred to in specific cases. Any external websites are provided for your information and convenience. We cannot accept responsibility for the information found on them. If you require a full list of references for this leaflet, please email [sfh-tr.patientinformation@nhs.net](mailto:sfh-tr.patientinformation@nhs.net) or telephone 01623 622515, extension 6927.

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