Urology Department

Bladder neck suspension (colposuspension)

What is the evidence base for this information?
This leaflet includes advice from consensus panels, the British Association of Urological Surgeons, the Department of Health and evidence based sources; it is, therefore, a reflection of best practice in the UK. It is intended to supplement any advice you may already have been given by your urologist or nurse specialist as well as the surgical team at Addenbrookes. Alternative treatments are outlined below and can be discussed in more detail with your urologist or specialist nurse.

What does the procedure involve?
This procedure involves elevation of the neck of the bladder with sutures to treat incontinence. This will include a telescopic examination of the bladder. The incision is in the lower abdomen.

What are the alternatives to this procedure?
Observation, pads, physiotherapy, medication, injection therapy (around the urethra), sling operations or an artificial urinary sphincter.

What should I expect before the procedure?
You will usually be admitted on the same day as your surgery. You will normally undergo pre assessment on the day of your clinic or an appointment for pre assessment will be made from clinic, to assess your general fitness, to screen for the carriage of MRSA and to perform some baseline investigations.

After admission, you will be seen by members of the medical team which may include the consultant, junior urology doctors and your named nurse.
You will be given intravenous antibiotics at the time the anaesthetic is given, and possibly after surgery too. You will be asked not to eat or drink for six hours before surgery and, immediately before the operation, you may be given a pre-medication by the anaesthetist which will make you dry-mouthed and pleasantly sleepy.

Please be sure to inform your urologist in advance of your surgery if you have any of the following:

- an artificial heart valve
- a coronary artery stent
- a heart pacemaker or defibrillator
- an artificial joint
- an artificial blood vessel graft
- a neurosurgical shunt
- any other implanted foreign body
- a prescription for Warfarin, Aspirin, Rivaroxaban, Dabigatran, Apixaban, Edoxaban or Clopidogrel, Ticagrelor or blood thinning medication
- a previous or current MRSA infection
- high risk of variant CJD (if you have received a corneal transplant, a neurosurgical dural transplant or previous injections of human derived growth hormone)

What happens during the procedure?
Either a full general anaesthetic (where you will be asleep throughout the procedure) or a spinal anaesthetic (where you are awake but unable to feel anything from the waist down) will be used. All methods minimise pain; your anaesthetist will explain the pros and cons of each type of anaesthetic to you.

What happens immediately after the procedure?
The average hospital stay is two to four days. You will be given an injection of a blood thinning agent daily after surgery until you are adequately mobilised.

A catheter will be placed in the bladder for a day or two (sometimes via a small incision in the skin).

Are there any side effects?
Most procedures have a potential for side effects. You should be reassured that, although all these complications are well recognised, the majority of patients do not suffer any problems after a urological procedure.

Please use the check boxes to tick off individual items when you are happy that they have been discussed to your satisfaction:

Common (greater than one in 10)
- ☐ Failure to improve urinary incontinence
- ☐ Recurrence of urinary incontinence at later time
- ☐ Recurring bladder infections due to poor emptying of bladder
- ☐ Infection of incision requiring further treatment
Development or worsening of frequency and urgency of urination
Retention of urine requiring prolonged catheterisation or self-catheterisation
Discomfort from pulling of the sutures holding up the bladder
If sexually active, discomfort with sexual intercourse
Development of a rectocele (bulging or prolapse of the rectum into the vagina)

Occasional (between one in 10 and one in 50)
Perforation of the bladder requiring prolonged catheter or surgical repair
Damage to the pipes draining urine from the kidneys to the bladder (the ureters), requiring additional or subsequent surgery
Bleeding that may require blood transfusion

Rare (less than one in 50)
None

What should I expect when I get home?
When you leave hospital, you will be given a discharge summary of your admission. This holds important information about your inpatient stay and your operation. If, in the first few weeks after your discharge, you need to call your GP for any reason or to attend another hospital, please take this summary with you to allow the doctors to see details of your treatment. This is particularly important if you need to consult another doctor within a few days of your discharge.

You will require pain killing tablets at home for several days and it may take a week at home to become comfortably mobile.

You should avoid driving for at least three weeks, and it may be longer before this is possible.

If you work, you will need a minimum of two weeks off, and it may be significantly longer if your work involves physical activity.

Heavy lifting should be avoided for six weeks.

Sexual intercourse should be avoided for at least a month.

You may see blood in the urine or vaginal discharge for up to a month after surgery.

What else should I look out for?
If you find it increasingly difficult to pass urine, or if you develop symptoms of a urine infection (burning, frequency and urgency), you should see your doctor promptly.

Are there any other important points?
A follow-up outpatient appointment will be arranged at about six to eight weeks after surgery.

Driving after surgery
It is your responsibility to ensure that you are fit to drive following your surgery.
You do not normally need to notify the DVLA unless you have a medical condition that will last for longer than three months after your surgery and may affect your ability to drive. You should, however, check with your insurance company before returning to driving. Your doctors will be happy to provide you with advice on request.

**Privacy & Dignity**

Same sex bays and bathrooms are offered in all wards except critical care and theatre recovery areas where the use of high tech equipment and/or specialist one to one care is required.

**Hair removal before an operation**

For most operations, you do not need to have the hair around the site of the operation removed. However, sometimes the healthcare team need to see or reach your skin and if this is necessary they will use an electric hair clipper with a single-use disposable head, on the day of the surgery. Please do not shave the hair yourself or use a razor to remove hair, as this can increase the risk of infection. Your healthcare team will be happy to discuss this with you.

**References**

NICE clinical guideline No 74: Surgical site infection (October 2008); Department of Health: High Impact Intervention No 4: Care bundle to preventing surgical site infection (August 2007)

**Is there any research being carried out in this field at Addenbrooke’s Hospital?**

There is no specific research in this area at the moment but all operative procedures performed in the department are subject to rigorous audit at a monthly audit and clinical governance meeting.

**Who can I contact for more help or information?**

**Oncology nurses**

**Uro-oncology nurse specialist**

01223 586748

**Bladder cancer nurse practitioner (haematuria, chemotherapy and BCG)**

01223 274608

**Prostate cancer nurse practitioner**

01223 274608 or 216897 or bleep 154-548

**Surgical care practitioner**

01223 348590 or 256157 or bleep 154-351

**Non-oncology nurses**

**Urology nurse practitioner (incontinence, urodynamics, catheter patients)**

01223 274608 or 586748 or bleep 157-237
Urology nurse practitioner (stoma care)
01223 349800

Urology nurse practitioner (stone disease)
01223 349800 or bleep 152-879

Patient Advice and Liaison Centre (PALS)
Telephone: +44 (0)1223 216756
PatientLine: *801 (from patient bedside telephones only)
E mail: pals@addenbrookes.nhs.uk
Mail: PALS, Box No 53
Addenbrooke’s Hospital
Hills Road, Cambridge, CB2 2QQ

Chaplaincy and multi faith community
Telephone: +44 (0)1223 217769
E mail: chaplaincy@addenbrookes.nhs.uk
Mail: The Chaplaincy, Box No 105
Addenbrooke’s Hospital
Hills Road, Cambridge, CB2 2QQ

MINICOM System ("type" system for the hard of hearing)
Telephone: +44 (0)1223 217589

Access office (travel, parking and security information)
Telephone: +44 (0)1223 596060

What should I do with this leaflet?
Thank you for taking the trouble to read this patient information leaflet. If you wish to sign it and retain a copy for your own records, please do so below.

If you would like a copy of this leaflet to be filed in your hospital records for future reference, please let your urologist or specialist nurse know. If you do, however, decide to proceed with the scheduled procedure, you will be asked to sign a separate consent form which will be filed in your hospital notes and you will, in addition, be provided with a copy of the form if you wish.

I have read this patient information leaflet and I accept the information it provides.

Signature…………………………………………………….Date……………………………………
We are a smoke-free site: smoking will not be allowed anywhere on the hospital site. For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

Other formats:

If you would like this information in another language or audio, please contact Interpreting services on telephone: 01223 348043, or email: interpreting@addenbrookes.nhs.uk For Large Print information please contact the patient information team: patient.information@addenbrookes.nhs.uk

Document history

Authors
Pharmacist
Mr Nikesh Thiruchelvam (on behalf of the Consultant Urologists)
Olufolake Ajose-Adeogun

Department
Department of Urology, Box No 43
Cambridge University Hospitals NHS Foundation Trust, Hills Road, Cambridge, CB2 0QQ www.cuh.org.uk / www.camurology.org.uk

Contact number
01223 256650/ Fax 01223 216069

Publish/Review date
October 2018/October 2021

File name
Bladder_neck_suspension.doc

Version number/Ref
V9/PIN2022/Doc ref 8047

Local Ref number
28/Urol_10_18