University Hospitals Sussex
NHS Foundation Trust

Burch Colposuspension

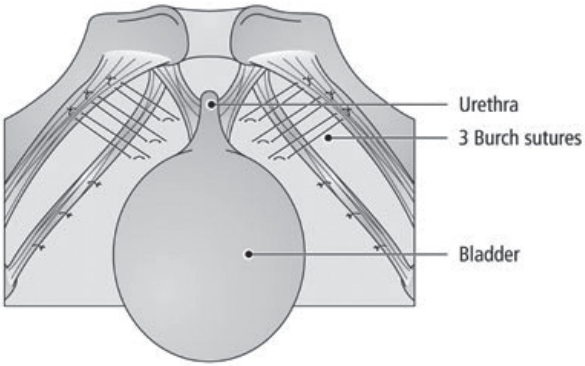
Department of Gynaecology

Patient Information

What is Burch colposuspension?

The operation is intended to support the bladder neck, which is the area between the bladder and urethra (pipe that takes urine out). The aim is to avoid leakage of urine on coughing and sneezing.

This is achieved by securing the area around the bladder neck to the back of a ligament (band of fibrous tissue) behind the pubic bone (bone in the lower tummy). The operation is carried out under general or spinal anaesthesia.



Why do I need Burch colposuspension?

Burch colposuspension is needed for stress incontinence of urine, which refers to leakage of small drops of urine on coughing and sneezing.

Surgery is carried out when conservative measures, such as pelvic floor muscle training, have failed.

What can I expect before the operation?

At your pre-op assessment and on your admission day the nurse will go through your hospital stay and explain your operation. Please do let us know about any concerns you have or if there is any information you think we should know about that will make your stay with us more comfortable.

You will need to make arrangements for your family, children or any other commitments that you have prior to coming in to hospital and to cover the length of your recovery.

You will see an anaesthetist and the doctor performing the surgery before you go to theatre. It is not unusual to feel anxious; the nursing staff will gladly discuss how you are feeling and talk you through your emotions.

If you have not already completed a quality of life questionnaire, you might be asked to do so before surgery. Likewise, if you have not already signed the consent form on booking, the doctor will go through it with you before you go to theatre.

You will be given a frequency volume chart and quality of life questionnaires to complete and bring with you as you attend for follow up after surgery. This will enable assessing the benefit of surgery for you.

You will be asked for permission to enter your data on the national database for continence and prolapse surgery. This is a quality control measure to compare the safety and effectiveness of such procedures at the hospital against other units in the country.

What does the operation involve?

The operation is done through a small bikini-line cut across the tummy. The bladder neck is exposed and 2 or 3 sutures are taken on either side. The abdomen (tummy) is then closed.

What are the risks?

There are risks with any operation but these are small.
The main risks associated with Burch colposuspension are:

Common risks:

- Initial difficulty in passing urine. This is usually managed by leaving the catheter (plastic tube) to drain the bladder for longer and you can go home with a leg bag for few days. Less commonly, patients may need intermittent self catheterisation for a short period of time.
- Postoperative pain.
- Urinary tract infection, which may need antibiotics.
- Wound infection, which may need antibiotics.
- Wound bruising and delayed wound healing.

Uncommon risks:

- Overactive bladder symptoms, such as frequency and urgency of passing urine may happen. These can be managed with medication.
- Unmasking of weakness of the back wall of the vagina, leading to its prolapse. This may need pessary or surgery.
- Damage to the bladder and/or bowel, which will be repaired at time.
- Late onset difficulty passing urine. This may manifest days or even weeks after being able to pass urine smoothly. The management is the same as initial difficulty passing urine, either by using a catheter with a leg bag and/or clean intermittent self catheterisation.
- Venous thrombosis and pulmonary embolism (clot in leg/lung). These are prevented by elastic stockings and anticoagulants (injections that thin the blood to prevent a clot).
- Failure to improve or cure stress incontinence or its recurrence with time. This happens in less than 10% of cases on average. This will require re-assessment and might necessitate repeat surgery.
- Hernia at site of entry.
- Haemorrhage requiring blood transfusion.
- Return to theatre for example because of bleeding.

In order for you to make an informed choice about your surgery please ask one of the doctors or nurses if you have any questions about the operation before signing the consent form.

What can I expect after the operation?

As you come round from the anaesthetic you may experience episodes of pain and/or nausea. Please let the nursing staff know and they will assess you and take appropriate action.

A small drain may be placed in the abdominal wound to remove any excess blood. You will have a catheter to drain the bladder to save you having to go to the toilet, till you are fully mobile after the operation. You will have a drip to give you fluids, though you will be able to eat and drink.

You may have a PCA pump (Patient Controlled Analgesia) to control your pain. This is not common and will be discussed with you before the operation by the anaesthetist. The nurses will assess you regularly

to ensure that the PCA is effective. We will use a pain score to assess your pain 0-10; 0 = No Pain, 10 = Very Strong Pain.

Your nurse will be checking your blood pressure, pulse, breathing and temperature and monitor the wound (cut) across your abdomen (tummy) and any vaginal bleeding. S/he will also ask you to move from side to side and to do leg and breathing exercises once you are able to. This will help prevent any pressure damage, a deep vein thrombosis or chest infection.

The first 12 hours after the operation: You can expect pain and discomfort in your lower abdomen for the first few days after the operation. You may also experience pain and will be given pain killers to alleviate this.

Day 1 after the operation: The drain, drip and catheter are usually removed the next day. The nursing staff will assist with washing as necessary and encourage early mobilisation. We would normally expect you to sit out of bed and begin to walk around the day after your operation.

You will be able to go home when you are passing urine without difficulty. You will be asked to pass urine in a jug and will have a scan to measure how much urine is left in the bladder. It helps to forget that you need to pass urine and drink and walk as you would normally do, and this when your bladder is likely to work as normal.

You will have a dressing on the wound (cut) across your abdomen that will be removed the day after your operation and you will be able to shower. You may also find it difficult to open your bowels at first. We will give you mild laxatives to soften your stools and prevent constipation and straining.

What about going home?

You will be seen and assessed by the gynaecology team the following day to check on your recovery and decisions will be made about your care, this information will be shared with you. You may then be able to go home. Please feel free to ask questions about your operation and recovery at any time.

The average length of stay following Burch colposuspension is 1-3 days. As you physically recover from your operation, the nursing team will discuss your convalescence. To ensure you have a good recovery you should take note of the following:

Rest: During the first two weeks at home it is common to feel tired, exhausted and emotional. You should relax during the day gradually increasing the number of things you do each day. Avoid crossing your legs when you are lying down.

Stitches: The wound across your abdomen will be closed by dissolvable stitches. If after 7 days you notice the stitches have not dissolved, then they will need to be removed. This is normally done by your practice nurse and you will need to make an appointment for this. We advise that you shower daily and keep the wound clean and dry. There is no need to cover the wound with a dressing.

Housework:
Weeks1-2 We recommend that you do light activities around the house and avoid any heavy lifting (not more than 1.5kgs in each hand).

Weeks 3-4 We recommend that you gradually introduce lighter household chores, dusting, washing up, making beds and ironing. You may begin to prepare food and cook remembering not to lift any heavy items.

Weeks 4-6 By this time you should resume normal daily activities, but continue to refrain from straining till 3 months after surgery, to ensure good healing of the area around the bladder neck.

Exercise: Exercise is important and it is advisable to go for short walks each day, increasing the distance gradually. You should avoid straining or heavy exercise for 3 months, to ensure good healing of the sling. You may return to normal exercise, such as cycling and swimming after 4-6 weeks. You will be able to manage the stairs on your arrival home. We encourage you to do pelvic floor exercises. You will be given a physiotherapy booklet titled ‘Fit for Life’ to guide you.

Diet: A well balanced nutritious diet with high fibre content is essential to avoid constipation. Your bowels may take some time to return to normal after your operation and you may need to take laxatives. You should include at least 5 portions of fruit and vegetables per day. You should aim to drink at least 2 litres of water per day.

Sex: You should usually allow 4-6 weeks after the operation before having sex to allow the area around the bladder to heal. If you experience vaginal dryness, you may wish to try a vaginal lubricant from your local pharmacy. If after this time you are experiencing pain or any problems with intercourse then you should see your GP.

Returning to work: This will depend on the nature of your work. If you work in an office base environment, you will need 4–6 weeks off work. If your work involves lifting and exertion, you will need 3 months off work. The hospital doctor will provide a sick certificate for this period.

Driving: It is usually safe to drive after 12 weeks but this will depend on your level of concentration, ability to perform an emergency stop and your car insurance company agreement.

What about follow up?

You will be invited for follow up, usually about 12 weeks after surgery.

If you have problems before the follow up appointment, you can contact your doctor or contact the hospital to bring the appointment forwards. During this follow up appointment, your symptoms and quality of life questionnaire will be reviewed and you will be examined to assess wound healing.

Are there any alternatives to having a Burch colposuspension?

Alternative procedures for stress incontinence of urine include:

- Laparoscopic colposuspension, which is the same operation performed through a key-hole.
- Autologus sling, an operation to support the urethra using a strip from the abdominal (tummy) wall.

- Injection of synthetic material at the bladder neck.

The use of Tension-free vaginal tape (TVT) sling was paused in 2017, following safety concerns.

These can be discussed with your doctor.

Who can I contact with any concerns or questions?

You should contact your doctor or the hospital if you notice increased temperature, frequent need to pass urine (water), which might be smelling or hurting.

If you have any problems or questions, use the contact numbers below to contact us.

Princess Royal Hospital: 01444 441881 Ext. 5686

Royal Sussex County Hospital: 01273 696955 Ext. 4013

Urogynaecology Unit at Lewes Victoria Hospital: 01273 474153 Ext. 2178

Useful links:

www.bsug.org.uk/userfiles/file/patient-info/Colposuspension%20for%20Stress%20Incontinence-%20COLP%20BSUG%20F1.pdf

http://emedicine.medscape.com/article/1893728-overview

www.nice.org.uk/nicemedia/live/10996/30282/30282.pdf

www.nice.org.uk/nicemedia/live/10996/30284/30284.pdf

This leaflet is intended for patients receiving care in Brighton & Hove or Haywards Heath

This patient information leaflet was prepared by Dr. Sharif Ismail, Consultant Subspecialist Urogynaecologist

This information leaflet has been approved at the Clinical Governance and Safety and Quality Meetings of the Department of Obstetrics and Gynaecology as well as Brighton and Sussex University Hospitals NHS Trust Carer and Patient Information Group (CPIG).

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