

Sacrocolpopexy using mesh to repair vaginal vault prolapse

Information for the public

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What has NICE said?

Sacrocolpopexy using mesh to repair vaginal vault prolapse works well enough for use in the NHS, but has serious, well-known risks.

NICE is asking health professionals to send information about everyone who has the procedure and what happens to them afterwards to a database so that the safety of the procedure can be checked over time.

What does this mean for me?

Your health professional should fully explain what is involved in having this procedure, and discuss the possible benefits and risks with you. They should explain that there is a risk of vaginal vault prolapse happening again. Also, they should tell you about the possibility of serious complications, including mesh erosion. This is when the mesh breaks down or penetrates the vagina or other organs nearby, causing damage. You should also be told how to find more information about the procedure. All of this should happen before you decide whether you want to have this procedure or not.

Your health professional may ask you if details of your procedure can be collected.

Your healthcare team

Clinicians experienced in managing pelvic organ prolapse and urinary incontinence in women should decide which patients should be offered this procedure and carry out treatment. They should have specific up-to-date training in the procedure, and do it regularly.

The condition

Vaginal vault prolapse is when the upper part of the vagina slips down from its usual position. It commonly happens after hysterectomy, when the womb and cervix are removed. It can affect quality of life by causing pressure and discomfort in the pelvis, and can also affect bladder and bowel function and sex.

If the prolapse is mild or moderate and is causing symptoms, treatment can include pelvic floor muscle strengthening and creams or patches containing the hormone oestrogen. Pessaries made of rubber or silicone can be used to support the vagina. If the prolapse is severe, surgery may be needed. There are different surgical procedures available, which aim to support the pelvic organs. Some include using mesh for additional support.

NICE has looked at using [sacrocolpopexy using mesh to repair vaginal vault prolapse](#) as another treatment option.

[NHS Choices](#) and NICE's [information for the public](#) about urinary incontinence in women may be a good place to find out more.

The procedure

Sacrocolpopexy using mesh to repair vaginal vault prolapse is usually done with the patient under a general anaesthetic. It can be done by conventional (open) surgery or through small cuts in the abdomen (keyhole surgery).

The procedure aims to support the pelvic organs in their natural position. This is done by attaching a piece of mesh usually from the top, and sometimes from the front or back of the vagina, to a ligament in the pelvis at the base of the spine or to a bone at the bottom

of the spine. The mesh is similar to a fine net, and is usually made of polypropylene.

The procedure can be done with surgery for other conditions, for example, for stress incontinence. Different types of meshes or tissue grafts have been used and these may have different risks.

Benefits and risks

When NICE looked at the evidence, it decided that sacrocolpopexy using mesh to repair vaginal vault prolapse works well enough. There are serious but well-known risks with the procedure. The 10 studies that NICE looked at involved a total of 5,790 patients. NICE also got comments from 14 women who had the procedure.

Generally, they showed the following benefits of the procedure compared with other procedures:

- better success rate
- less likelihood of prolapse happening again
- improved quality of life at 12 and 60 months after the procedure
- 83% of women were quite satisfied with the procedure and 55% of women would recommend it
- 13 of the 14 women who commented on their procedure would recommend it
- improved symptoms, with reduced pelvic pressure and the feeling of needing to open the bowels
- sex less painful and less difficult.

Rates of constipation, difficulty opening the bowels and a feeling of needing to go urgently were slightly higher 43 months after the procedure, with an increase of between 2% and 6%.

The studies showed that most of the risks of sacrocolpopexy using mesh to repair vaginal vault prolapse were similar to or lower than those reported after repair using the woman's own tissue. Other risks included:

- mesh or suture complications in up to 4% of women; mesh erosion was up to 14% more common in women who had their womb and cervix removed than in those whose cervix remained
- another operation for stress urinary incontinence was needed in up to 19%
- stress incontinence in up to 38% of women who had not had this before
- problems in passing urine in up to 13%
- needing to pass urine urgently with incontinence in up to 8% of women who had not had this before
- painful or difficult sex in up to 24% of women who had not had this before
- rectal prolapse in up to 12% of women who had not had this before
- bladder prolapse in up to 8% of women who had not had this before
- urinary tract or bladder injury in up to 2%
- small bowel obstruction in up to 3%
- pain going down the leg from the lower back in 3%.

NICE was also told about some other possible risks: infection of the sacrum (the bone at the base of the spine) and bleeding from large abdominal blood vessels.

If you want to know more about the studies, see the [guidance](#). Ask your health professional to explain anything you don't understand.

Questions to ask your health professional

- What does the procedure involve?
- What are the benefits I might get?
- How good are my chances of getting those benefits? Could having the procedure make me feel worse?
- Are there alternative procedures?

- What are the risks of the procedure?
- Are the risks minor or serious? How likely are they to happen?
- What care will I need after the procedure?
- What happens if something goes wrong?
- What may happen if I don't have the procedure?

About this information

NICE [interventional procedures guidance](#) advises the NHS on the safety of a procedure and how well it works.

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Accreditation

