



# The British Association of Urological Surgeons

## Colposuspension for stress urinary incontinence (SUI)

### An operation to support the bladder and stop pee leaks

---

This leaflet gives you simple, easy-to-read details about your procedure. Expert doctors in the UK have written it. Please also remember the advice your own doctor or nurse has already given you.

#### Key points

- This operation helps people who leak pee when they move, laugh or sneeze.
- The doctor can do it through a small cut across the lower tummy.
- They can also do it by keyhole surgery. This uses small holes and special tiny tools.
- Strong stitches are used. They lift and support where the bladder joins the pee tube.
- You will need about 6 weeks to recover.
- About 2 out of 3 women have no leaks at all afterwards.
- Around 9 out of 10 women are happy with the result. This is true even if they still have a small leak.
- Some women feel a strong need to rush to the toilet after this operation.
- Some women get a bulge in the vagina. We call this prolapse.
- A few women find it hard to empty their bladder after this operation. If this happens, you may need help to pee using a small, soft tube called a catheter.

#### What is stress urinary incontinence?

This is when you leak pee if you move, laugh or sneeze. It happens because the muscles around your bladder are weak.

#### What is colposuspension for stress urinary incontinence?

This is an operation to support the area around your bladder. The doctor uses strong stitches. They are used to lift and support the area around the bladder. These stitches help the bladder stay closed when you move or cough. This means that your pee stays inside until you are ready to pass it.

#### What are your other options?

There are some other choices. You can talk to your doctor about which is the right one for you.

**Non-surgical options.** This is where no operation is needed.

These avoid the risks that come with surgery. Your options include:

- **Pads to soak up the leaks.** This is a good choice if the leaking does not bother you.
- **Pelvic floor exercises.** These are special movements that help strengthen the muscles that control when you pee. A nurse or therapist can teach you how to do them. About 5 out of 10 women get better with these exercises.
- **Lifestyle changes.** Weight loss and stopping smoking can help some women.
- **A continence pessary.** This is a soft, small device. It is put inside the vagina for a short time. It can help stop leaks that happen during exercise.

## **Surgical options**

There are other operations that may help. Each one has good points and bad points. Your doctor will help you choose what is best for you.

- **Urethral bulking.** A thick liquid is injected into the wall of the urethra. This is the pipe that carries the pee from your bladder.
- **Midurethral tape operation.** This works in a similar way to the autologous sling procedure described below. It uses a man-made mesh to support the urethra. Most people recover quicker with this operation. You can find out more about this [here](#).
- **Autologous sling.** This procedure uses your own body tissue to support the tube.
- **An artificial sphincter.** This is an operation to implant a small device around your urethra. It squeezes the urethra to stop the leaks.

You can find out more about the options to treat stress incontinence [here](#). You can also read guidance from national health experts [here](#).

## **What happens on the day of the operation?**

- Your doctor will talk to you about your medical record. They will also make sure that you understand and agree to the treatment. You will hear this called “giving your consent”.
- You’ll meet the anaesthetist. They will talk to you about what type of anaesthetic you will have.
- You may have a general anaesthetic. This is where the operation is done whilst you are asleep. Or you may have a spinal anaesthetic. This is when the doctor makes you numb from the waist down.
- The anaesthetist will talk to you about pain relief.
- The nurse may give you special stockings and an injection to stop blood clots. Some people might need to use these stockings at home, after the operation. Your medical team will tell you if you need to do that.
- Antibiotics are often given before surgery to avoid infection.
- The nurse will check to make sure you don’t have any allergies.

## **What happens during the operation?**

- The doctor makes a small cut across your lower tummy.

- You may have keyhole surgery instead. If you have keyhole surgery, you will have more cuts, but they will be tiny.
- The doctor uses strong stitches to lift your bladder up. They fix it to the bone inside your pelvis.
- The doctor checks your bladder using a small camera. This is to make sure the stitches are in the right place.
- The doctor may put a soft tube into your bladder. We call this a catheter. It helps drain your pee.
- The catheter is usually left in for about 2 days.

## What happens after the operation?

- You will usually stay in hospital for about 3 days.
- When you wake up, you may still have the catheter in your bladder.
- The nurse or doctor will take the catheter out after about 2 days.
- At first, it may sting a little when you pee. You might pee more slowly.
- The nurses will check that your bladder is emptying properly.
- If you cannot empty your bladder fully, they may teach you how to use a disposable, in-and-out catheter yourself. This will drain your pee.
- About 1 out of 20 people need a catheter for a few weeks after this operation.
- Sometimes people need to use a catheter for longer.
- The cut in your tummy may be sore for a few weeks.
- This operation usually needs more time to heal than smaller “tape” operations.

## How does the surgery help?

This surgery helps many women who leak pee when they cough, laugh, sneeze or move.

2 out of 3 women stop leaking pee after the surgery. 1 out of 3 still leak a little.

Most women feel much better after the surgery. 9 out of 10 women say they feel pleased with the result. This is true even if they still have some leaks.

This surgery is similar to other operations that use a tape or your own body tissue. These results last well over time.

This surgery may not work as well if you need to have it again.

## Possible after-effects of the procedure

Most people recover well, but there are some things that can happen. Everyone is different. Your doctor will talk with you about what these risks might mean for you.

### Almost all women:

- You may have light bleeding from the vagina for about 2 days.

- You may feel some pain where the doctor made the cut. This usually lasts a short time. Simple pain medicine can help.

**Common problems.** These happen to more than 1 out of every 10 people:

- The surgery may not help your pee leak.
- The leak may come back, even if it did stop after the surgery.
- You may need to pee more often. You may feel the need to pee urgently. This is more common if you already had this problem before the surgery.
- You may feel ongoing pain in your vagina or lower tummy.
- The doctor may damage your bladder during the surgery. If this happens, you may need a catheter for a bit longer than usual.
- You may get an infection in the wound. We treat this with antibiotics.
- You may get an infection in your bladder. We also treat this with antibiotics.
- You may not be able to empty your bladder fully. This may be for a short time.
- If you cannot empty your bladder, you may need to keep using a catheter. You may need to learn to use a single-use catheter.

**Occasional problems.** These happen to about 1 out of every 50 people:

- The doctor may damage nearby parts of the body during surgery. This could be the tube that carries pee out of your bladder. It could be your back passage or blood vessels. If this happens, you may need another operation to fix the problem.

**Rare problems.** These only happen to about 1 out of every 250 people:

- You may bleed a lot during surgery. If this happens, you may need another operation to stop the bleeding.
- Problems after the anaesthetic. This might be a stroke, chest infection or heart attack. This might need treatment in the Intensive Care Unit. Some of these problems may cause death.

## Risk of getting an infection in hospital

About 6 out of 100 people get an infection whilst they are in hospital. This includes MRSA or C. difficile infections. The risk is higher if you:

- have a tube in place for a long time
- have had your bladder removed
- stay in hospital for a long time
- have been in hospital many times

## What happens before you go home?

Your medical team will tell you how the operation went. You should:

- ask questions. You should know what has been done
- ask the surgeon if everything went as planned
- let the staff know if you have any pain or discomfort
- ask what you can and cannot do at home
- make sure you know what happens next
- get advice about how to look after yourself at home

- be told what to look out for when you get home
- ask when you can start doing the things you normally do
- be told who to contact if you have problems

## What should you expect when you go home?

- You may have some bleeding from your vagina. This usually stops within 2 days.
- You may feel some pain when you pee after the nurse or doctor removes the catheter.
- You may leave hospital with a catheter still in your bladder.
- If you go home with a catheter, the nurses will show you how to look after it. They will give you an appointment to take it out.
- The cut on your tummy may feel sore for about 2 weeks.
- Do not do any hard work or lift anything heavy for the first 4 weeks. As a guide, do not lift more than 2 full 4-pint milk cartons.
- You can return to your usual daily tasks after 4 weeks.
- If you want to do harder exercise like running or gym work, wait 6 weeks before you slowly start again.
- Wait 6 weeks to go back to work if your job is physical.
- You should not have sex for 6 weeks after the surgery.
- Your doctor will give you a copy of your discharge notes and send one to your GP.
- If you need antibiotics or other tablets, the doctor will arrange these and give them to you before you leave.

## General information about your operation

### Before your operation

- Tell your team if you have implants. These are things like:
  - a pacemaker
  - a joint replacement
- Tell your doctor if you take blood-thinning tablets.
- If you have ever had MRSA, you should tell your doctor.
- You should tell your doctor if you may be at risk of variant-CJD. This might be if you have had:
  - a corneal transplant
  - a neurosurgical dural transplant
  - human growth hormone treatment
- You can ask your doctor about their own results and experience with this operation.

### Smoking and surgery

Smoking makes some bladder and pee problems worse. Smoking makes some surgery riskier. Stopping before your procedure helps. For help to stop smoking, call the NHS Smoke-Free Helpline: 0300 123 1044.

### Driving after surgery

You must make sure that you are well enough before driving again. Talk to your doctor about this. If you cannot drive for more than 3 months, tell the DVLA. You should also check with your insurance company before driving again.

## Important

We have worked hard to make this leaflet clear and correct. But it cannot replace advice from your own doctor or nurse. Always ask them if you are worried or unsure.

## What should you do with this leaflet?

You can keep this leaflet. If you have more questions, ask your doctor or nurse. They can explain more.

### Online access

You can see this leaflet on the internet.

Scan the special picture (QR code).



<https://rb.gy/e9ooxe>

### Feedback

We'd love to know what you think! You can share your thoughts by emailing us at [admin@baus.org.uk](mailto:admin@baus.org.uk)

1. **Identify the problem.** The first step in the problem-solving process is to identify the problem. This involves recognizing the issue, understanding its scope, and determining the impact it has on the organization.