

Understanding NICE guidance

Information for people who use NHS services

Treating vaginal vault prolapse with mesh sacrocolpopexy

NICE 'interventional procedures guidance' advises the NHS on when and how new procedures can be used in clinical practice.

This leaflet is about when and how mesh sacrocolpopexy can be used in the NHS to treat women with vaginal vault prolapse. It explains guidance (advice) from NICE (the National Institute for Health and Clinical Excellence). Interventional procedures guidance makes recommendations on the safety of a procedure and how well it works. An interventional procedure is a test, treatment or surgery that involves a cut or puncture of the skin, or an endoscope to look inside the body, or energy sources such as X-rays, heat or ultrasound. The guidance does not cover whether or not the NHS should fund a procedure. Decisions about funding are taken by local NHS bodies (primary care trusts and hospital trusts) after considering how well the procedure works and whether it represents value for money for the NHS.

This leaflet is written to help women who have been offered this procedure to decide whether to agree (consent) to it or not. It does not describe vaginal vault prolapse or the procedure in detail – a member of your healthcare team should also give you full information and advice about these. The leaflet includes some questions you may want to ask your doctor to help you reach a decision.

What has NICE said?

This procedure can be offered routinely as a treatment option for women with vaginal vault prolapse provided that doctors are sure that:

- the woman understands what is involved, including the risks of another prolapse or complications such as mesh erosion (when part of the mesh protrudes into the vagina), and agrees to the treatment, and
- the results of the procedure are monitored.

NICE has also said that the procedure should only be done by specialist doctors who are experienced in treating pelvic organ prolapse and urinary incontinence in women. NICE has also encouraged further research about how well the procedure works in the long term (more than 5 years after it has been done) and how well the different types of mesh work.

This procedure may not be the only possible treatment for vaginal vault prolapse. Your healthcare team should talk to you about whether it is suitable for you and about any other treatment options available.

Mesh sacrocolpopexy

The medical name for this procedure is 'sacrocolpopexy using mesh for vaginal vault prolapse repair'.

The procedure is not described in detail here – please talk to your surgeon for a full description.

In a woman who has had a hysterectomy, vaginal vault prolapse may occur when the top of the vagina slips down from its normal position, sometimes through the vaginal opening. It can affect quality of life by causing pressure or discomfort in the pelvic area, and can cause problems with sexual intercourse, bowel function and passing urine.

A minor prolapse may be treated with pelvic floor exercises and vaginally inserted pessaries without the need for surgery. More serious prolapse may need surgery.

Sacrocolpopexy using mesh is done under a general anaesthetic. It can be carried out either as open abdominal surgery or using a procedure called laparoscopy (also known as 'keyhole surgery'). The aim of the operation is to provide support for the vagina and pelvic organs in their natural position. This is achieved by attaching one end of a piece of special surgical mesh to the top of the vagina and the other end to the lower backbone. Different kinds of mesh can be used.

Summary of possible benefits and risks

Some of the benefits and risks seen in the studies considered by NICE are briefly described below. NICE looked at five studies on this procedure.

What does this mean for me?

NICE has said that this procedure is safe enough and works well enough for use in the NHS. If your doctor thinks mesh sacrocolpopexy is a suitable treatment option for you, he or she should still make sure you understand the benefits and risks before asking you to agree to it.

You may want to ask the questions below

- Which type of procedure is best for me?
- 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 operation?
- What happens if something goes wrong?
- What may happen if I don't have the procedure?

How well does the procedure work?

Two studies followed up a total of 200 women for periods ranging from 24 to 34 months. Vaginal vault prolapse was treated by sacrocolpopexy using mesh in 106 women, and by a procedure that does not use mesh, called sacrospinous colpopexy, in 94 women. Out of 106 women who had sacrocolpopexy using mesh, 90 women had no further symptoms after the procedure, compared with 84 out of 94 women who had sacrospinous colpopexy (without mesh). Two years after the procedure, out of a group of 89 women, the vagina and pelvic organs were not in their natural positions in 2 out of 46 women who had sacrocolpopexy using mesh and in 8 out of 43 women who had sacrospinous colpopexy (without mesh).

As well as looking at these studies, NICE also asked expert advisers for their views. These advisers are clinical specialists in this field of medicine. The advisers said that the aim of the procedure is to relieve the symptoms caused by the prolapse. They also said that an important success factor is whether the woman is still free of symptoms 5 years or more after the procedure has been done.

Risks and possible problems

In two studies with a total of 206 women, the surrounding organs were damaged in 5 out of 107 women who had sacrocolpopexy using mesh and in 3 out of 99 women who had sacrospinous colpopexy (without mesh).

You might decide to have this procedure, to have a different procedure, or not to have a procedure at all.

In another study, 1 out of 56 women who had sacrocolpopexy using mesh done by keyhole surgery had bowel problems, compared with 2 out of 61 women who had the same procedure done by open abdominal surgery.

One study looked at sacrocolpopexy using non-absorbable mesh compared with an absorbable type of mesh known as a biological graft. Mesh erosion happened in 2 out of 54 women who received non-absorbable mesh and in none of the 46 women who received the biological graft. In another study, 4 out of 45 women who had sacrocolpopexy using mesh needed another operation because of mesh erosion.

A study that followed up 60 women for around 3 years reported that 10 out of 32 women who had sacrocolpopexy using mesh had another prolapse, compared with 4 out of 28 women who had sacrospinous colpopexy (without mesh). In another study, 2 out of 22 women who had sacrocolpopexy using mesh developed stress urinary incontinence (involuntary leakage of urine when coughing, sneezing, laughing or during exercise) after the procedure, compared with 8 out of 24 women who had sacrospinous colpopexy (without mesh).

As well as looking at these studies, NICE also asked expert advisers for their views. These advisers are clinical specialists in this field of medicine. The advisers said that problems may include bone or other infections, bleeding, damage to the bladder or bowel, urinary incontinence (involuntary leakage of urine), rejection of the mesh by the body and painful sexual intercourse. The advisers also said that there may be fewer complications with newer types of mesh.

More information about vaginal vault prolapse

Your local patient advice and liaison service (usually known as PALS) may be able to give you further information and support.

About NICE

NICE produces guidance (advice) for the NHS about preventing, diagnosing and treating different medical conditions. The guidance is written by independent experts including healthcare professionals and people representing patients and carers. They consider how well an interventional procedure works and how safe it is, and ask the opinions of expert advisers. Interventional procedures guidance applies to the whole of the NHS in England, Wales, Scotland and Northern Ireland. Staff working in the NHS are expected to follow this guidance.

To find out more about NICE, its work and how it reaches decisions, see www.nice.org.uk/aboutguidance

This leaflet is about 'sacrocolpopexy using mesh for vaginal vault prolapse repair'. This leaflet and the full guidance aimed at healthcare professionals are available at www.nice.org.uk/IIPG283

You can order printed copies of this leaflet from NICE publications (phone 0845 003 7783 or email publications@nice.org.uk and quote reference N1776).

We encourage voluntary organisations, NHS organisations and clinicians to use text from this booklet in their own information about this procedure.

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