



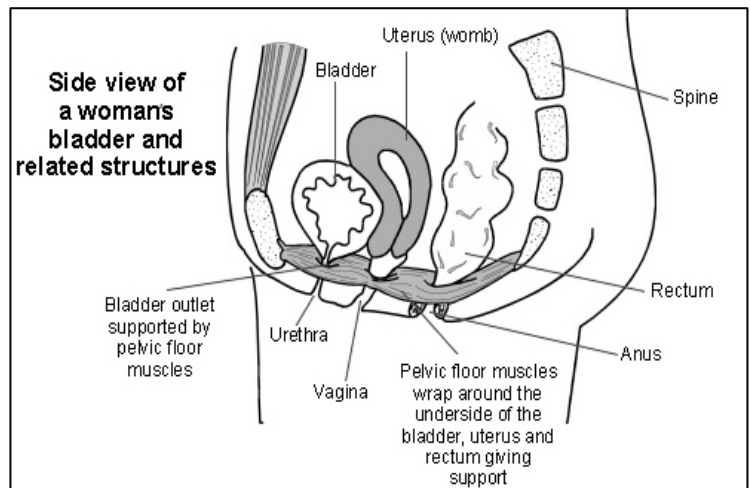
## What is a sacrospinous fixation (SSF)?

**This leaflet is to help you understand the sacrospinous fixation operation (repair of prolapse).**

### Why do I need an SSF?

The aim of this surgery is to support the womb and/or upper vagina in those where this area is 'coming down,' also known as prolapse.

It can be performed in women with or without a womb. It is usually performed with repair of the front and/or back wall of the vagina (please see the leaflet titled '[Surgical repair of vaginal prolapse: anterior / posterior vaginal wall \(or pelvic floor\) repair Cystocele / rectocele prolapse repair](#)').



### What happens during the operation?

The procedure is usually performed under general anaesthetic (you are asleep). A small cut is made within the vagina. Behind the vaginal skin is a strong ligament called the sacrospinous ligament. Stitches are placed into this ligament to support the top of the vagina.

### What are the benefits?

SSF is highly effective at controlling upper vaginal prolapse with only 5-10 out of every 100 of these operations failing. It also means the womb does not have to be removed. SSF can also be performed in women who have had a hysterectomy.

One of the benefits of this surgery compared to other prolapse surgery is that it does not shorten or narrow the vagina, which can affect sexual relations.

### What are the risks?

All operations carry a risk of complication. The risks related to SSF are uncommon and include:

- Infection occurs in up to 5 in every 100 prolapse operations. You will be given antibiotics during the operation to minimise infection risk.
- Heavy bleeding requiring a blood transfusion occurs very rarely. Bruising is more common.
- Bladder or bowel injury is very unusual – less than 1 in 100 of these operations.
- A small proportion of women will experience buttock pain after the operation; less than 1 in 100 women will have this problem long-term.

- Pain during intercourse may occur after some prolapse operations. However, most women feel more comfortable and confident to have sex after prolapse repair.

### Is there anything else I should be aware of?

- After the operation, a vaginal pack will be left in the vagina overnight. This helps reduce bleeding and bruising.
- A urinary catheter empties urine from the bladder, it is removed the day after your operation. The doctor will prescribe a mild laxative for the first two weeks after your operation, to minimise straining.
- It is not necessary to remove stitches after this operation.

### How long will it take me to recover?

- Most women leave hospital the day after their surgery.
- Complete healing can take up to six weeks. You should avoid heavy lifting, pelvic exercises and sexual intercourse during this time.
- You should also avoid driving and be off work for 6 weeks after the operation (depending on the type of work).
- You should avoid weight gain to minimize failure of the procedure in the long term.

### What are the alternatives?

- You may decide that you would prefer not to have an operation at all.
- You may consider using non-surgical options such as a vaginal pessary. This plastic device stays within the vagina, supporting the prolapse (see Vaginal pessary leaflet).
- Your symptoms may improve with pelvic floor exercises.
- Your surgeon will discuss other surgical techniques with you.

### Where can I find more information?

If you have any concerns or questions regarding your operation, you can contact Pelvic Floor Clinic on **0118 322 7721 / 7191**.

Further general information can be found by visiting the following website links;

- NHS website prolapse information: <http://www.nhs.uk/conditions/prolapse-of-the-uterus/Pages/Introduction.aspx>
- British Society of Urogynaecology website: <https://bsug.org.uk/budcms/includes/kcfinder/upload/files/info-leaflets/SSF-BSUG.pdf>

To find out more about our Trust visit [www.royalberkshire.nhs.uk](http://www.royalberkshire.nhs.uk)

**Please ask if you need this information in another language or format.**

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