LAPAROSCOPIC LATERAL SUSPENSION (LLS)

Patient Information Leaflet and Consent Form

Uterine or vaginal prolapse is usually caused by weakness and/or a defect in the pelvic floor muscles and connective tissue. Pelvic floor defects may be caused by vaginal tract injuries during vaginal labor, strenuous physical work, chronic cough, constipation, obesity, age-related tissue changes, and genetic predisposition.

Prolapse may affect the quality of life by causing discomfort while sitting, tension, heaviness and pain in the lower abdomen, lower back and vagina, urinary tract problems (urinary incontinence, urine blockage, increased urge to urinate, etc.), defecation disorders (constipation, fecal incontinence, difficulties in bowel function), and sexual dysfunction.

During LLS surgery, the anterior wall of the vagina and the uterine/vaginal prolapse are corrected to restore normal vaginal anatomy and function.

The course of the operation

The operation is performed under general anesthesia. To avoid complications, eating, drinking, smoking, and using chewing gum are not allowed for at least six hours before the operation. For the prevention of infections, approximately thirty minutes before the beginning of the planned operation, a single intravenous injection of antibiotics is made. For the purpose of thrombosis prophylaxis, special support stockings are worn during the operation, and in the immediate postoperative period. If necessary, blood thinners (anticoagulants) are also administered after the operation.

The operation is performed laparoscopically. First, the bladder is released from the anterior wall of the vagina and cervix. A T-shaped "mesh" (Ti-LOOP) of synthetic material is then inserted between the bladder and the anterior wall/cervix of the vagina and sutured to the anterior wall and cervix. The side arms of the "mesh" are placed on either side of the bases of the peritoneum facing the sides of the body, thus imitating the normal course of uterine ligaments. To place the side arms of the "mesh," small incisions of skin and subcutaneous tissue are made on the sides of the body near the pelvic crest.

Postoperative period

A bladder catheter is left in the bladder and is usually removed within 24-48 hours after surgery. A venous cannula is placed in the vein and remains for as long as intravenous administration of drugs/solutions is required. The duration of hospital treatment depends on the recovery after surgery, usually it is 2-3 days. Please contact the women's clinic's reception immediately if your body temperature rises above 37.5 and/or in case of severe pain. Depending on your health status and the nature of your work, you usually need a sickness leave (due temporary incapacity to work) for 4-6 weeks.

Within 1.5-2 months after the operation, it is recommended to avoid heavy physical exertion, lifting heavy weights (over 5 kg), and sexual intercourse. A liquid-rich and high-fiber menu is recommended after surgery to avoid constipation.

When suturing wounds, self-absorbing sutures are usually used, so it is not always necessary to remove sutures. Your doctor will tell you if there is a need to remove the sutures. A follow-up examination is performed by a gynecologist 1.5 months after the operation.

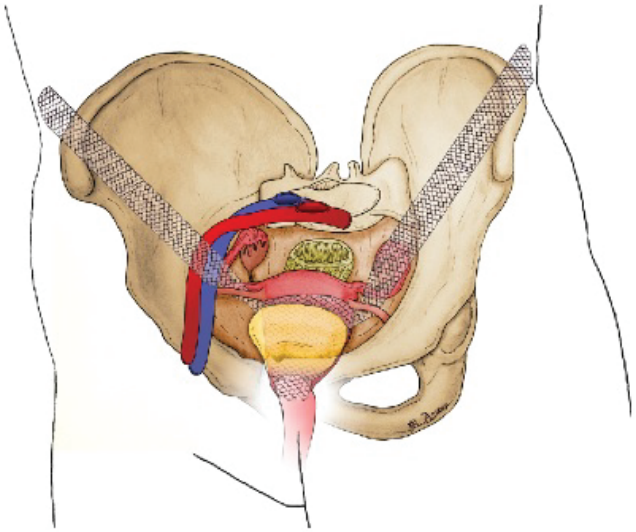
Possible complications

Complications that may occur during surgery are rare. In the case of laparoscopic surgery, if complications occur due to anatomical characteristics, it may be necessary to converse to open abdominal surgery in case of injury of adjacent organs (bladder, intestines, urethra, etc.) and/or start a blood transfusion in case of bleeding.

Inflammation of the wounds, bladder or other internal organs may occur after surgery. Very rarely, deep vein thrombosis and anesthesia problems may be a complication.

Possible relatively rare late postoperative complications are discomfort during intercourse and so-called "mesh" erosion or penetration of the "mesh" into the vaginal mucosa.

In order to minimize the risk of complications, please inform your doctor in detail about your health condition, co-morbidities, medications, allergies, etc., during the pre-operative visit.



Urogynecology Journal 2017
Patient satisfaction after laparoscopic lateral suspension with mesh for pelvic organ prolapse: outcome report of a continuous series of 417 patients
N. Veit-Rubin, J. Dubuisson, A. Gayet-Ageron, S. Lange, I. Éperon, J. Dubuisson

I agree with laparoscopic lateral suspension surgery.

Patient _____ _____
(Name, surname, personal identification code) (Signature)

Date _____

Doctor _____
(Name, surname, stamp, signature)

Date _____

Compiled by: Women's Clinic in West Tallinn Central Hospital, 2022