

Sacrocolpopexy is one of the most durable repairs for prolapse of the **top of the vagina or uterus** (the apex). A soft mesh is used to lift the vaginal top and anchor it to a strong ligament over the tailbone (the sacrum), restoring natural position and depth. It is usually done with keyhole (robotic or laparoscopic) surgery and preserves the ability to have intercourse.

## About This Procedure

A piece of **mesh** is attached to the front and back of the vaginal top and then secured to the firm ligament over the **sacrum**. This holds the vagina up in its normal position. It is considered the **gold-standard** repair for apical prolapse because it is so long-lasting.

## About the Mesh

The mesh used here is placed through the **abdomen** and has a strong, well-studied safety record. It is **different** from the transvaginal (through-the-vagina) mesh for prolapse that was the subject of FDA warnings and removed from the market. Your surgeon will discuss the small risks, including a rare chance of mesh exposure.

### LEARN THE TERMS

#### Apex / vault

The top of the vagina, which can drop after childbirth or hysterectomy.

#### Sacrum

The bone at the base of the spine; its ligament anchors the repair.

#### Mesh

A soft, permanent material used to support the vaginal top.

#### Robotic / laparoscopic

Keyhole surgery through a few small incisions.

#### Mesh exposure

An uncommon problem where a small bit of mesh becomes visible; treatable.

#### Hysterectomy

Removal of the uterus, sometimes done at the same time.

**WILL IT HURT?** It's done under general anesthesia, so you feel nothing during it. With keyhole surgery, most people have modest soreness at the small incisions and some gas discomfort, and go home the same day or after one night. Heavier or open surgery means a bit more recovery.

## How to Get Ready

- Done under **general anesthesia** — follow fasting and medicine instructions (hold blood thinners as told).
- A pre-op evaluation; a **hysterectomy** and/or an incontinence procedure may be combined.
- Don't smoke; arrange a ride and help at home.

## What Happens

- 1 You are asleep; antibiotics are given.
- 2 Through keyhole incisions (or one open incision), mesh is attached to the vaginal top.
- 3 The mesh is secured to the sacral ligament, lifting the vagina into place.
- 4 A catheter is placed for a short time.

## After Surgery

- Home same day or after one night; light activity at first.
- **Avoid heavy lifting, straining, and sex for about 6 weeks.**
- Some spotting and mild discomfort are normal; treat constipation.

### Call your care team if you have:

- A fever or chills
- Heavy bleeding, or worsening belly or pelvic pain
- You **cannot urinate**, or persistent nausea/vomiting
- Vaginal discharge with odor, or pain with sex later (possible mesh issue)

### THREE THINGS TO REMEMBER

1. Sacrocolpopexy lifts the top of the vagina with mesh anchored to the sacrum — the most durable repair for apical prolapse, usually keyhole.
2. Its abdominal mesh is well-studied and different from the recalled transvaginal prolapse mesh.
3. Avoid heavy lifting and sex for ~6 weeks. Call for fever, heavy bleeding, inability to urinate, or later odor/pain.