

Vaginal Suspension Surgery

Patient Information · Lifting the top of the vagina using your own tissue — no mesh

WARWIKI

Vaginal suspension surgery repairs prolapse of the **top of the vagina or uterus** by re-anchoring it to your own strong pelvic ligaments — using your **native tissue**, with no mesh. It is done entirely through the vagina, with no abdominal incision, and is a durable, mesh-free way to restore support and vaginal depth.

About This Procedure

The top of the vagina is stitched to a firm ligament in the pelvis to hold it up. The two common versions are:

- **Uterosacral ligament suspension (USLS)** — anchored to the uterosacral ligaments deep in the pelvis
- **Sacrospinous ligament fixation (SSLF)** — anchored to the sacrospinous ligament toward the side

Both use **your own tissue** (permanent stitches), avoiding mesh. They are often combined with front- or back-wall repairs and, when the uterus is removed, done at the same time.

How It Compares

Compared with **sacrocolpopexy** (which lifts the vagina with abdominal mesh), a vaginal suspension avoids mesh and the abdomen; sacrocolpopexy may be a bit more durable. Your surgeon will help weigh the trade-offs for you.

LEARN THE TERMS

Apex / vault

The top of the vagina, which can drop with prolapse.

Suspension

Re-anchoring the vaginal top to a strong ligament.

USLS

Uterosacral ligament suspension.

SSLF

Sacrospinous ligament fixation.

Native tissue

Your own tissue — this repair uses no mesh.

Vault prolapse

Dropping of the vaginal top, often after hysterectomy.

WILL IT HURT? It's done under anesthesia, so you feel nothing during it, and there's no abdominal incision. With the sacrospinous version, some people notice **buttock or upper-leg discomfort** for a few days to weeks as the area heals — this usually settles on its own.

How to Get Ready

- Follow your **anesthesia instructions** (fasting, hold blood thinners as told).
- A pre-op evaluation; other repairs or an anti-leakage procedure may be combined.
- Don't smoke; arrange a ride and help at home.

What Happens

- 1 You are under anesthesia; antibiotics are given.
- 2 Through the vagina, the top of the vagina is stitched to a strong pelvic ligament.
- 3 Added wall repairs are done as planned.
- 4 A catheter and sometimes a vaginal pack are placed briefly.

After Surgery

- Home same day or after one night; light spotting/discharge is normal.
- **Avoid heavy lifting, straining, and sex for about 6 weeks.**
- Buttock discomfort (with SSLF) usually eases over a few weeks; keep stools soft.

Call your care team if you have:

- A fever or chills, or heavy bleeding
- You **cannot urinate**, or worsening pelvic pain
- **Severe or shooting buttock/leg pain**, or new numbness

THREE THINGS TO REMEMBER

1. Vaginal suspension lifts the top of the vagina using your own ligaments — durable, mesh-free, and done through the vagina.
2. Common versions are USLS and SSLF; sacrocolpopexy is the mesh/abdominal alternative if you want to compare.
3. Avoid heavy lifting and sex ~6 weeks. Mild buttock ache can occur with SSLF; call for fever, heavy bleeding, or severe leg/buttock pain.