Sacrospinous fixation — vaginal approach

01 What is it?

This is an operation to treat a prolapse (organ descent), performed by the natural route, that is, through the vagina.

This sheet, given to you by Dr Gatri, is intended to complement the explanations given during your consultation. Do not hesitate to ask her if you have any questions.

A prolapse is due to weakness of the walls of the vagina and of the muscular support of the perineum. The organs of the pelvis (bladder, uterus, rectum) descend and form a hernia, a "lump", which often gives an unpleasant feeling of heaviness, pressure or discomfort. When the uterus descends beyond the vagina, this is called hysteroptosis; after removal of the uterus, it is the top of the vagina that may descend.

Richter sacrospinous fixation: the top of the vagina is suspended with stitches to a deep ligament of the pelvis, the sacrospinous ligament.

This technique uses only your own tissues, without any foreign-body implant.

This sheet is based on the patient information sheet of the CNGOF and the SCGP "Prolapsus traitement par voie vaginale" (2025), adapted to the practice of the clinic.

02 Why this procedure?

A prolapse can interfere with daily life, limit physical activity or certain sports, and affect your sex life or your self-image.

The aim of the operation is to improve the symptoms you feel and your quality of life: the organs that have descended are put back in place and their support is reinforced.

03 How does the procedure take place?

The operation takes place under general anaesthetic or regional anaesthesia (spinal or epidural).

In the operating theatre, you are placed in the gynaecological position and a catheter is usually inserted into the bladder.

The surgeon works through the vagina. The organs are freed so that they can be put back in the right position. The top of the vagina is suspended with stitches to the sacrospinous ligament.

Depending on your situation, other procedures may be combined during the same operation. Your surgeon will explain to you what they plan to do.

At the end of the operation, a vaginal pack and the catheter in the bladder may be left in place, depending on the surgeon's usual practice.

04 What the procedure does not guarantee

The result, both for the position of the organs and for the symptoms, is usually good in the long term. However, it cannot be guaranteed.

The prolapse can come back: this recurrence is not exceptional. It is linked to many factors (excess weight, chronic cough, fragility of the vaginal lining at the menopause, constipation...) and its risk varies from one patient to another. A recurrence is not always accompanied by the return of urinary, sexual or digestive symptoms; it may lead to medical management or to a further operation.

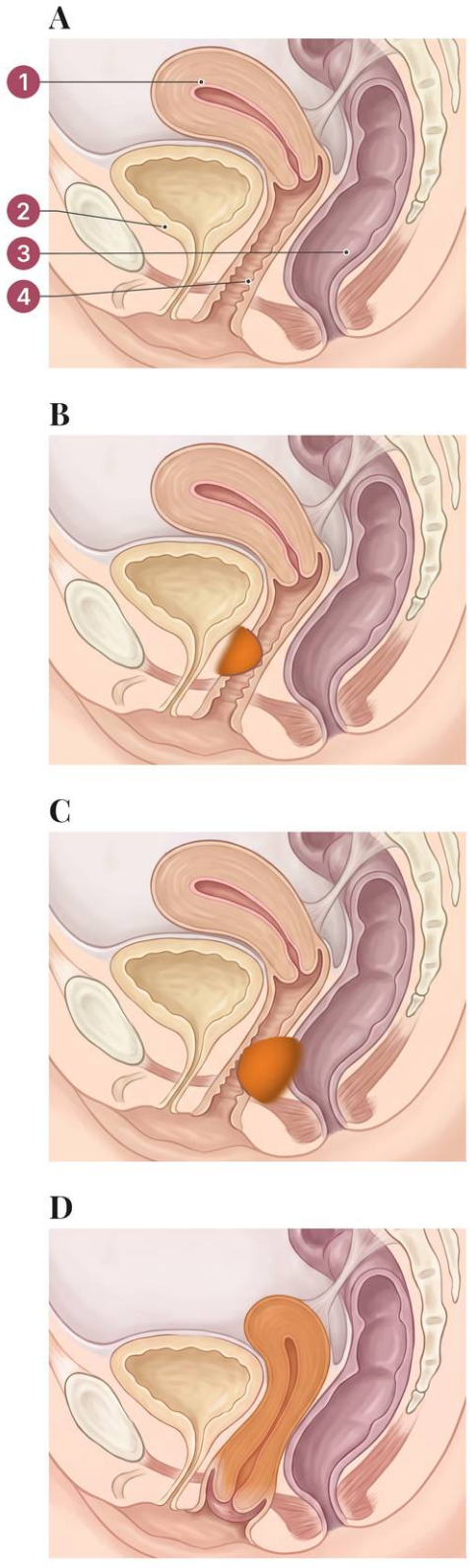


FIGURE 1 — The organs of the pelvis (bladder, uterus, rectum) descend and form a hernia, a "lump" (diagram, side view).

A — The pelvic organs: bladder, uterus, rectum

1. Uterus
2. Bladder
3. Rectum
4. Vagina

B — The hernia is between the bladder and the vagina: cystocele

C — The hernia is between the rectum and the vagina: rectocele

D — The uterus descends

In orange: the organ that descends and forms the hernia (the "lump").

Side view: the abdomen is on the left of the image, the back on the right.

Diagram Wagram Clinic, 2026.

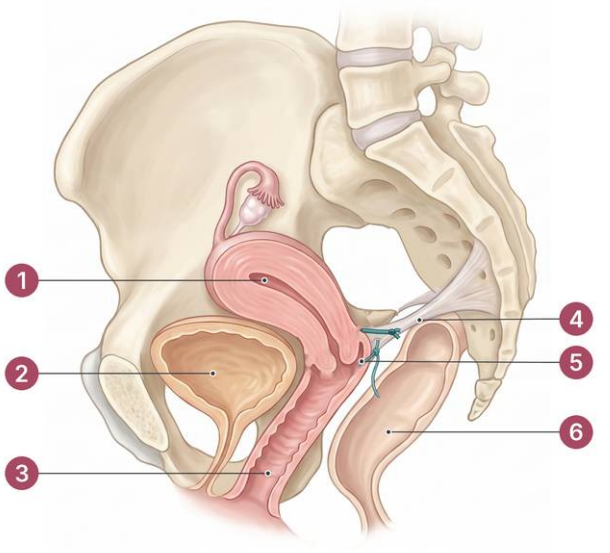


FIGURE 2 — Richter sacrospinous fixation: the top of the vagina is suspended with stitches to a deep ligament of the pelvis, the sacrospinous ligament (diagram, view of the inside of the pelvis).

1. Uterus
2. Bladder
3. Vagina
4. Sacrospinous ligament
5. Top of the vagina
6. Rectum

In blue-green: the stitches that suspend the top of the vagina from the sacrospinous ligament.

View of the inside of the pelvis, cut in half down the middle: the abdomen is on the left of the image, the back on the right.

Diagram Wagram Clinic, 2026.

05 Risks and complications

In the majority of cases, the operation goes ahead without complication. Complications directly related to the operation are rare, but possible.

Those related to your general condition and to the anaesthetic are explained to you during the consultation with the anaesthetist or the surgeon.

During the operation:

- accidental opening of the bladder may occur; it is more frequent if you have already had surgery. It may interrupt the operation, and the urinary catheter may then be kept in for longer;
- accidental opening of the rectum is exceptional; it is repaired immediately.

In the days that follow:

- bleeding or a haematoma is rare; it exceptionally requires antibiotic treatment, a further operation or a transfusion;
- pain is usually moderate.

In the longer term:

- persistent pain is exceptional;
- digestive problems or difficulty opening your bowels may appear or worsen; they can disappear with appropriate treatment. An obstruction of the bowel is exceptional, as the abdomen is not normally opened;
- a urinary infection is always possible and is treated with antibiotics. Stress urinary incontinence may appear or worsen and later require pelvic floor rehabilitation or another operation. Frequent or urgent needs to pass urine are not rare, and may persist if they were present before. Significant difficulty passing urine may also occur: a catheter then has to be put back into the bladder, or you may be taught to catheterise yourself several times a day, for a while;
- the operation usually improves your sex life; rarely, intercourse may be made uncomfortable by pain or vaginal dryness, which treatment can improve;
- a fistula, an abnormal connection between two organs (urethra, bladder, ureter, vagina or rectum), is exceptional, especially in patients who have had several operations; it is usually treated surgically.

As with any surgery, this operation carries risks, including to life, related to individual variations that cannot always be foreseen. Some exceptional complications (injuries to blood vessels, nerves or the bowel) can sometimes leave lasting after-effects. The surgeon may also discover during the operation an unexpected situation that leads them to change or add to the operation, or even to stop what was planned.

06 Alternatives

A prolapse is not dangerous and, in general, it is not painful; in the great majority of cases, it does not lead to complications. The aim of surgery is to improve your quality of life.

Several techniques exist and may be combined depending on your case. The decision is made with your surgeon.

07 Contraindications

If you have a urinary infection, the operation is postponed until the infection has cleared.

Smoking increases the risk of complications of any surgery; stopping 6 to 8 weeks before the operation removes this additional risk.

08 Before the procedure

Additional tests may be useful to prepare the operation properly.

An anaesthetic consultation takes place a few days before the operation.

A urine test may be needed.

A local treatment with oestrogens or hyaluronic acid, as a cream or pessaries, may be prescribed for you before the operation to help healing.

If you smoke, talk to your doctor, the surgeon and the anaesthetist, or call the Tabac Info Service helpline on 39 89.

09 After the procedure and your instructions

The length of the hospital stay varies, from one day (day surgery: you go home the same day) to a few days.

The time for removing the urinary catheter and the vaginal pack is set by your surgeon.

Bowel movements usually return within the first 48 hours. Constipation may bother you for a few days, and last longer if you are prone to it; a laxative may then be prescribed.

Some vaginal discharge may occur during this period: it is normal.

Plan for a period of recovery; its length is adapted to your work.

For about six weeks, refrain from exertion, sport, heavy lifting, baths and penetrative sexual intercourse. Avoid strenuous effort for the two months following the operation.

A follow-up consultation takes place a few weeks after the operation. It is at this consultation that the resumption of all your activities, in particular sport, is decided.

10 When to seek medical advice without delay

Once you are home, if a symptom worries you, do not hesitate to contact Dr Gatri without waiting for the follow-up consultation.

11 Your questions for Dr Gatri

This information sheet probably cannot answer all your questions. In any case, do not hesitate to ask your doctor any question that comes to mind, either orally or in writing.