

# **Obesity**

## **Effect on the pelvic floor**

### **Risk for surgery**

## **Patient Information Leaflet**



British Society of Urogynaecology  
Registered charity No 1143157

## About this leaflet

The information provided in this leaflet should be used as a guide. You should take your time to read this leaflet. A page is provided at the end of the leaflet for you to write down any questions you may have.

It is your right to know about your planned treatment, why it has been recommended, what the alternatives are and what the risks and benefits are for you as an individual. You may also wish to ask about your gynaecologist's personal experience and results of treating your condition.

## Benefits and risks

The success and the risks of most operations carried out to treat prolapse and incontinence have been poorly studied and so it is often not possible to define them clearly. In this leaflet risks may be referred to as common, rare etc. or an approximate level of risk may be given. Further information about risk is explained in a leaflet published by the Royal College of Obstetricians and Gynaecologists "Understanding how risk is discussed in healthcare".

<https://www.rcog.org.uk/globalassets/documents/patients/patient-information-leaflets/pi-understanding-risk.pdf>

The following table is taken from that leaflet

Risk table		
Verbal description <sup>a</sup>	Risk	Risk description <sup>b</sup>
Very common	1 in 1 to 1 in 10	A person in family
Common	1 in 10 to 1 in 100	A person in street
Uncommon	1 in 100 to 1 in 1000	A person in village
Rare	1 in 1000 to 1 in 10000	A person in small town
Very rare	Less than 1 in 10000	A person in large town

<sup>a</sup> EU-assigned frequency  
<sup>b</sup> Unit in which one adverse event would be expected

## British Society of Urogynaecology (BSUG) database

In order to better understand the success and risks of surgery for prolapse and incontinence the British Society of Urogynaecology has established a national database. All members of the society are asked to enter all procedures that they carry out onto the database and you may be asked to consent to this for your operation. The data collected are being used to develop an overall picture of what procedures are being performed throughout the United Kingdom together with complications and outcomes. Individual surgeons can also use it to evaluate their own practice.

## **Introduction**

You have been offered this information leaflet because of your weight. The information provided is not meant to distress or embarrass you but to help you make the best decision.

This leaflet will give you general information about the effects of obesity on your pelvic floor and the risk of complications during and after surgery if you are considering undergoing surgery.

## **Differences of opinion**

On some occasions, there may be a difference of opinion between the patient and doctor. Some patients may request surgery when the doctor feels that surgery has too high a risk and alternatives are available. A doctor's primary duty to a patient is to cause no harm. The GMC defines the duties of a doctor in a document called "Good Medical Practice". This states that a doctor must make the care of a patient their first concern but also must work in partnership with patients and

- Listen to, and respond to, their concerns and preferences.
- Give patients the information they want or need in a way they can understand.
- Respect patients' right to reach decisions with the doctor about their treatment and care.
- Support patients in caring for themselves to improve and maintain their health.

In some instances complying with the duty to cause no harm may involve suggesting that surgery is not actually the best treatment option based on the balance of risks and benefits. If this is of concern to you and you do not feel able to work in partnership with your consultant, you have a right to a second medical opinion from another consultant.

## **What is obesity?**

Obesity (excess body fat) is a leading health problem in the UK. A calculation of obesity can be made by looking at your weight and height (weight in kg divided by height in m<sup>2</sup>). This measurement is called body mass index or BMI. Obesity is defined as BMI of more than 30. You can calculate your BMI using a calculator or from tables available on line. Your doctor will also calculate your BMI for you.

## Obesity and the pelvic floor

Obesity has wide ranging effects on the whole body. The pressure of too much weight can weaken the pelvic floor resulting in incontinence and prolapse.

- **Incontinence** (leakage from bladder or bowel)

Your pelvic floor helps control your bladder and bowel. If it is weakened both your bladder and bowels can become difficult to control and you may experience leaking (incontinence) of urine or faeces.

- **Prolapse**

Your pelvic floor provides support for the bladder, bowel and uterus (womb) and weakness can cause the bladder, the bowel, the uterus and vagina to “prolapse” or bulge through the muscle. This is known as pelvic organ prolapse.

## Urinary incontinence

Lack of control over the bladder is known as “urinary incontinence” and this has two types.

### Stress incontinence

The first one is known as “stress incontinence” and occurs when urine leaks when you sneeze, cough or exert yourself. The more overweight you are, the more likely you are to suffer from this. Reducing your weight by only 5% can halve the level of incontinence. Stress incontinence can also be treated with tablets or surgery. Duloxetine, a pill used in the treatment of stress incontinence is less effective if you are overweight. If you are overweight surgery also has lower cure rates and more risks of complications as described below. You are also more likely to have recurrent stress incontinence after surgery compared to patients with normal BMI.

### Overactive bladder

The other type of urinary incontinence is called “overactive bladder” and this is when you need to go to the toilet more often during the day and during the night and also find it hard to “hold on” meaning that you may leak before you get to the toilet. Research has shown that obesity may make this condition worse and that weight reduction can help to improve the symptoms. Weight loss is a recommended first line treatment for anyone who is overweight.

## Prolapse

Pelvic organ prolapse is something that is very common especially in overweight women. If you lose weight you cannot heal the prolapse but it may stop it getting worse and may make it feel less uncomfortable. Weight loss also improves the outcome of any

surgery and is therefore recommended as the first line treatment for obese patients with prolapse symptoms.

## Obesity and surgery

There are surgical treatment options for some types of incontinence and for prolapse. All women are at risk of problems during and after surgery, however if your BMI is 30 or more you may be at increased risk of surgical complications. If your BMI is 40 or more this risk is even greater.

### Risks that are more common in obese patients are

- **Infection.** There is a small risk of infection with any operation (about 5 to 13 cases in 100 operations). If it occurs, an infection can be a wound infection, vaginal infection or a urinary infection, and is usually treated with antibiotics. The risk of infection is reduced by routinely giving you a dose of antibiotic during your operation. Chest infection may also occur because of the anaesthetic. Wound and chest infections are more common if you are overweight.
  - **What can I do?** Treat any infections you are aware of before surgery. After surgery, regular deep breathing exercises can help prevent chest infections; the nurses will guide you how to do this.
- **Deep Vein Thrombosis (DVT).** This is a clot in the deep veins of the leg. Occasionally this clot can travel to the lungs (pulmonary embolism) which can be very serious and in rare circumstances it can be fatal (less than 1 in 100 of those who get a clot). The risk increases with obesity, severe varicose veins, infection, immobility and other medical problems. The risk is significantly reduced by using special compression stockings and injections to thin the blood.
  - **What can I do?** Stop taking any hormones such as hormone replacement therapy (HRT) and some types of birth-control pills 4 weeks before surgery. These can usually be restarted 4 weeks following surgery when the risk of blood clots has reduced. Do not arrange surgery the day after a long car journey or flight. As soon as you are awake start moving your legs around. Keep mobile once you are at home and continue to wear your compression stockings during times when you are less mobile.
- **Surgical difficulty.** A deep layer of fat under the skin can make it difficult to carry out surgery which may reduce the success of the operation. Occasionally even if an operation is commenced it cannot be completed in full. Fat reduces the view during an operation and may increase the risk of damage to nearby structures such as the bladder, the bowel or the ureter (tube from kidney to bladder).
  - **What can I do?** Weight loss is the only way to reduce these risks.

- **Bleeding.** There is a risk of bleeding with any operation. Although it is rare that we have to transfuse patients after operations for prolapse and incontinence, it is more common in those who are overweight.
  - **What can I do?** Please let your doctor know if you are taking a blood-thinning tablet such as warfarin, aspirin, clopidogrel or rivaroxaban as you may be asked to stop them before your operation.
- **Anaesthetic risk.** This is very small unless you have specific medical conditions, such as a problem with your heart, or breathing. Smoking and being overweight also increase any risks. There may be difficulty with administering the anaesthetic during surgery and breathing problems afterwards. These risks mainly apply for operations performed with you asleep (a general anaesthetic). A spinal or epidural anaesthetic which numbs you from the waist down may have a lower risk but can be difficult to administer if you are overweight. This will be discussed with you.
  - **What can I do?** Make the anaesthetist aware of medical conditions such as problems with your heart or breathing. Bring a list of your medications. Try to stop smoking before your operation. Lose weight if you are overweight and increase your activity.
- **Difficulty putting in a cannula (drip)**
  - **What can I do?** Weight loss is the only way to reduce this risk.
- **Difficulty with lifting and moving a patient while under anaesthetic**
  - **What can I do?** Weight loss is the only way to reduce this risk.
- **Cardiac (heart) problems in the absence of symptoms**
  - **What can I do?** Weight loss is the only way to reduce this risk.
- **Reduced success rates.**
  - **What can I do?** Weight loss is the only way to reduce this risk.
- **Getting another prolapse.** There is little published evidence of exactly how often prolapse recurs but it is clear that the risk of recurrence is higher in those who are overweight. Recurrence may be of the same prolapse or another prolapse from a different area. This is because the vaginal tissue is weak. Sometimes even though another prolapse develops it is not bothersome enough to require further treatment.
  - **What can I do?** Keeping your weight normal for your height (normal BMI), avoiding unnecessary heavy lifting, and not straining on the toilet, may help prevent a further prolapse, although even if you are very careful it does not always prevent it.

## **Before the operation - Pre-op assessment**

Adequate preparation is essential to ensure a safe and successful procedure. Obesity is associated with conditions such as diabetes mellitus, hypertension (high blood pressure) and heart disease. For this reason your medical team will need to assess your general well-being.

Usually you are seen in a preoperative clinic some weeks before your planned operation. At that visit you will be seen by a nurse and possibly also a doctor. You will be asked about your general health and any medications you take. Your blood pressure will be checked and you may have tests to assess your heart and breathing. Blood tests will be taken to check you for anaemia and other things according to your medical condition. Swabs may be taken from your nose and groin to make sure that you do not carry MRSA (bacteria that are very resistant to antibiotics and may cause problems after your operation). You may be asked to sign a consent form if this has not been done already.

If there are concerns about your weight and health you may be given an appointment to see the anaesthetist prior to your day of surgery.

## **After the operation - in hospital**

Your care will be directed towards a quick recovery as this will generally reduce your risk of complications. You may be seen by an enhanced recovery nurse before you come into hospital. You may be given special drinks to take before you operation to speed up your recovery and you will be encouraged to eat and drink soon after the operation. You will also be encouraged to get out of bed and walk as soon as you are able to do so as this will reduce the risk of developing thrombosis (blood clots) and chest infection. You may also be seen by the physiotherapist following your operation who will help with some breathing exercises to reduce your risk of developing a chest infection. Nursing and medical staff will help and direct you during your recovery.

Some obese patients with other medical problems will need to be cared for in the high dependency unit immediately following their operation rather than the general ward. If this is planned in your case, it will be discussed with you prior to your operation.

## Non – Surgical Treatment Alternatives

- **Do nothing.** If the prolapse or incontinence is not too bothersome then treatment is not necessarily needed. If, however, the prolapse permanently protrudes through the opening to the vagina and is exposed to the air, it may become dried out and eventually ulcerate. Even if it is not causing symptoms in this situation it is probably best to push it back with a ring pessary (see below) or have an operation to repair it. Weight reduction in overweight women and avoiding risk factors such as smoking (leading to chronic cough), heavy weight lifting jobs and constipation may help with symptom control. The prolapse may become worse with time but it can then be treated.
- **Pelvic floor exercises (PFE).** The pelvic floor muscles support the pelvic organs. Strong muscles can help to prevent a prolapse dropping further and have a very good chance of reducing incontinence. PFEs are unlikely however to provide significant improvement for a severe prolapse where the uterus is protruding outside the vagina. A women's health physiotherapist can explain how to perform these exercises with the correct technique. It is important that you try the above to help to manage the symptoms of your prolapse or incontinence and to prevent them becoming worse. It is also very important to continue with your pelvic floor exercises even if you have opted for other treatment options.
- **Pessary.** A vaginal device, a pessary (see image below), may be placed in the vagina to support the vaginal walls and uterus. A pessary is usually used continuously and changed by a doctor or nurse every four to twelve months depending upon the type used and how well it suits you. Alternatively, if you prefer, you may be taught to replace the pessary yourself. It is possible to lead a normal life with continuation of activities such as bathing, cycling, swimming and, in some cases, sexual intercourse. Ongoing care is often at the GP practice but some women will need to be kept under review in the Gynaecology clinic. Pessaries are very safe and many women choose to use one long term rather than have an operation. On occasions their use has to be discontinued due to bleeding, discharge, sexual difficulties or change in bladder function but these all stop quickly after removal. Sometimes it will take several visits to the clinic to determine the best size for you but a pessary is not suitable for all women.





## More information

If you would like to know more about pelvic floor prolapse and incontinence as well as the treatments available, you may try the following sources of information.

- Ask your GP.
- Ask the Doctor or Nurse at the hospital.
- Look at a website such as
  - NHS choices at <http://www.nhs.uk/pages/home.aspx>
  - Patient UK at <http://patient.info/health>
  - Royal College of Obstetricians and Gynaecologists Recovering Well leaflet at  
<https://www.rcog.org.uk/globalassets/documents/patients/patient-information-leaflets/recovering-well/pelvic-floor-repair-operation.pdf>
  - Royal College of Obstetricians and Gynaecologists patient information leaflet – Pelvic organ prolapse at  
<https://www.rcog.org.uk/globalassets/documents/patients/patient-information-leaflets/gynaecology/pi-pelvic-organ-prolapse.pdf>
  - International Urogynaecology Association (IUGA) patient information at <http://www.iuga.org/?page=patientinfo>
  - National Institute for Health and Clinical Excellence (NICE). Information for people who use NHS services.
  - Patient information leaflets for your own hospital and others (usually available on line)
- You may find these addresses and websites useful to obtain more information. We can however bear no responsibility for the information they provide.
  - Bladder & Bowel Foundation  
SATRA Innovation Park, Rockingham Road  
Kettering, Northants, NN16 9JH
  - Nurse Helpline for medical advice: 0845 345 0165  
Counsellor Helpline: 0870 770 3246  
General enquiries: 01536 533255  
Fax: 01536 533240
  - <mailto:info@bladderandbowelfoundation.org>

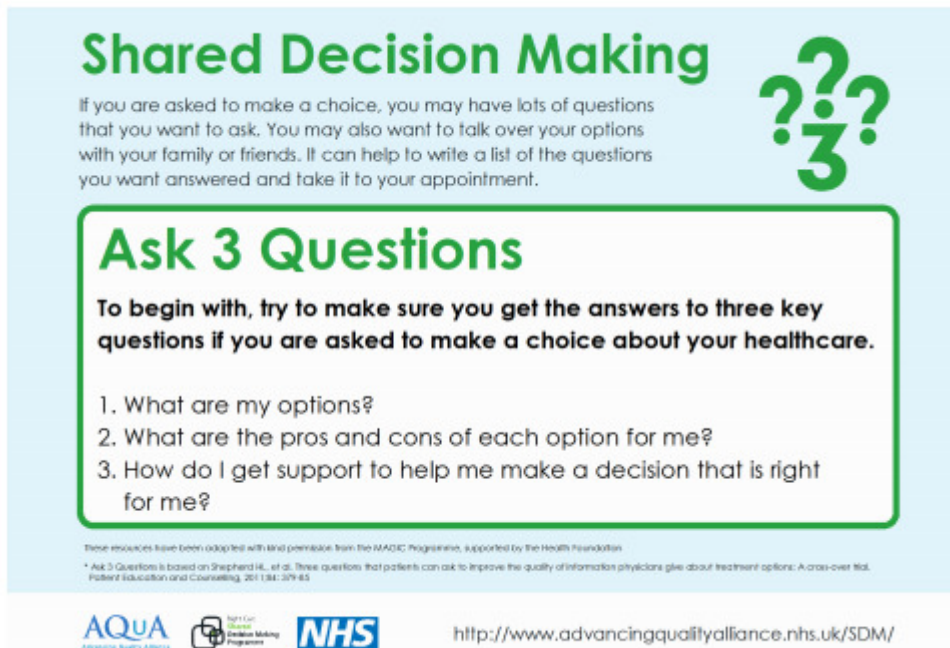
- <http://www.bladderandbowelfoundation.org/>
- <http://www.nice.org.uk/nicemedia/pdf/word/CG40publicinfo.doc>
- <http://guidance.nice.org.uk/IPG64/PublicInfo/pdf/English>

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## Making a decision - things I need to know before I have my operation.



**Shared Decision Making**

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.

**Ask 3 Questions**

To begin with, try to make sure you get the answers to three key questions if you are asked to make a choice about your healthcare.

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?

These resources have been adapted with kind permission from the MAGIC Programme, supported by the Health Foundation  
\* Ask 3 Questions is based on Shepherd H., et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial. Patient Education and Counselling, 2011, 94: 379-85

AQUA Advancing Quality Alliance | Right Care, Right Time, Right Place | NHS | <http://www.advancingqualityalliance.nhs.uk/SDM/>

**Please list below any questions you may have, having read this leaflet.**

1).....

2).....

3).....

**Please describe what your expectations are from surgery.**

1).....

2).....

3).....