Obesity and its effects on the pelvic floor

Obesity and the risk of gynaecological surgery

Patient information

BSUG Patient Information Sheet Disclaimer

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We will endeavour to update the information sheets at least every two years

Risk of obesity on the pelvic floor:-

You have been offered this information leaflet as you are considering undergoing surgery but are at risk of complications during and after surgery because of your weight. This leaflet will also give you general information about the effects of obesity on your pelvic floor. The information provided is not meant to distress or embarrass you but to help you make the best decision.

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^2). This measurement is called body mass index or BMI. Obesity is defined as BMI of more than 30. Your doctor will calculate your BMI for you.

Obesity has wide ranging effects on the whole body and can affect the pelvic floor in three different ways. Both your bladder and bowels can become difficult to control and you may experience embarrassing leaking. Also continual pressure of too much weight can weaken the pelvic floor and cause the bladder, the bowel and the vagina to "prolapse" or bulge through the muscle. This is known as pelvic organ prolapse.

Lack of control over the bladder is known as "urinary incontinence" and this has two types. 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. Duloxetine, a pill, has been used in the treatment of stress incontinence but is less effective if you are overweight. Surgery 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.

The other type of urinary incontinence is called "overactive bladder" and this is when you need to go to the toilet more often and during the night and also find it hard to "hold on" and 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 this patient population.

Pelvic organ prolapse was mentioned earlier and this is something that is very common in overweight women and just gets worse with time. If you lose weight you cannot heal the prolapse but it may stop it getting worse. Weight loss is therefore recommended to be the first line treatment for obese patients with prolapse symptoms.

Surgery in the obese patients:-

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 of more concern. The main risks that are much more common in obese patients are listed below.

- Infection
- Thromboembolism (blood clots in the leg or lung which can be fatal)
- Surgical difficulty
- Failure to complete surgery
- Bleeding and blood transfusion
- Organ damage
- Difficulty putting in a cannula (drip)
- Difficulty with administering anaesthetic during surgery and airway /breathing problems afterwards
- Difficulty with lifting and moving a patient while under anaesthetic
- Cardiac (heart) problems in the absence of symptoms

Alternatives to surgery:

Many gynaecological conditions may improve without surgery. Examples of alternatives to surgery include weight loss, exercise and changes to diet, medical therapies and physiotherapy. Your doctor will discuss this with you in more detail depending on your specific diagnosis. These should be thoroughly considered before proceeding to surgery.

Preoperative preparation:

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 doctor will need to assess your general well-being by examining you and organising some further tests such as an ECG and chest x-ray. Your doctor may also organise for you to see the anaesthetist prior to your day of surgery.

Ways of reducing your risk:

Thromboembolism:

Deep vein thrombosis (blood clots in the leg) and pulmonary embolism (blood clots in the lung) occur more commonly in obese patients. To reduce this risk, hormone replacement therapy (HRT) and some types of birthcontrol pills should be stopped 4 weeks before surgery. These can usually be restarted 4 weeks following surgery when the risk of blood clots has reduced. You will also be required to wear special surgical stockings and will be prescribed blood thinning injections during your hospital stay and for approximately 1 week after your discharge home.

Infection:

You may be offered antibiotics at the time of surgery to reduce your risk of infection.

Anaesthetic:

Your anaesthetist will discuss your options for anaesthetic during surgery. Sometimes you can have an epidural or spinal anaesthetic to reduce risks during the operation and to help with pain relief afterwards.

Care after your operation:

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.

Your care will be directed towards a quick recovery as this will generally reduce your risk of complications. You will be encouraged to get out of bed and walk as soon as you are able as this will reduce the risk of developing blood clots and chest infections. 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.

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. Doctors are required to only act in the best interest of their patients and in some instances this may involve refusing to perform surgery. If this is of concern to you, you will have a right to a second medical opinion from another consultant.

References

You may find the address 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@bladderandbowelfondation.org

http://www.bladderandbowelfoundation.org/

http://www.nice.org.uk/nicemedia/pdf/word/CG40publicinfo.doc

http://guidance.nice.org.uk/IPG64/PublicInfo/pdf/English

Things I need to know before I have my operation.

Please list below any questions you may have, having read this booklet, that will help you decide whether you want an operation.

1)……

2)……

3)……

4)……

5)……

Describe what your expectations are from surgery. This is very important.

1)……

2)……

3)……

4)……

5)……