

Patient and Carer Information

Having a Vaginal Repair Operation for prolapse - What you should know

You have been diagnosed with vaginal prolapse. This usually is a result of loss of support to your uterus (womb), the bladder, and the lower bowel (rectum).

Your doctor has recommended a vaginal repair operation. This leaflet gives you some important information about this operation. Please read it carefully and ask about anything that is not clear.

Why do I need to have the operation?

The aim of a vaginal repair operation is to provide long term cure for prolapse. Different operations are performed, depending on the type of prolapse that you have.

You should have a clear understanding of which and why the operation is being done. You should not hesitate to discuss this with the doctor who plans/books the operation for you.

What is a vaginal repair?

This is an operation where the walls of your vagina are tightened up, usually by making a cut in the wall of your vagina and using stitches to hold the bladder, top of the vagina and lower bowel in place. The operation is done through your vagina and so you do not need a cut in your abdomen (tummy).

There are **two types** of vaginal repair for vaginal prolapse:

- **Anterior repair:** is a repair of the anterior (front) vaginal wall, and therefore supports the urethra and bladder.
- **Posterior repair:** is a repair of the posterior (back) vaginal wall, and therefore supports the lower bowel (rectum). This can be combined with a repair of the skin and tissues between the vagina and back passage/anus (**perineorrhaphy**).

You may be having a prolapse repair operation in conjunction with a hysterectomy – if your uterus (womb) has prolapsed into your vagina. (See separate leaflet – *Vaginal Hysterectomy*)

Are there any risks involved in having a vaginal repair?

The risks which are common to any operation also exist for vaginal repairs. These are as follows:

1. **Infection:** There is a small risk of infection either at the site of the operation or a water (urinary) infection. Antibiotics are given during the procedure to reduce this risk.

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2. Pain and discomfort around the area of operation: You might experience lower abdominal pain or vaginal discomfort. This usually settles in 24-48 hours especially once the pack is removed. You can take painkillers to help you cope with this.
3. Haemorrhage (excessive bleeding) requiring blood transfusion.
4. Thrombosis: There is a small risk of thrombosis (blood clot in the legs and lungs). Special stockings and injections are given following the operation to reduce this risk.
5. Injury to surrounding structures:
 - damage to bladder/ureters (tubes carrying urine down from the kidneys to the bladder), two women in every 1000 (uncommon).
 - damage to bowel, five women in every 1000 (uncommon).

The risks which are specific to vaginal repairs are as follows:

1. The biggest risk following a prolapse operation is that it might not cure all your symptoms even if the prolapse is effectively repaired and also that over time a prolapse can return. This may not be a prolapse of the same part of the vagina; for instance if you have an anterior repair it may be that the back wall of the vagina will become weak at a later time. 7 out of 10 ladies having a prolapse operation are cured permanently but in 3 out of 10 a prolapse recurs.
2. Immediately after the operation you may have difficulty passing urine, this usually settles over a few days but may require a catheter in the bladder.
3. New or continuing bladder dysfunction (variable): If you have bladder problems before the operation, it can't be guaranteed that these will be cured. You might need further treatment for the management of these symptoms.
4. Your vagina may become narrower after the operation. This can make sexual intercourse difficult, especially if the operation is performed on the front and back vaginal walls at the same time. Scar tissue may also cause discomfort with intercourse which is usually temporary but may persist. Your doctor will enquire before the procedure about your wishes for sexual activity and discuss this further.

Any extra procedures which may become necessary during the procedure

- a) Blood transfusion: two women in every 100 undergoing vaginal hysterectomy will require blood transfusion whilst the surgery is being performed.
- b) Other procedures:
 - repair of bladder and bowel damage.

laparotomy (open surgery through the tummy) to treat any complications

What anaesthetic will be used ?

To do the operation an anaesthetic will be needed. This could be in the form of

- general anaesthesia when you are asleep during the operation.

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- a spinal/ epidural anaesthetic when you are numb waist downwards but are actually awake during the operation.

The anaesthetist looking after you at the time of surgery will plan and discuss which of the above is best for you. You will meet the anaesthetist before your operation and will have a chance to ask any questions you might have about your anaesthetic.

Blood clot prevention

Without preventative measures, there is a risk of blood clot in the leg (deep vein thrombosis or DVT) in all surgical patients of around 15% - 25%. Please discuss the risks of this particular operation with your surgeon. You will be given additional information about the measures we take to reduce this risk.

Consent

Your Consultant will explain the operation to you and discuss all the risks. If you are worried about any of the risks listed here, please speak to your consultant. Once you are happy that you wish to have the operation you will be asked to sign a consent form, which will document the operation planned, and any risks.

The operation

You will be admitted to the hospital on the morning of the operation. You will be seen by your consultant team before the operation.

A pack (a piece of gauze like a large tampon) is sometimes placed inside the vagina to prevent excessive bleeding. This is removed the following day after the surgery. You might also have a catheter (a tube into the bladder to drain urine into a bag) which is usually removed 24- 48 hours after your operation.

You will be given regular pain relief medication to help relieve any discomfort. There will be some vaginal discharge after the pack (gauze) is taken out the following day; you should use sanitary towels rather than tampons. This discharge can last up to six weeks and can vary in colour and amount.

All the stitches used for the operation are dissolvable and you might notice them with the discharge. This should not worry you.

How long will it take for me to recover?

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As a guide most women will be in hospital between 1-3 days. It takes about 4 to 6 weeks to feel completely back to normal. It is very important to **avoid lifting heavy things** for at least 6 weeks to allow the repair to heal well.

You may experience some vaginal bleeding for approximately 1 week. You should not worry if this is mild (less than a period). If you experience heavy bleeding or itchy and offensive discharge please consult your doctor. This may be due to blood clot at the top of the vagina or an infection. You might need treatment for this.

Eat a well balanced diet with plenty of fibre and drink plenty of fluids (2-3 litres) a day. This will help stop you becoming constipated. If you experience difficulty with opening your bowels a laxative can help. You should discuss this with your hospital doctor/GP. This may persist for a week or two.

You are encouraged to mobilise as soon as possible following surgery; usually the following day to reduce the risk of blood clots occurring in the legs. Allow yourself to rest each day, you will find the time you need to rest will slowly become less. You may need extra help at home after your operation for the first 2 weeks. Light housework is fine from the time you get home and you should build up to things gradually. Spend some time each day exercising. The best way is to go for a walk, just a short distance at first but slowly increasing to as much as you feel happy with. It is quite safe to go up and down stairs.

Keep fit or aerobics exercise may resume 6 weeks following surgery. Swimming may commence after the vaginal discharge has settled. You should not drive until you can easily turn in your seat without discomfort and can safely perform an emergency stop, this is usually about 2 -4 weeks after surgery. You can return to work 4-6 weeks after the operation depending on your job.

You can start having sexual relations at 6 weeks after surgery (when comfortable, and have no bleeding or discharge).

Why and how to exercise the pelvic floor muscles?

Pelvic floor muscles form an important support for your vaginal walls, bladder and bowels. They are important for controlling bowel and bladder function. It is important that you practice your pelvic floor muscle exercises regularly following your operation to maintain good support to the vaginal area post surgery. Doing these exercises also aids the healing process by increasing the circulation of blood to the area. You can start these exercises once you have passed urine and you are aiming for them to become a lifetime habit! You will be seen by a physiotherapist on the ward and given a pelvic floor muscle exercise leaflet and here is a brief summary of the exercise to start you off.

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PELVIC FLOOR EXERCISES:

Either lie on your back with your knees bent up, or sit on a firm chair with your knees slightly apart in good posture.

TIGHTEN the ring of muscle around your back passage (anus) as though preventing a bowel movement or wind escaping, and then **TIGHTEN** the muscles around your front passages, **LIFT** them up inside, **HOLD**, and then...**RELAX** slowly. Remembering to keep your buttocks and thigh muscles relaxed. Breathe normally throughout.

Exercise programme:

Three times a day aim to exercise you pelvic floor as follows:

- Slow holds: Gradually build up the time you can hold in your pelvic floor muscle, up to a maximum of 10 seconds, aiming to repeat this up to 10 times.
- Fast squeezes: Now quickly tighten your pelvic floor muscles and then relax the muscles completely, aiming to do 10 quick squeezes.
- Once you can do both of these exercises while sitting, progress into a standing position. Your goal is for these exercises to become a lifetime habit to maintain your support to your bladder.

Other information you may find useful

Will I be able to have my operation if I'm on a period?

Yes it makes no difference to the surgery.

Contact your GP if;

- You have severe pain
- You develop a fever
- You bleed heavily
- You develop smelly or offensive discharge

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- You develop leg pain and swelling, difficulty walking, or if your leg becomes warmer than usual
- You develop unexplained shortness of breath, chest pain and coughing blood

Further information;

NHS Direct 0845 4647

NHS Choices <http://www.nhs.uk/Pages/HomePage.aspx>

Harrogate and District NHS Foundation Trust website www.hdft.nhs.uk

Patient Experience helpline 01423 555499 (Monday – Friday 9.30am – 4pm). E-mail: thepatientexperienceteam@hdft.nhs.uk

If you require this information in an alternative language or format (such as Braille, audiotape or large print), please ask the staff who are looking after you.