

Vaginal Repair Surgery

**Obstetrics & Gynaecology
Women & Children's Group**

This leaflet has been designed to give you important information about your prolapse and vaginal repair surgery, and to answer some common queries that you may have.



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Introduction

This information is for you if you are about to have, or you are recovering from, an operation for a prolapse of your pelvic floor (when the sling of muscles that supports your bladder, bowel and vagina has slipped or descended). You might also find it useful to share this information with your family and friends. This information gives general advice based on women's experiences and expert opinion. Every woman has different needs and recovers in different ways. Your own recovery will depend upon:

- how fit and well you are before your operation
- the reason you are having a pelvic-floor repair operation
- the exact type of repair that you have
- how smoothly everything goes and whether there are any complications

Prolapse repairs are sometimes performed at the same time as a hysterectomy (removal of the uterus). A separate information booklet is available for this operation.

What is a prolapse?

A prolapse occurs when the ligaments and tissues supporting the womb, rectum and bladder become weak, causing it to drop down from its normal position. Symptoms may include back pain, dragging pain, difficulty passing urine or faeces and seeing or feeling a lump or bulge in the vagina.

A prolapse is often a result of childbirth. Other causes include stretching of tissues from heavy lifting, chronic cough, obesity and increasing age.

Why do I need a prolapse repair?

Prolapses can cause symptoms such as an uncomfortable lump or bulge in the vagina, bleeding and ulceration of the vaginal skin and bowel / urinary problems. A prolapse repair may ease these symptoms

There are different types of vaginal prolapse which include:

- Cystocele – a prolapse of the bladder wall into the vagina which may cause bladder problems such as incontinence or incomplete emptying
- Rectocele – a prolapse of the rectal wall into the vagina which may cause bowel problems such as incomplete emptying / fecal incontinence
- Enterocele – a prolapse of the top of the vagina causing an uncomfortable lump in the vagina

What are the alternatives to a prolapse repair?

There are some non-surgical options to surgery for a prolapse, especially for less severe prolapses, which you may wish to discuss with your doctor:

- If you are overweight, weight loss can assist in improving the symptoms of a genital prolapse
- Special exercises to strengthen the pelvic floor can improve symptoms such as urinary stress incontinence, sexual function and pelvic discomfort
- Hormone replacement therapy (HRT) can improve the strength of the pelvic floor ligaments and muscles, bringing an improvement in symptoms and increase the effectiveness of the exercises



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- Pessaries are special devices of different shapes and sizes that are fitted into the vagina. These can effectively hold the uterus and / or vaginal walls in the correct position. The pessary must be fitted according to the type and degree of the prolapse

Benefits

Surgical prolapse repair is often the most effective and convenient method of managing a prolapse.

What is a prolapse repair?

The type of pelvic-floor repair operation will depend on your symptoms. There are 3 main types of vaginal prolapse:

- Anterior vaginal repair – if the front wall of your vagina has prolapsed (cystocele)
- Posterior vaginal repair – if the back wall of your vagina has prolapsed (rectocele)
- Vault fixation – if the top of the vagina has prolapsed (enterocele)

How is a prolapse repair carried out?

Prolapse repairs can be carried out under general anaesthetic or regional anaesthetic and may take between 30 – 60 minutes to be completed.

An operation for a prolapse of the pelvic floor is done through your vagina so the scars will mainly be out of sight. Prolapses are repaired by cutting the skin in the vagina and repairing the weakness in the vaginal wall with stitches.

It may be necessary to remove some of the excess skin inside the vagina before being stitched at the end of the procedure.

Risks

Complications associated with prolapse repair surgery are uncommon. Women who are obese, who have significant pathology, who have had previous surgery or who have pre-existing medical conditions must understand that the quoted risks for serious or frequent complications will be increased.

Frequent risks include:

- urinary infection, retention and/or frequency
- vaginal bleeding
- postoperative pain and difficulty and/or pain with intercourse
- wound infection

Serious risks include:

- damage to bladder/urinary tract (two women in every 1000)
- damage to bowel (five women in every 1000)
- excessive bleeding requiring transfusion or return to theatre, (two women in every 100)
- new or continuing bladder problems
- pelvic abscess (three women in every 1000)
- failure to achieve desired cosmetic results
- recurrence of prolapse
- deep venous thrombosis (blood clot in the leg) and pulmonary embolism (blood clot in the lungs)



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Any extra procedures which may become necessary during the procedure:

- blood transfusion: two women in every 100 undergoing vaginal hysterectomy at the same time as prolapse repair will require a blood transfusion
- repair of bladder and bowel damage which may require a laparotomy (an operation through a cut in the abdomen)

When should I seek medical advice after a pelvic-floor repair operation?

While most women recover well after a pelvic-floor repair operation, complications can occur – as with any operation.

You should seek medical advice from your GP, NHS Direct or NHS 24 or the hospital where you had your operation, if you experience:

- **burning and stinging when you pass urine or pass urine frequently:** this may be due to a urine infection. Treatment is with a course of antibiotics
- **heavy or smelly vaginal bleeding or bleeding which starts again:** if you are also feeling unwell and have a temperature (fever), this may be because of an infection or a small collection of blood in the vagina. Treatment is usually with a course of antibiotics. If you had a hysterectomy at the time of your repair, the infection or blood collection can be at the top of your vagina, called a vault haematoma. Again, the treatment is usually with a course of antibiotics. Occasionally you may need to be admitted to hospital for the antibiotics to be administered intravenously (into a vein). Rarely, this collection may need to be drained. If you have had a mesh

repair and you develop bright red (fresh) vaginal bleeding and are in pain, this may be because small parts of the mesh are coming through your vagina. This occurs in 5 to 20 out of every 100 women (5–20%). Treatment is removal of the exposed mesh in hospital. This should not affect the overall success of your repair

- **a painful, red, swollen, hot leg or difficulty bearing weight on your legs:** this may be caused by a deep vein thrombosis (DVT). If you have shortness of breath, chest pain or cough up blood, it could be a sign that a blood clot has travelled to the lungs (pulmonary embolus). If you have these symptoms, you should seek medical help immediately

You can reduce the risk of clots by:

- being as mobile as you can as early as you can after your operation
- doing exercises when you are resting, for example:
 - pump each foot up and down briskly for 30 seconds by moving your ankle
 - move each foot in a circular motion for 30 seconds
 - bend and straighten your legs – one leg at a time, three times for each leg

You may also be given other measures to reduce the risk of a clot developing, particularly if you are overweight or have other health issues. These may include:

- a daily injection of a blood thinning agent; your doctor will advise you on the length of time you should take this for
- graduated compression stockings; the stockings should be worn day and night



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until your movement has improved and your mobility is no longer significantly reduced

- special boots that inflate and deflate

Information on what will happen when you come in to hospital. Your visit to the Pre-Assessment Clinic:

- You may be given an appointment to attend the Pre-Assessment Clinic. At the clinic the nurse will confirm your admission date and time, after checking that you are medically fit for the operation. The nurse will also arrange any tests that are necessary, for example, blood tests, an ECG, or x-rays. The nurse may also arrange for you to see an anaesthetist
- The nurse will begin the documentation for admission and explain the admission and ward procedures to you. You will be able to ask the nurse any questions and, if necessary, she will contact a doctor to speak to you. Please note that if there are any problems as a result of this, your operation may be delayed
- Failure to attend this clinic could result in your operation being cancelled

Your admission day

On the day of your admission please report to:

- Scunthorpe General Hospital – Ward 19 – Tel: 01724290108
- Diana Princess of Wales Hospital – Ward B1 – Tel: 01472 875303
- Goole District Hospital – Ward 6 – Tel: 01724 290040

PLEASE BRING YOUR MEDICINES WITH YOU ON THE DAY OF ADMISSION

On arrival to the ward you will be shown to a bed. You may stay in your own clothes or put on a nightdress, whichever you prefer. If you have come in fasting (not eating or drinking) for theatre you will be asked to put on a theatre gown.

A nurse will carry out some routine checks, such as your temperature, blood pressure and pulse rate and will then arrange for you to see the doctor. The doctor will explain the operation to you, and then ask you to sign the consent form after you have read it carefully.

If you are a smoker, you will have been advised to stop 24 hours before your surgery date. The Trust has a non-smoking policy within its grounds.

You will be provided with some elastic support stockings to wear whilst in hospital, and for a period of time when you go home. These will help to prevent blood clotting in the legs called deep vein thrombosis (DVT).

The doctor will also prescribe a daily injection to 'thin the blood' as a further precaution to prevent blood clotting. These are usually given each day that you are in hospital. The doctor will also prescribe any medication that you normally take.

If you come in the day before theatre, you will be able to eat and drink as normal. The nurse will tell you when you have to start fasting. If you come in on the day of theatre, then you will have been told when to fast from. You need to fast because if you have food and drink in your stomach when you have an anaesthetic, then you may be sick while you are unconscious.

The anaesthetist will see you on the day of your operation.



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On the day of surgery the nurse will check all the information with you and then you walk up to theatre escorted by a nurse. If you are unable to walk far you will go to the theatre on a trolley, escorted by a nurse.

During the operation:

- Vaginal repair surgery is usually performed using a spinal or general anaesthetic. More information on the anaesthetic can be found out by reading the leaflet 'You and your anaesthetic' or by speaking to the anaesthetist
- During the operation a catheter will be passed up the urethra into the bladder to drain off the urine. This may be left in place after the operation has finished and will usually be removed within 24 hours. A vaginal pack made of gauze may be inserted into the vagina prevent bleeding after the operation which feels like a very large tampon. A vaginal drain may also be inserted to drain away any blood that may collect internally. The drain and pack are usually removed after 24 hours

Recovery:

- You will usually wake up in the recovery room near the operating theatre. A specially trained member of staff will look after you. When you wake up you will be breathing through an oxygen mask and this is usually left in place for 2 – 24 hours, depending on the instructions of the anaesthetist
- Once the recovery room staff are satisfied with your condition, you will be taken back to the ward

Information on what happens after prolapse repair surgery

Operation Day

After the operation it is usual to expect the following for approximately 6 - 24 hours:

- An oxygen mask
- A drip in your arm that may also be attached to a pain killing device called a Patient Controlled Analgesia System (PCAS)
- A urinary catheter
- A vaginal pack
- A vaginal drain
- If you have had a spinal anaesthetic your legs may feel heavy and numb for up to 4 hours

Once in bed the nurse will make regular checks on your condition. Your pain level will be checked regularly using a pain scale chart of 1-3. It is well known that only the patient is aware of how much pain they have. The most commonly used types of painkillers are:

- Tablets or medicines
- Suppositories – a drug given in tablet form into your rectum
- Intramuscular injections – a drug in solution form drawn up into a syringe and injected into your thigh or buttock

More rarely you may have the following types of pain killing devices but they are usually only necessary following more complex surgery:

- Patient controlled analgesia (PCA) – the patient is in control of a drug given from



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a syringe or bag through a tube and cannula into the hand or arm

- Epidural – the doctor inserted a fine tube into your back (spine) and through this pain relieving drugs can be given. This is usually connected to a machine (infusion pump)

You may also suffer from feeling or being sick. To help prevent this you will be given injections and you will have an infusion (drip) in place. Once you feel able to you will be allowed to drink some water in the recovery room or back on the ward. The drip will be removed once you are drinking normally and not feeling sick.

It is important to tell your nurse about any pain and / or nausea as soon as possible.

Eating may depend on the instructions of the doctor, but this is usually the same day of your operation. You will be able to choose your own meals.

You will be able to get out of bed later in the day, or the day after surgery, depending on how you feel. Once you are allowed up, it will help to have regular walks around the ward.

Day 1

On the day after your operation you will be allowed to wash yourself. After that you will be encouraged to have a bath or shower daily. You will be encouraged to wear comfortable day clothes instead of night wear during the day.

You may also have pain from your wound and 'wind' pain. Wind pain can be quite uncomfortable. This is quite normal as the bowel begins to start working. The nurse will give pain killers if required to relieve this. Walking around or taking warm baths may also help.

If you have a vaginal pack, drain or a catheter, they will usually be removed within 6 - 24 hours of your operation. The nurses will keep a check on any bleeding afterwards. If necessary, use sanitary towels, changed regularly, not tampons.

There is a risk that you may experience problems with emptying your bladder and you may need to be catheterised (have a tube inserted through the urethra into the bladder so that urine can be drained out). The nurses will monitor how you pass urine once your catheter has been removed.

Day 2

You may take a bath or shower and should be as active as possible by taking short walks.

Going Home

The doctor will visit the ward daily to check on your progress and issue any instructions to the nurses. The usual length of stay for a prolapse repair is between 1-3 days. By the first or second day, most women feel well enough to go home.

When you are ready to go home the doctor will arrange for a discharge letter to be given to you and your GP. Medication which you will need to take home will be prescribed to you and a sick note if required. Please make sure you have some simple pain killers such as Paracetamol and Ibuprofen at home ready for when you are discharged.

Stitches – Your stitches will not need to be removed as they are dissolvable. You may notice a stitch or part of a stitch coming away after a few days or maybe after a few weeks. This is normal and nothing to worry about. It usually occurs with the stitches on the surface of your skin.



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Passing urine – If you have had an anterior vaginal repair, you may notice a change in the flow of your urine and that passing urine is slower and takes longer.

Vaginal bleeding – You can expect to have some vaginal bleeding for 2 to 3 weeks after your operation. This is like a light period and is red or brown in colour. You should use sanitary towels rather than tampons, as using tampons could increase the risk of infection.

Helping your bladder to function – To help your bladder to function, make sure the fluid you drink is mainly water. You should limit your intake of caffeine (found in tea, coffee and some fizzy drinks) as this will irritate your bladder. Make sure you drink small amounts of fluid at regular intervals throughout the day. Drinking less frequently can make your urine concentrated and this can also irritate your bladder.

Washing and showering – You should be able to have a shower or bath the day after your operation. Don't worry about getting your scars wet – just ensure that you pat them dry with clean disposable tissues or let them dry in the air. Keeping scars clean and dry helps healing.

Cervical screening (smears) – If you are still on the cervical screening programme, you should continue to have screening (smears) after your repair. If you have also had a hysterectomy, you should check with your GP or gynaecologist if you need to continue to have screening (smears).

A pelvic-floor muscle exercise – Your pelvic-floor muscles span the base of your pelvis. They work to keep your pelvic organs in the correct position (prevent prolapse), tightly close your bladder and bowel (stop urinary or anal incontinence) and improve

sexual satisfaction. It is important for you to get these muscles working properly after your operation, even if you have stitches. To identify your pelvic-floor muscles, imagine you are trying to stop yourself from passing wind or you could think of yourself squeezing tightly inside your vagina. When you do this you should feel your muscles 'lift and squeeze' gentle tightening in your lower abdominal muscles. This is normal. Women used to be told to practice their pelvic-floor muscle exercises by stopping the flow of urine midstream. This is no longer recommended, as your bladder function could be affected in the longer term. You can begin these exercises gently once your catheter has been removed and you are able to pass urine on your own. You need to practice short squeezes as well as long squeezes:

- Short squeezes are when you tighten your pelvic-floor muscles for one second and then relax
- Long squeezes are when you tighten your pelvic-floor muscles, hold for several seconds and then relax

Start with what is comfortable and then gradually increase – aiming for ten long squeezes, up to 10 seconds each, followed by ten short squeezes. You should do pelvic-floor muscle exercises at least three times a day. At first you may find it easier to do them when you are lying down or sitting. As your muscles improve, aim to do your exercises when you are standing up. It is very important to tighten your pelvic-floor muscles before you do anything that may put them under pressure, such as lifting, coughing or sneezing. Make these exercises part of your daily routine for the rest of your life. Some women use triggers to remind themselves such as, brushing their teeth,



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washing up or commercial breaks on television. Straining to empty your bowels (constipation) may also weaken your pelvic-floor muscles and should be avoided. If you suffer from constipation or find the pelvic-floor muscle exercises difficult, you may benefit from seeing a specialist women's health physiotherapist.

Keep your bowels working – It is important to avoid straining to have your bowels open to avoid a prolapse returning. Your bowels may take time to return to normal after your operation. Your motions should be soft and easy to pass. You may initially need to take laxatives to avoid straining and constipation. If you do have problems opening your bowels, it may help to place a small footstool under your feet when you are sitting on the toilet so your knees are higher than your hips. If possible, lean forwards and rest your arms on top of your legs to avoid straining.

Stop smoking – Stopping smoking will benefit your health in all sorts of ways such as lessening the risk of a wound infection or chest problems after your anaesthetic. If you have a persistent cough it may increase the chance of the prolapse returning. If you are unable to stop smoking before your operation, you may need to bring nicotine replacements for use during your hospital stay. You will not be able to smoke in hospital. If you would like information about a smoking cessation clinic in your area speak with the nurse in your GP surgery.

Getting back to normal

Around the house – While it is important to take enough rest, you should start some of your normal daily activities when you get home and build up slowly. You will find you are able to do more as the days and weeks pass. It is helpful to break jobs up into

smaller parts, such as ironing a couple of items of clothing at a time and taking rests regularly. You can also try sitting down while preparing food or sorting laundry. For the first month you should restrict lifting to light loads such as a 1 litre bottle of water, kettles or small saucepans. You should not lift heavy objects, such as full shopping bags or children, or do any strenuous housework like vacuuming, until 4 to 6 weeks after your operation, as this may affect how you heal internally. Try getting down to your children rather than lifting them up to you. If you feel pain you should try doing a little less for another few days.

Driving – You should not drive for 24 hours after a general anaesthetic. It usually takes between 2 – 4 weeks before you will be ready to drive again. Each insurance company will have its own conditions for when you are insured to start driving again. Check your policy. Before you drive you should be:

- free from the sedative effects of any painkillers
- able to sit in the car comfortably and work the controls
- able to wear the seatbelt comfortably
- able to make an emergency stop
- able to comfortably look over your shoulder to manoeuvre

Having sex – You should usually allow 4 to 6 weeks after your operation to allow your scars to heal. It is then safe to have sex – as long as you feel comfortable. If you experience any discomfort or dryness, you may wish to try a vaginal lubricant. You can buy this from your local pharmacy.

Returning to work – Some women are fit to work after 2 to 3 weeks and will not be



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harmled by this if there are no complications from surgery. Others may be advised to take up to 6 weeks off work. It is best to ask your Gynaecologist for advice on this. A sick note can be issued from the ward before you go home.

Reference Section

RCOG 2009 Vaginal surgery for prolapse. Consent Advice Number 5.
<http://www.rcog.org.uk/files/rcog-corp/CA5-15072010.pdf>. Accessed 19.1.12.

RCOG 2010 Information for you after a pelvic floor repair.
<http://www.rcog.org.uk/files/rcog-corp/PelvicFloorRecoveringWell0710.pdf>. Accessed 19.1.12.

Contact details for Further Information

If you need further information please contact your consultant's secretary via the hospital switchboard.

Concerns and Queries

If you have any concerns / queries about any of the services offered by the Trust, in the first instance, please speak to the person providing your care.

For Diana, Princess of Wales Hospital

Alternatively you can contact the Patient Advice and Liaison Service (PALS) on (01472) 875403 or at the PALS office which is situated near the main entrance.

For Scunthorpe General Hospital

Alternatively you can contact the Patient Advice and Liaison Service (PALS) on (01724) 290132 or at the PALS office which is situated on C Floor.

Alternatively you can email:

nlq-tr.PALS@nhs.net

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