

What is a vaginal repair operation?

A Vaginal Repair operation involves the tightening of the front wall of the vagina (anterior repair) or the back wall of the vagina (posterior repair) or both. The results of a vaginal repair operation may be improved by removing the uterus vaginally as well. The doctor will have discussed this possibility with you in clinic, but the decision to remove the uterus may need to be left until you are under an anaesthetic.

Benefits of surgery

The operation is intended to cure your prolapse and make you more comfortable by getting rid of the sensation of prolapse and the dragging discomfort that you are experiencing.

Alternatives to vaginal repair surgery

Sometimes the doctors will try to control your prolapse with a pessary. This will need to be changed every six months and may be associated with an increased amount of vaginal discharge. Occasionally pessaries are not suitable because they rub the vaginal tissues and make you bleed, or they do not control the prolapse.

Risks or complications

We try to make sure that your operation is safe. This may include prescribing medication to reduce the risk of complications. Most operations are successful with few complications. However, every procedure has risks and potential complications.

Those most relevant to this operation are listed below:

Complications of anaesthesia: your anaesthetist will be able to discuss with you the risks of having an anaesthetic.

General complications of any operation

- **Pain** – This happens with any operation. The anaesthetist will discuss pain relief with you prior to your operation. The pain team will visit you after your operation to reduce your pain and work alongside the nursing staff.
- **Bleeding** – during or after the operation. Very occasionally this requires a blood transfusion or another operation.
- **Infection in the surgical wound** – This is treated with antibiotics.
- **Blood Clots** – in the legs (thrombosis), which can occasionally move through the bloodstream to the lungs (embolus), causing breathing difficulties. An embolus can occasionally cause death. Nurses will encourage you to get out of bed soon after the operation and will give you injections to reduce the risk of blood clots.

Specific complications of this operation

Minor problems may occur after the operation such as a mild fever or temporary difficulties in emptying the bladder, but these are usually easily corrected. There is also a risk of bleeding or infection to the wound or urinary tract. Major complications are rare but may include risk of damage to other organs such as the bowel, bladder or uterus. Surgical problems need to be identified as soon as possible and appropriate treatment given.

In Hospital

You will be given an appointment to attend the pre-clerking clinic. This is held in the gynaecology outpatients at Cygnet Wing the week prior to your admission. Please remember to bring a list of your medication with you to your pre-clerking appointment. Your appointment should last for approximately 20 – 30 minutes.

Please remember to let us know what medications you are taking at your pre-clerking appointment.

The nurse will take your blood pressure and assess your weight and height and a brief personal history will be taken. If necessary, a chest x-ray and ECG (Electro-Cardiogram) may be arranged. Blood and urine samples will also be required. The nurses will advise regarding all the preparations necessary before going to theatre. You will have nothing to eat and drink for at least six hours before the operation.

If you anticipate any problems at home on discharge, or need advice about available services (e.g. home help), then speak to the nurse at pre-clerking.

After the operation

When you first wake up, you will have a drip in your arm (which provides fluids or blood necessary for recovery). You may have a catheter to drain urine from the bladder. This will either be supra-pubic (in your abdomen) or urethral. This is only temporary and will be removed when you are able to pass urine normally. This does vary from individual to individual as it takes time for the bladder muscles to regain tone and control. You may feel that you want to pass urine but there will be no need whilst the catheter is in place. It is there to give newly repaired tissue time to heal.

There may be a pack of gauze in your vagina which may cause temporary discomfort. The nursing staff will check that you are comfortable and you will be given painkillers as necessary, in addition to something to prevent nausea and sickness. Blood pressure and pulse will also be checked regularly.

During your stay in hospital you will be given a small injection called Tinzeparin this helps to thin your blood and help prevent a blood clot forming.

On the day after your operation, a doctor will see how you are and tell you when you may start to drink. You will also be seen by a physiotherapist who will encourage breathing and leg exercises. Pelvic floor exercises should be started when you and your doctor feel that you are ready. The physiotherapist will teach you how to do them correctly. Pelvic floor exercises should be continued during and after the convalescent period to encourage and maintain good muscle and bladder control. Following the operation, you may have a slight discharge or bleeding from the vagina. This is normal, although if it becomes heavy (either in hospital or at home) you should inform your doctor.

Bowel and stomach gas can cause wind pains which are quite common, but usually settle once you become mobile. If the problem continues, you may need suppositories to help you move your bowels. Depending on the type of surgery you have had and how quickly bladder muscle is regained, you will be in hospital between 2 – 4 days. You may be given medication to prevent straining when opening your bowels. Most stitches should be internal and dissolve naturally before your SIX week out patient appointment, where you will be examined to ensure you are fully recovered. Hopefully, the discharge advice guidelines which follow will enhance your recovery period.

Advice on Discharge

One – two weeks following discharge:

- Have plenty of rest. One hour on your bed morning and afternoon is recommended. Avoid prolonged standing.
- Practise the pelvic floor and tummy exercises taught by the physiotherapist.
- Short walks – initially 10 – 15 minutes each day.
- It is quite safe to have baths, wash your hair and go up and down stairs.
- You should not lift or carry anything heavier than a half full kettle of water until your out patient appointment. No heavy lifting for at least three months after surgery!

Two – Four weeks following discharge:

- Increase your walking time / distance. Reduce activity if abdominal discomfort increases significantly.
- Reduce your rest hour to daily if not tired.
- Increase light household duties e.g. dusting but no hovering.

Four weeks following discharge:

- Near normal duties but no hovering.
- Do not drive until you feel fully recovered and in a state of health that complies with conditions of your motor insurance.

Helpful Hints

1. No heavy lifting e.g. moving furniture, hovering or vigorous sport such as aerobics for three months.
2. Vaginal discharge may come and go for up to 6 weeks. Seek medical help immediately if you pass any quantity of fresh blood, clots or if the discharge becomes smelly or itchy.
3. Take normal pain relieving tablets. **DO NOT** exceed the stated dose or frequency.
4. You should not attempt intercourse if any vaginal discharge persists. Intercourse may be attempted after your six week check depending on your comfort. If you experience any difficulties you may ring the Gynae Clinic where a member of staff will be able to advise you. A lubricating gel maybe needed initially.
5. You may experience a ‘drawing’ type of pain whilst emptying the bladder. This should subside within approximately six weeks. You may experience cystitis. If these symptoms persist, please consult your GP.
6. Avoid constipation by eating fruit and bran and by drinking plenty of fluids.
7. Continue your pelvic floor and abdominal exercises daily. This will strengthen the bladder area and firm the abdominal muscles for the rest of your life.
8. An appointment will be sent to you to attend the gynaecological outpatient clinic at Cygnet Wing between three and six weeks after your operation. By this time you should be leading a normal active life, but it is important to remember each woman is different in her speed of recovery.

If you have any queries or concerns please telephone **Orchard Gynaecology Ward on 01234 792219 or Gynae Clinic 01234 792007.**

There may be times when your operation needs to be cancelled. We will try to keep you informed of this. However, please telephone the ward before you come to hospital to check there is a bed available.