

# Surgical repair of Anterior/Posterior Vaginal Wall Prolapse (Pelvic Floor Repair)

An information guide



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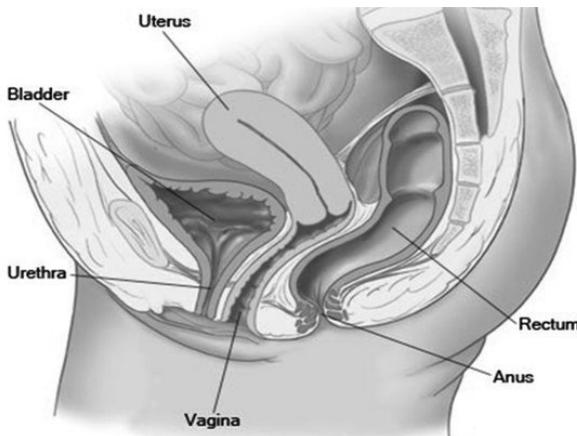
## Introduction

This leaflet is for women who are thinking about surgery to treat vaginal prolapse. If there is anything you do not understand or if you have any questions, please speak to your doctor or nurse.

## What is a vaginal prolapse?

The bladder, bowel, and womb (uterus) are pelvic organs that are held in place by muscles and ligaments. If these supportive tissues are weakened, these organs bulge into the vagina causing vaginal prolapse.

There are different types of prolapse depending on where these weaknesses occur, and which organs are affected.



*Side view of normal female pelvic organs*

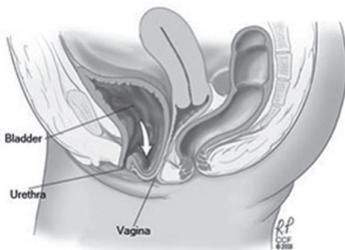
## What problems can prolapse cause?

Prolapse is **not dangerous** and may **not cause any symptoms** at all. Some women can experience symptoms such as:

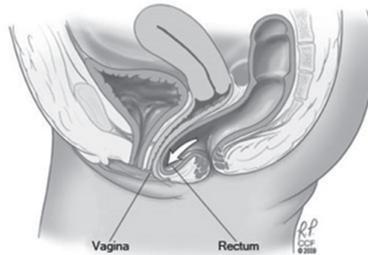
- A dragging sensation / discomfort within the vagina.
- A visible bulge coming from the vagina.
- Difficulty emptying the bladder or bowel.
- Leakage of urine
- Difficulty/pain during sex

## What types of prolapse are there?

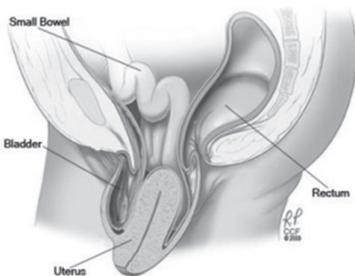
**Cystocele:** prolapse of bladder causing the front wall of the vagina to bulge.



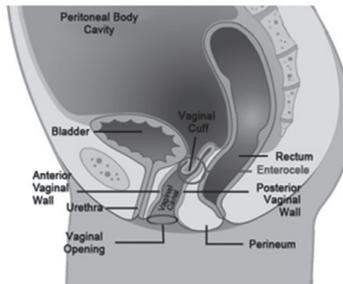
**Rectocele:** prolapse of the rectum causing the back wall of the vagina to bulge.



**Uterine prolapse:** prolapse of the uterus from the top of the vagina.



**Vaginal vault (cuff) prolapse:** prolapse of the top of the vagina in a woman who has had her uterus removed (hysterectomy).



## How do we treat prolapse?

There are many treatments for prolapse depending on how severe it is and how it affects your day-to-day life.

- **No treatment** – If the sensation of bulge is not troublesome, it is not necessary to have treatment. Symptoms may remain the same or get worse, or sometimes even improve over time especially with mild prolapse. You can reconsider your options at any time.
- **Lifestyle changes** – such as weight loss (if you are overweight) and avoiding constipation.
- **Supervised physiotherapy** - Pelvic floor exercises especially under the guidance of trained physiotherapist, can help to improve prolapse symptoms. Exercising pelvic muscles in the long-term is recommended to maintain their strength and prevent recurrence of prolapse after surgery.
- **Estrogen Cream** - The use of vaginal hormone cream (estrogen) may be recommended in addition to conservative treatment options as it may help some of your symptoms.
- **Vaginal pessaries** – these are plastic devices that stay within the vagina to hold the prolapse in place, thus relieving symptoms. They are ideal for patients unsuitable for or do not wish to have surgery. For more information on pessaries, please ask for the information leaflet called 'Vaginal pessary for pelvic organ prolapse'.
- **Surgical treatments.**

## **Surgical treatment of prolapse**

- Your doctor will discuss with you the different types of operation that may be appropriate for you.
- While surgery can be performed through the vagina or abdomen (open or keyhole) this leaflet discusses only vaginal surgery.
- **Pregnancy and Surgery:** There is an anticipated increased risk of failure of the surgical procedure following pregnancy and childbirth. If you plan to have children in the future, it is normally recommended that you delay surgery until your family is complete. Please discuss this with your GP and surgeon. If you do undergo surgery, and subsequently become pregnant, you may be advised to have a Caesarean section.

## **What happens during a vaginal wall repair?**

- This operation is performed under general or regional anaesthesia. The type of anaesthesia will be discussed by your anaesthetist/surgeon and depends on the nature of your surgery, your health as well as your wishes.
- The operation takes between 30 and 90 minutes depending on the extent of surgery.
- Cuts are made internally, within the vagina. The weak tissues are repaired using dissolvable stitches.
- No mesh is used .
- An anterior (front) vaginal wall repair corrects a cystocele (bladder prolapse).
- A posterior (back) vaginal wall repair corrects a rectocele (bowel/rectal prolapse).

## Some types of prolapse need additional surgery at the same time as vaginal wall repair:

- The vaginal vault (apex of vagina after hysterectomy) / uterus may be put back into its correct position – sacrospinous fixation (please ask for the the patient information leaflet PI(WC)912 - Operations for prolapse of the vaginal apex).
- The uterus may be removed – vaginal hysterectomy (please ask for the patient information leaflet PI(WC)953 - Vaginal hysterectomy for uterine prolapse).
- When you are relaxed under the anaesthetic, other areas of prolapse can sometimes become obvious and may need intervention. Any additional procedure will of course be discussed and agreed with you beforehand.

## What should I expect after the vaginal wall repair?

- A catheter will empty your bladder – this usually comes out on the next morning.
- A vaginal pack (like a large tampon) to reduce bleeding and bruising. This usually comes out on the next morning.
- Most women stay in hospital for 1 to 2 nights after the operation.
- There will be a small amount of vaginal bleeding which should get gradually lighter and stop over 1 to 2 weeks. To reduce the risk of infection **do not** use tampons.
- There can be a slight discharge for 1 to 2 weeks after the operation. You should contact your GP if the discharge becomes foul-smelling.
- We advise taking regular simple painkillers such as paracetamol and/or ibuprofen for up to 2 weeks after the operation.
- We also advise avoiding constipation after this operation. You may be prescribed mild laxatives to help with this.

- Your surgeon or GP will see you in the days after your operation if you have any concerns.
- Mobilisation is very important, using your leg muscles will reduce the risk of clots in your legs.

### **For 6 weeks after your operation, we recommend avoiding:**

- Exercise, after 6 weeks gradually build up your level of activity.
- Lifting anything heavier than a 2 litre bottle of water.
- Driving, you need to be able to make an emergency stop without discomfort. It is advisable to check with your insurance company.
- Sexual intercourse.
- Constipation/straining.

This will minimise the chances of the operation failing.

### **What are the risks of vaginal wall repairs?**

- Heavy bleeding requiring a blood transfusion is rare, but bruising is common.
- Injury to bladder or bowel (less than 1 in 100 operations).
- Infections of the bladder or vagina can occur after vaginal repair operations. You will be given antibiotics during the operation to minimise this risk.
- Deep Vein Thrombosis (DVT) develops when a clot is formed in the deep veins of the leg. While the overall risk is common (4 to 5%), the majority pass unnoticed and resolve spontaneously. However, there is a small chance that the clot from the leg may migrate to the lungs and can cause serious problem. Therefore, special stockings and/or injections to thin the blood are provided to all patients.
- Anaesthetic risks are rare unless you have specific medical problems. Your anaesthetist will discuss this with you in detail.

- Difficulty in emptying your bladder. Bladder emptying problems may occur, worsen, or improve following surgery. Short-term intermittent self-catheterisation may be required for a period of time. A nurse will teach you how to do self-catheterisation.
- Overactive bladder symptoms may occur, worsen, or improve following surgery, depending on patient's pre-operative status. Physiotherapy and/or drug treatment may be required.
- Additional risks: The risks of any surgical procedure are increased above the average risks if you have any significant medical conditions, if you are over-weight or if you have previously had surgery for a similar problem.
- The most common risk with this operation is the risk of recurrence of vaginal prolapse. Worldwide numbers show that prolapse can return in 3 out of every 10 women after having a vaginal wall repair. This still means that 7 out of 10 repairs are successful. The risk of recurrence is minimised by keeping healthy body mass index, avoiding lifting heavy weights, and constipation.

## **Patient advice and liaison service**

The Patient Advice and Liaison Service (PALS) acts on behalf of service users, families and carers to negotiate prompt solutions and help bring about changes in the way that services are developed.

As well as providing a confidential advice and support service, PALS will help guide you through the different services available from the NHS.

**Telephone:** 0161 604 5897

**Email:** [pals@pat.nhs.uk](mailto:pals@pat.nhs.uk).

Alternatively you can write to: PALS, IM&T Building, North Manchester General Hospital, Delaunays Road, Crumpsall, M8 5RB.

## **Comments and complaints**

We want to learn from comments and complaints about our services. If you have any, please speak with a member of staff. Every effort will be made to resolve any concerns and complaining will not cause any difficulties in your care with us.

You can also contact our Complaints Department via post at:

Complaints Department, IM&T Building, North Manchester General Hospital, Delaunays Road, Crumpsall, Manchester, M8 5RB

**E-mail:** [complaintsoffice.trust@pat.nhs.uk](mailto:complaintsoffice.trust@pat.nhs.uk)

**Telephone:** 0161 604 5800

## **Further information**

### **Surgical repair of vaginal prolapse: anterior / posterior vaginal wall (or pelvic floor) repair.**

Mr W Kuteesa, Urogynaecologist,

Department of Gynaecology,

Royal Berkshire NHS Foundation Trust.

<https://www.royalberkshire.nhs.uk/patient-information-leaflets/Gynaecology%20Vaginal%20prolapse%20repair%20surgery.htm>

### **NHS Website**

<http://www.nhs.uk/conditions/Prolapse-of-the-uterus/Introduction.aspx> · Pages/

### **Royal College of Obstetricians and Gynaecologists**

<http://www.rcog.org.uk/informationfor-you-after-pelvic-floor-repair-operation>

### **NHS Choices: Pelvic Organ Prolapse Leaflet**

[www.nhs.uk/conditions/prolapse-of-the-uterus/pages/introduction.aspx](http://www.nhs.uk/conditions/prolapse-of-the-uterus/pages/introduction.aspx)

## **Contact us**

If, after you have gone home, you have any questions or concerns.

Please call the Gynaecology Assessment Unit (GAU) at The Royal Oldham Hospital where the staff will be happy to help you.

### **Gynaecology Assessment Unit**

Telephone Number: **0161 627 8855** or **0161 778 5536**

These numbers are available 24 hours a day.

## Questions to my Surgeon

Having read the leaflet, please write down any questions you may wish to ask your surgeon.

*Example questions:*

- Do I need prolapse surgery?
- Which of my symptoms is the surgery aimed at improving?
- Will a vaginal mesh/graft implant be used in my surgery?
- Is my own individual risk different from those mentioned in the leaflet?
- Are your success and complications rates comparable to national figures?
- What sexual problems may be encountered after the surgery?
- What happens if surgery does not work?
- What would happen if I had a complication?
- Is there anything I can do myself to help make my surgery more successful?

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## My expectations from surgery

What do you expect the operation to do for you?

What activity do you expect to be able to do again after surgery?

*Example expectations for discussion with your surgeon:*

- Treat the bulge.
- Feel more comfortable.
- Be able to exercise or do sport regularly.
- Be more socially confident.
- Enjoy sexual life in general.
- Reduce my bladder problems
- Reduce my bowel problems

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## Information Checklist

This is **not** a consent form. This information checklist ensures your understanding of all the important information regarding this procedure. Your surgeon will then obtain your consent to undergo the procedure by signing a separate document.

Please read the following points and write your initials in the boxes next to each statement.

**I confirm that I have read and understood all the information in the booklet to the best of my ability including:**

- The details of the procedure proposed .....
- All available alternatives of this procedure and their advantages and disadvantages.
- All information on possible risks including my own.
- All my questions were answered.

## Signatures

Signed (Patient): .....

PRINT.....

Date: .....

Signed (Health professional) .....

PRINT): .....

Designation: .....

Date: .....



**If English is not your first language and you need help, please contact the Interpretation and Translation Service**

Jeśli angielski nie jest twoim pierwszym językiem i potrzebujesz pomocy, skontaktuj się z działem tłumaczeń ustnych i pisemnych

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Dacă engleza nu este prima ta limbă și ai nevoie de ajutor, te rugăm să contactezi Serviciul de interpretare și traducere

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☎ : 0161 627 8770

@ : interpretation@pat.nhs.uk

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For advice on stopping smoking contact the Specialist Stop Smoking Service on 01706 517 522

**For general enquiries please contact the Patient Advice and Liaison Service (PALS) on 0161 604 5897**

**For enquiries regarding clinic appointments, clinical care and treatment please contact 0161 624 0420 and the Switchboard Operator will put you through to the correct department / service**

The Northern Care Alliance NHS Group (NCA) is one of the largest NHS organisations in the country, employing 17,000 staff and providing a range of hospital and community healthcare services to around 1 million people across Salford, Oldham, Bury, Rochdale and surrounding areas. Our Care Organisations are responsible for providing our services, delivering safe, high quality and reliable care to the local communities they serve.

The NCA brings together Salford Royal NHS Foundation Trust and the hospitals and community services of The Royal Oldham Hospital, Fairfield General Hospital in Bury, and Rochdale Infirmary (currently part of The Pennine Acute Hospitals NHS Trust).

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