

Anterior and Posterior Vaginal repair:

Information for patients:

Anterior and Posterior Vaginal Repair correct prolapse of the vaginal wall. They may be performed separately or together and may be combined with a vaginal hysterectomy depending upon the degree of prolapse.

What is an Anterior or Posterior Repair?

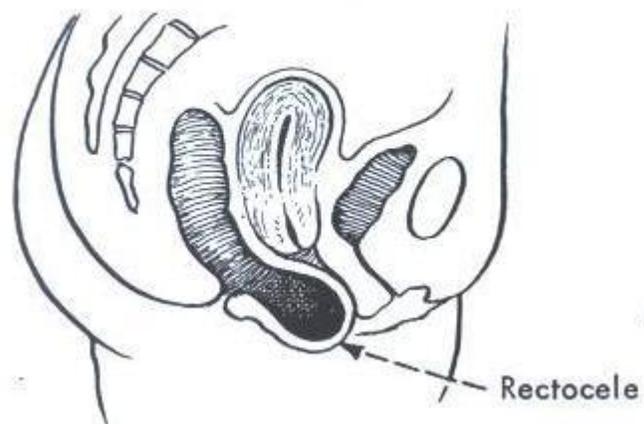
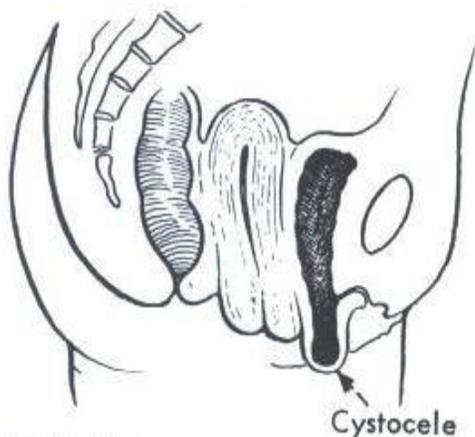
Anterior Repair

The procedure involves making an incision (cut) in the midline of the front wall of the vagina. The bladder is pushed back to its normal position and held in place by a number of stitches. The excess vaginal skin is trimmed and stronger and healthier tissue is sewn together.

Posterior Repair

This involves making a midline cut in the back of the vagina, the rectum is pushed back to its normal place and the muscles over the rectum are brought together with stitches for support. Excessive vaginal skin is trimmed and stronger and healthier tissue is sewn back together.

In certain circumstances, when prolapse has recurred after previous surgery, your doctor may use a mesh (tissue graft or synthetic graft), which is placed over the bladder or rectum before the vagina is sewn back together. This provides extra strength and may improve the success rate.



What type of Anaesthesia will be used?

You will be put to sleep for the operation. Occasionally if you have some medical problems, the doctor may decide to give you a spinal anaesthetic.

What happens in Hospital?

You will be admitted to hospital the day before or occasionally on the day of your operation. If the operation is in the morning, please have nothing to eat or drink from midnight. If the operation is in the afternoon, you may have a light breakfast at 6.00am but nothing after that. You are advised to leave your valuables at home, as the hospital cannot accept responsibility for the safety of your personal belongings.

You may be given a special pair of white stockings. You may also be given an injection of Heparin under the skin with the pre-medication, which will continue daily until you are fully mobile. Both the stockings and injections are to reduce the risk of thrombosis. Two hours before surgery you will be given an antibiotic in the form of a tablet, suppository, or via an injection in the drip which will help to prevent infection.

How long will I stay in the Hospital?

Most women stay in hospital for between two and five days.

What happens after the operation?

When you wake up from the operation you may have some pain and discomfort, especially if a posterior repair has been performed. To keep you pain-free and comfortable regular injections or suppositories will be given to you by the nursing staff. You may be offered patient controlled analgesia (PCA), which allows you to control your own pain relief. If you feel sick do tell the nursing staff, and they will give you an injection to treat this. A drip will be placed in your arm following surgery to give you fluids until you are able to drink normally. You will also have a catheter (tube) in your bladder following surgery. A pack (bandage) may be placed in the vagina to prevent excessive bleeding. This pack is removed the next morning by the nursing staff.

A physiotherapist may also see you to teach you breathing and leg exercises. You will be able to walk about and attend to your personal hygiene on the first or second day.

Catheter care

Following surgery, your catheter will be removed and the nursing staff will observe your urinary output to ensure your bladder is emptying properly. Occasionally the bladder takes time to regain normal function and there is a chance the catheter may need to be reinserted. This minor problem should be resolved within a couple of days. By the time you go home, you should be

passing urine without any difficulty. Very occasionally the problem might persist. A suprapubic catheter (a tube through the abdominal wall to drain the bladder) would then need to be inserted. This can be removed once you are able to pass urine normally. Alternatively you may have to learn to catheterise yourself for a short while. This happens very rarely.

Bowel care

It is our routine to give fibrogel and lactulose (a laxative preparation) to all our patients who have had a vaginal repair to prevent constipation. If you have not been able to open your bowels by the third day, suppositories will be administered to help empty the bowels.

Vaginal bleeding

You may have some vaginal bleeding, but this should stop before you are discharged. You must only wear external sanitary towels. Do not insert tampons into the vagina until the operation site is fully healed. If vaginal bleeding becomes heavy or offensive smelling please inform the nursing staff.

Success:

The success is usually around 70-90%. This may be lower if you have had previous prolapse repairs.

What are the risks of the operation?

- This is a simple procedure and complications are extremely rare but as with any other operation there is risk of bleeding and this may require blood transfusion
- Very occasionally other organs can be damaged during surgery including bladder, ureter or bowel.
- You may have difficulty emptying your bladder following surgery. A small number of women may also develop new stress or urge incontinence
- The main problem that can occur is recurrence of prolapse.
- If a mesh has been used, on rare occasions it may erode through the vaginal skin causing excessive discharge or bleeding. This part of the mesh would then need to be removed

What can I do when I go home?

You can gradually resume your normal household routine. Do not overtire yourself. It is important that you avoid heavy lifting. You should be able to return to your normal activities within six weeks.

What happens at the clinic visit?

Your check up is usually between six to eight weeks after the operation. If you experience any untoward problems with regards to the prolapse prior to your follow-up visit, please do call sooner to schedule an appointment.

When can I resume sexual intercourse?

This should be avoided until six weeks following the operation

When can I go back to work?

This depends on your job. Most women return to work after four to six weeks. If however, your job is strenuous and involves heavy lifting, it may take longer.

When can I drive?

Usually you should be able to start driving after about four weeks.