Patient Information

Royal Devon and Exeter
NHS Foundation Trust

Vaginal Prolapse and Repair

This information leaflet aims to help you understand you proposed operation the Enhanced Recovery programme which will assist in your recovery and how you can play an active part in your Recovery after surgery.

What is Enhanced Recovery?

The underlying principle is to enable patients to recover from surgery and leave hospital sooner by minimising the stress responses on the body during surgery.

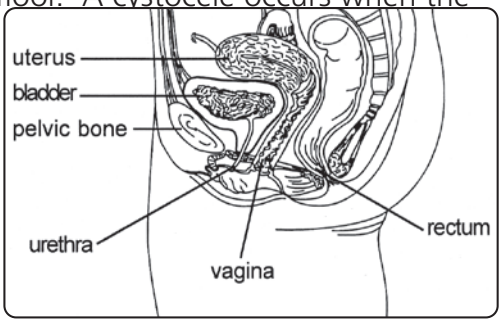
To do this it is essential that:

- There is an exchange of information regarding realistic expectations about the risks and benefits of surgery. This will be discussed with you to help you make a decision whether to proceed with surgery or not.
- You are in the best possible condition for surgery. Identifying and correcting any existing health concerns is important and is best done early by your GP prior to referral or at the latest at preoperative assessment.
- You have the best possible management during and after surgery to reduce pain, gut dysfunction and immobilisation by using appropriate anaesthetic techniques, fluid and nutrition management, pain relief and minimally invasive techniques where appropriate.
- You experience the best post-operative rehabilitation. This enables early recovery and discharge from hospital by way of planned nutrition and early mobilisation after surgery.

As part of this programme, you will be given a diary which we will ask you to follow and fill in. Please bring this with you to your follow up to ensure we can assess your recovery. This is also your way of feeding back information about your recovery to us as we are always looking for ways to improve the care we give our patients.

We expect you to make a rapid recovery after your operation and to experience no serious problems or side effects. Vaginal repair is the most commonly used operation to correct a prolapse.

Prolapse is caused by weakness in the muscles in the pelvic floor. A cystocele occurs when the bladder and/or urethra prolapses, or drops, into the front wall of the vagina. A rectocele occurs when the rectum prolapses, or drops, into the back wall of the vagina.



A uterine Prolapse is when the womb bulges into the vagina. Most women describe a feeling of 'something coming down'. A lump may be noticed at the opening of the vagina. If the bladder is involved, urinary infections are possible. Some women may have incontinence of urine or coughing or straining. Some women have difficulty in starting to pass urine or open their bowels if the Prolapse is severe.

How can it be treated?

You may decide that as it is not causing you a problem and you do not want to have any treatment. That is fine.

You may want to try physiotherapy and pelvic floor exercises. These will help the majority of mild to moderate degrees of Prolapse.

You can be fitted with a pessary in the clinic (usually a ring) which can hold the prolapse back up. This then needs to be changed every few months. Often your GP or practice nurse will do this for you. This is particularly useful for women who have many risks to surgery.

You may be suitable for surgery. This operation is often called a tuck, as that describes what is done. A tuck or pleat is made in the vaginal wall. If the bladder is pushed back up that is an anterior repair. If it is the bowel, it is a posterior repair. If the uterus is removed that is a vaginal hysterectomy. You can have any combination of these three operations and if all three are done it is sometimes called a pelvic floor repair.

If an operation is done to support the vault (top of the vagina), this may be a colposacropexy or sacrospinous fixation, depending on how the procedure is done.

An operation for prolapse is performed to make you more comfortable. It does not automatically cure other symptoms e.g. incontinence or backache. Unless the uterus is removed you will still have period until the menopause and can get pregnant after the operation but it is often better to postpone the operation until your family is complete as your prolapse may recur after the pregnancy. Most women who have a repair feel relieved and restored to good health. However, a vaginal repair is a major operation with a small risk of complications. You should be aware of these before agreeing to surgery.

Admission to hospital

You will attend a pre-assessment clinic about 7-10 days before admission. An information leaflet will be sent with your appointment.

You will be admitted the on the day of your operation. After reporting to the ward, a nurse will take your blood pressure, pulse and temperature and complete some admission paperwork.

Before the operation you will be seen by the anaesthetist, who will ask you questions regarding any past illnesses or anaesthetics and discuss pain relief for you after your operation.

Important

- It is advisable to stop smoking prior to your admission as this lessens the risk of a chest infection post-operatively, and avoids strain on the prolapse repair through coughing.
- Women on the oral contraceptive pill should discontinue it one month before the planned operation and use alternative forms of contraception
- Women on hormone replacement therapy do not have to discontinue this before, unless specifically advised to do so.

On the day of surgery

You will usually be asked to come into hospital on the morning of surgery. Please bring with you any medicines you are taking and show them to the doctor and nurse. Please be aware if you are arriving on the day of your surgery you may be admitted to a different pre operative ward. After your operation you will be admitted to a ward area specific to your needs.

The anaesthetist will visit you before the operation; they will discuss the types of anaesthetic available and will discuss any previous problems you have encountered with anaesthesia.

Preparation for your operation

You will be asked not to eat anything six hours prior to your operation. You may drink clear still fluids up to two hours prior to surgery. You may sip water up until just prior to your surgery.

Your body needs plenty of nutrients to recover from an operation. Although you will not be allowed solid food from six hours before your operation, you will be able to drink clear fluids up to two hours prior to surgery. In addition to this, you will also be given carbohydrate rich drinks to have on the morning of surgery. The nurse practitioner in pre-assessment will advise you when to take these drinks and you will have a supply to take home and to bring with you into hospital on the day of surgery.

A nurse will ensure you are safe and ready for your operation. About 15 minutes before the operation you will be taken to the anaesthetic room. A theatre assistant will stay with you until you are asleep. Someone stays with you at all times from when you leave the ward until you return.

After the operation

You will be woken by the anaesthetist after the operation is completely finished, and transferred to the recovery room where you will remain until you are sufficiently awake and recovered to return to the ward. Regular checks continue on the ward to ensure that your pulse and blood pressure are satisfactory, to give you pain killing drugs and generally monitor your recovery.

Your recovery

Pain relief

A vaginal repair is a major operation and adequate pain relief is essential. Nurses on the ward will regularly be assessing you to make sure you remain comfortable. You will be given suitable pain killers in an appropriate form. If you feel nauseous or are sick, you can be given medication either in injection form or tablets to control this.

Eating and drinking

As part of Enhanced recovery it is essential to drink plenty of fluids to reduce the risk of urine infections. Eating solid food is usually possible as soon as you feel able.

Elimination

A catheter may be passed into the bladder to drain off urine. This is a thin tube that drains urine into a collection bag. Alternatively, the catheter can be passed through your abdomen into your bladder (a supra-pubic catheter). Once the catheter is removed, you should then pass urine normally. Very occasionally some ladies experience difficulty in passing urine following removal of a catheter. In this instance a urethral catheter may need to be reinserted and remain for 7 days, you will be discharged home with the catheter in place and asked to return to the ward to have it removed. Nursing staff will ensure they have explained catheter care and advice to you.

Vaginal pack

A vaginal pack made of gauze may be inserted to prevent post-operative bleeding and be removed within 24 hours. This may be uncomfortable, so, prior to removal, the nurses can give you pain killers.

Mobilising

We encourage activity from Day 1.We would normally expect you up to the bathroom for a shower or wash at this time, if this is not possible a nurse will come and assist you, You should plan to undertake regular exercise several times a day and gradually increase during the six weeks following your operation until you are back to a normal level of activity, this can take twelve weeks. Common sense will guide your exercise and rehabilitation.

It is important to begin mobilising fairly soon after the operation. You will be seen by a physiotherapist who will give advice on getting back to normal activities and certain exercises. Daily injections will be given in the arm to reduce the risk of blood clots that may affect your legs or lungs. You will wear the support stockings usually for two weeks after your surgery; they can be removed for washing.

Bowels

It is important not to strain or put pressure on your repair stitches, you may be given medication and/or suppositories to aid this, and may be needed for several weeks afterwards.

Discharge home

You will have your temperature and pulse monitored daily and general recovery assessed. You may be allowed home within one - three days, depending on your recovery. You will be given a letter for your GP with details of your operation, and pain killing tablets to take home. A follow up clinic appointment will be arranged six to eight weeks after your operation to monitor your recovery. This usually occurs in the Outpatient Department.

Returning to normal

It is normal for people to feel tired after any operation. The tiredness is believed to be partly due to a general loss of fitness due to inactivity while in hospital, and partly due to after effects of the anaesthetic drugs. Soreness may be due to internal bruising and sutures. Bleeding and a brownish discharge from the vagina may persist for a few weeks. Whilst it is present, and for the first six to eight weeks, it is best to avoid sexual intercourse. In the absence of any complications, you may feel well enough to return to normal activities at about this time. Maintaining a high fibre diet and desirable weight will also avoid extra strain on your repair stitches. It is necessary to build things up cautiously over a period of about three months. Driving may be resumed once you are sufficiently comfortable and feel able to perform any emergency stop. Lifting heavy items should be avoided for twelve weeks.

What can go wrong?

All operations carry some degree of risk. Various risks involving risks to your life are rare with prolapse repairs, if you are otherwise reasonably healthy and not excessively overweight.

Common minor problems

Common minor problems that can go wrong include internal infection. It is very common for a small bruise to develop at the top of the vagina (haematoma) and if this becomes infected there may be a smelly discharge and some increased bleeding from the vagina. This usually settles with a course of antibiotics.

Bladder infection

As it is usually necessary to pass a catheter and as the operations often involve a pleat in the vagina by the bladder, bladder infections can occur. If there is discomfort or frequent desire to pass urine, it may be that you have a water infection and treatment would again be with a course of antibiotics.

Chest infection

This is more likely to be a complication for cigarette smokers. If this occurs in the first few days following the operation, it may be necessary to see the physiotherapist to ensure that phlegm is coughed up properly from the chest. To try and reduce the change of you getting an infection, we give you an antibiotic with your anaesthetic.

Uncommon major problems

Any general anaesthetic carries risks, but considerable precautions are taken to keep these risks as low as possible.

Haemorrhage

Unexpected bleeding may occur, usually when the operation itself has been unexpectedly difficult. This may require transfusion of blood and extra fluid.

Thrombosis and pulmonary embolism

(Clots of the blood that may affect the legs and/or lungs.) This can be a very dangerous complication. Daily injections to prevent clots, support stockings and early mobilisation reduce the risk.

Death may occur rarely as a result of any operation, usually from one of the aforementioned serious complications, or a combination of these complications, or from co-existing medical problems, stroke or heart attack.

The risks of a general anaesthetic

General anaesthetics have some risks, which may be increased if you have chronic medical conditions, but in general they are as follows:

- **Common temporary side effects** (risk of 1 in 10 to 1 in 100) include bruising or pain in the area of injections, blurred vision and sickness, these can usually be treated and pass off quickly.
- **Infrequent complications** (risk of 1 in 100 to 1 in 10,000) include temporary breathing difficulties, muscle pains, headaches, damage to teeth, lip or tongue, sore throat and temporary problems with speaking.
- **Extremely rare and serious complications** (risk of less than 1 in 10,000). These include severe allergic reactions and death, brain damage, kidney and liver failure, lung damage, permanent nerve or blood vessel damage, eye injury, and damage to the voice box. These are very rare and may depend on whether you have other serious medical conditions.

Long term complications

These may be difficult to evaluate. Some women may develop bladder problems, dyspareunia (painful sexual intercourse) or reoccurrence is a possibility. You will have an opportunity to discuss these points with your consultant prior to the procedure. Generally, most women feel relieved and restored to good health.

If the following problems are experienceed within the first 7 days please phone the ward for further advice, after 7 days please contact your GP .

- you have heavy vaginal bleeding;
- you have severe pain, uncontrolled by painkillers;
- you develop an offensive vaginal discharge;
- you have a fever and feel unwell.

If you have any questions, please contact:

- **Wynard Ward** 01392 406512
- **Pre-assessment nurses** 01392 406530/1

Further information for you after a pelvic floor repair operation, is available at the following web address: **https://www.rcog.org.uk/globalassets/documents/patients/patient-information-leaflets/recovering-well/pelvic-floor-repair-operation.pdf**

Your experiences count to us so please complete your patient satisfaction card ands post it in the box on the ward.