

Vaginal repair

Gynaecology Department Patient Information Leaflet

Introduction

This leaflet gives information about vaginal repair – surgery used to treat a vaginal prolapse. The leaflet explains what a prolapse is and what the operation involves.

What is a prolapse?

The vagina (front passage) is a hollow, muscular tube with the bladder lying in front and the bowel behind it. It is held in place by various support structures. If these support structures become weakened and the muscular walls of the vagina become stretched, a prolapse can occur.

What causes a prolapse?

- Pregnancy and childbirth can stretch the ligaments, nerves and muscles around the vagina, making them weaker and less supportive.
- It is more common in older women, particularly after the menopause. This is because a decrease in hormones after menopause can make the ligaments and muscles less stretchy and supportive.
- Being overweight can weaken the pelvic floor muscles and tissues.

There are other causes, such as persistent coughing, constipation and heavy lifting that can weaken the pelvic floor area.

Often it is a combination of these factors that causes a prolapse.

What problems does it cause?

- You may feel a lump in your vagina or a feeling of something coming down. This may feel worse if you have been standing for a long time.
- You may have blood-stained discharge, or a discharge that looks or smells unusual, from your vagina.
- Sex may be uncomfortable.
- Your bladder may prolapse into your vagina and this can cause:
 - The need to pass urine more frequently
 - Difficulty in passing urine or the feeling that your bladder is not completely empty
 - Urine to leak when you cough, sneeze, laugh or lift heavy things
 - Frequent urinary tract infections such as cystitis
- Your bowel may be affected and this can cause:
 - Difficulty in passing stools
 - The feeling that your bowel is not emptying fully
 - The sudden need to pass stools
 - Low back pain

What are the benefits of vaginal repair?

It is carried out to correct the weakness by removing excess stretched tissue, strengthening the supporting tissue and repairing the vaginal wall.

What are the risks?

As with all surgery, this operation carries some risks and complications. It is important that we tell you about these risks so that you have the information you need to make a decision about the operation.

General anaesthetic

A general anaesthetic can cause serious problems such as an allergic reaction but these are very rare. If you have any worries about this, you can discuss them at your meeting before your operation (health assessment) or with the anaesthetist before your operation.

Blood clot

A deep vein thrombosis (DVT) is a blood clot in a vein that usually causes symptoms of red, painful and swollen legs. The risks of a DVT are greater after any surgery. Although not a problem themselves, a DVT can move through the bloodstream and travel to the lungs. This is known as a pulmonary embolism (PE) and is a very serious condition which affects your breathing.

To limit the risk of a DVT, you will be given an injection once a day, after you have your operation when you are in hospital, to thin your blood. This is given through a small needle under the skin, usually into your 'tummy area'.

If you are able to wear them, you will also be given some elasticated stockings that are specific to your calf and thigh measurements. Nursing staff will advise you on how to use and care for these. Starting to walk and getting moving is one of the best ways to stop blood clots from forming.

Bleeding

As with all operations, there is a small risk of heavy bleeding. This may need to be treated with iron tablets or a blood transfusion. A blood transfusion, in rare cases, can cause transfusion reactions or infection.

Infection

There is always a risk that an infection will develop after an operation. This could be a wound infection or a urinary tract infection. These are not usually serious and can be treated with antibiotics.

Other complications

You may have vaginal discharge and bleeding that should only be temporary. Another possible complication is pain during sex, usually due to narrowing of the vagina.

What are the alternatives?

For mild cases of prolapse, lifestyle changes such as weight loss and pelvic floor exercises are usually recommended.

If the symptoms require treatment, a prolapse may be treated using a device that is inserted into the vagina called a vaginal pessary. This can help to hold the prolapsed organ in place.

Surgery is an option for some women. This usually involves giving support to the prolapsed organ but in some cases complete removal of the womb (hysterectomy) is required. This will depend on:

- the severity of your symptoms
- the severity of the prolapse
- your age and health
- whether you are planning to have children in the future

Your consultant will explain the alternatives to you and the implications of each. It is always your decision as whether you have surgery.

What does the operation involve?

The operation is carried out through the vagina. There are two types of repair:

Anterior repair – repair of the front wall of the vagina.

Posterior repair – repair of the back wall of the vagina.

Vaginal repair is often carried out at the same time as doing a vaginal hysterectomy. You will be able to discuss this in the meeting with your consultant.

What happens before the operation?

You will be asked to come for a health assessment with a nurse, usually about one to two weeks before your operation. This will determine whether there are any reasons why you should not have surgery.

During this health assessment we will:

- Check your suitability for anaesthetic.
- Provide you with information about the surgery and recovery process.
- Give you the opportunity to ask any questions you may have.
- Carry out investigations to ensure that you are fit and well to have the surgery.

A range of investigations will be carried out such as:

- A blood test and a urine test.
- You may have an ECG – a heart trace test. This is nothing to be alarmed about, just a routine test to check your heart.
- We may arrange a chest X-ray.
- Your blood pressure, pulse and weight will be recorded.
- You will be screened for MRSA – a nasal and groin swab will be taken to see if you have any evidence of infection.

Can I eat and drink before the operation?

You **should not eat for at least six hours before your operation** as it is safer for you to have an empty stomach during surgery. You can usually drink water up until a couple of hours before your operation. The nurse will give you information about this during your health assessment.

What happens when I come in for the operation?

Usually, you will be asked to come into hospital the day of your operation.

When you arrive, a nurse will fill in your admission paperwork and talk everything through with you.

You will be seen by the doctor who will perform the surgery and the anaesthetist (the doctor who gives you your anaesthetic and looks after you whilst you are asleep). They will ask you some questions, discuss the anaesthetic with you and talk through any concerns you may have. Unfortunately, we cannot always tell you the exact time of your operation but we can usually tell you whether your operation is due in the morning or the afternoon.

Rarely, even at this late stage, there is still a possibility of your operation being cancelled due to difficulties with earlier operations or having to fit in emergency operations.

Having the anaesthetic

Just before your operation, you will be taken into the anaesthetic room. The anaesthetist and their assistant will put small pads on your chest to monitor your heart while you are asleep. A small cannula (needle) will be gently inserted into a vein in your arm. The anaesthetic drugs are put through this and you will drift off to sleep.

What happens after the operation?

After the operation, you will be taken to the recovery area where you will wake up.

In the recovery area, nursing staff will look after you, checking your blood pressure, pulse and giving you pain relief medication.

When you are comfortable you will be taken to the ward.

Back on the ward

You will have an intravenous infusion (a drip) in your arm which is to make sure your body has enough fluid until you can drink again.

You will have a catheter (a tube) to drain urine from your bladder. This is usually removed after one to two days.

You may have a gauze pack in your vagina. This puts pressure on the stitches inside your vagina to help prevent bleeding. It will usually be removed after 24 hours.

The nursing staff will check your blood pressure, pulse and for any vaginal bleeding on a regular basis. They will also make sure you do not have too much pain. If you experience pain or discomfort, you will be given painkillers.

What happens next?

The first day after your operation, your surgeon will see you and explain how the operation went. The nursing staff will help you to have a wash and sit out of bed.

The physiotherapist will visit to encourage you to do deep breathing and leg exercises. They will talk to you about pelvic floor exercises and activity for when you go home.

You will have dissolvable stitches in your vagina and you may have some bleeding. If this becomes heavy, tell your nurse.

How long will I stay in hospital?

You will normally be in hospital for about one to two days after your operation. You should know when you will be able to go home about 24 hours beforehand. If you think you may have any problems when you go home, please discuss them with your nurse when you get to hospital.

What can I do when I get home?

Avoid any heavy lifting (such as shopping bags), stretching or straining for at least six weeks after your operation.

There is no reason why you should not move around the house, make a drink and generally do what you feel up to doing.

Everybody is different, but you may feel tired when you go home. However, lying in bed during the day is not good for you because it increases your risk of developing blood clots, constipation and a chest infection.

You will need to continue to do the exercises you have been shown in hospital. If you have been given elastic stockings to help prevent blood clots, you are advised to wear them for three weeks after you get home.

If you have heavy bleeding from your vagina, see your GP. During this time you should use sanitary towels rather than tampons.

When can I drive?

You should also make sure that you can sit in your car, fasten the seatbelt, press all the pedals and turn your head without any discomfort. You should be able to do an emergency stop.

Do not drive if you have any discomfort that may distract you.

It is very important that you check with your insurance company as to when you can drive again after surgery.

When can I go back to work?

You will probably need at least four to six weeks off work. If you need a sick note, ask the nursing staff before you leave hospital. Depending on the type of work you do, you may need more time off. Your GP will advise you about this.

When can I have sex again?

As you have stitches inside your vagina, it is sensible to wait for four to six weeks or until the discomfort from the operation has gone. After this, start gently.

Can I find out more?

The following web link will give you more information:

<http://www.nhs.uk/conditions/prolapse-of-the-uterus/pages/treatment.aspx>

Leaflets cannot take the place of talks with health professionals. If there is anything you do not understand or you are concerned about any part of the procedure, or are worried after your operation, contact:

Gynaecology Outpatient Team on 01384 244584 (9am to 5pm, Monday to Friday)

This leaflet can be downloaded or printed from:

<http://dudleygroup.nhs.uk/services-and-wards/obstetrics-and-gynaecology/>

This leaflet can be made available in large print, audio version and in other languages, please call 0800 073 0510.

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Ulotka dostępna jest również w dużym druku, wersji audio lub w innym języku. W tym celu zadzwoń pod numer 0800 073 0510.

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Aceasta broșura poate fi pusă la dispoziție tipărită cu caractere mari, versiune audio sau în alte limbi, pentru acest lucru va rugăm sunați la 0800 073 0510.

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