

# Vaginal Repair

## Patient Information

Obstetrics & Gynaecology Department

Author ID: JD/MC  
Leaflet Number: Gyn 027  
Version: 6  
Name of Leaflet: Vaginal Repairs  
Date Produced: February 2019  
Review Date: February 2021



This leaflet has been written to try and answer questions you might have about vaginal repair for prolapse, however, it is not intended to replace the personal contact between you and the doctors and nurses. **It should be read together with the leaflet about prolapse** in which available treatments are described and compared.

If at any time you have any worries or questions not covered by the leaflet, please feel free to discuss them with a member of staff.

## What is a vaginal repair?

There are two types of vaginal repair for vaginal prolapse:

**Anterior repair:** is a repair of the anterior (front) vaginal wall, usually because of a cystocele.

- A cystocele is a bulge caused by the bladder, due to weakness of the anterior (front) vaginal wall.

**Posterior repair:** is a repair of the posterior (back) vaginal wall, usually because of a rectocele.

- A rectocele is a bulge caused by the rectum, due to weakness of the posterior (back) vaginal wall.

If the uterus (womb) is dropping then it may be necessary to carry out an operation to treat the prolapse of the uterus but this will be explained to you..

## Alternative treatments for prolapse

These are described in their own information sheets and are compared in the information sheet about the treatment of prolapse.

## How are a vaginal repair done?

The surgery is all carried out within the vagina. For a repair the skin of either the front or back wall of the vagina is cut and the tough tissues underneath are found. These will have a gap within them through which the prolapse is bulging. Once this gap is identified it can be repaired by stitching the edges together. The skin is then closed over the repair.

## How successful is the operation?

As with all operations for prolapse it is not guaranteed to be completely successful as the reason for the prolapse occurring in the first place is that the tissues in that area are weak. This may not be a prolapse of the same part of the vagina; for instance if you have a repair of the front wall of the vagina it may be that the back wall of the vagina will become weak at a later time. Overall 7 out of 10 ladies having a prolapse operation are cured permanently but in 3 out of 10 will develop a further prolapse. .

## Benefits of treating prolapse

The main benefit of treating a prolapse is to make things feel more comfortable.

Occasionally it can improve bowel or bladder function but this is not always the case.

Generally if a prolapse is not treated it will not result in any harm except for the feeling of discomfort.

## Risks

- The biggest risk following a prolapse operation is that it will not cure all your symptoms even if the prolapse is effectively repaired and also that over time a prolapse will return. This may not be a prolapse of the same part of the vagina; for instance if you have an anterior repair it may be that the back wall of the vagina will become weak at a later time. 7 out of 10 ladies having a prolapse operation are cured permanently but in 3 out of 10 a prolapse recurs.
- Immediately after the operation you may have difficulty passing urine, this usually settles over a few days but may require a catheter in the bladder.
- There is a very small risk that your bowel or bladder could be damaged but any damage would usually be repaired at the time of the operation.
- There is a small risk of infection either in the pelvis at the site of the operation or a water (urinary) infection but antibiotics are given during the procedure to reduce this.
- There is a small risk of thrombosis (blood clot in the leg) but injections are given following the operation to reduce this.
- Your vagina may become narrower after the operation and this can make sexual intercourse difficult, especially if the operation is performed on the front and back vaginal walls at the same time. Scar tissue may also cause discomfort with intercourse which is usually temporary but may persist. Your doctor will enquire before the procedure about your wishes for sexual activity and discuss this further.
- Occasionally straightening out the urethra (tube from the bladder through which urine passes) aggravates any leakage of urine that occurs with coughing and sneezing, but this is unusual unless there have been symptoms before the prolapse developed. This can usually be treated effectively. In about 1 in 10 women there can be irritation of the bladder causing frequent visits to the toilet or occasionally leakage especially if a very large prolapse has been corrected. This usually gets better gradually.

## What should I expect after my operation?

- Immediately after your operation, you may have a drip in your arm to give you fluid until you are able to eat and drink properly.

- You are unlikely to have a catheter in your bladder to drain urine
- You may have a gauze pack (like a tampon) inside the vagina to help stop any bleeding. This will be removed before you go home. This is usually only used if you have had a repair of the front and the back walls of the vagina at the same time.
- You will be given an injection to thin your blood and help prevent thrombosis (blood clots) until you are fully mobile.
- You will be encouraged to move about after the operation which may be the same day as your surgery. Moving around will reduce the chance of you developing any post-operative complications such as clots in your legs and lungs and should also help prevent you getting a chest infection.

After your operation you will be seen by a doctor who will explain to you how your operation went and if there were any changes to the previously planned operation. You should be informed of your progress at all times. Don't be afraid to ask the nurses or doctors if you have any questions.

If you just have a vaginal repair you will usually go home on the same day but after a hysterectomy you will usually be in hospital one to two days.

For other information about recovery after the operation see the leaflet "Prolapse" and the leaflet "Following major Gynaecological surgery"

### **How long will it take for me to recover?**

It takes about six to eight weeks to get back to normal. It is important for you to be as active as possible, as being bed-ridden can mean there is an increased risk of thrombosis (blood clots) occurring in the veins and lungs. Although you need to be active, you should be sensible and make sure you have periods of rest when you begin to feel tired.

You are advised to gradually start doing a little more each day without tiring yourself. Do whatever you feel able to do without too much effort, however, avoid lifting and straining until you are seen again in the out-patient clinic.

It is recommended that you avoid the following until at least 12 weeks after surgery:

- Sit up exercises.
- Lifting children or heavy objects.
- Gardening.
- Heavy housework.
- Aerobic exercises.

### **Follow-up**

You will be sent an appointment for a follow up consultation in clinic 8-12 weeks after your operation.

## Contact information

If you have any problems after you have gone home or if you have any questions about the information in this leaflet please feel free to speak to one of the nurses on:

Swinley Ward 01942 822568

Or

Ward 3, Leigh Infirmary 01942 264260

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## Comments, Compliments or Complaints

The Patient Relations/Patient Advice and Liaison Service (PALS) Department provides confidential on the spot advice, information and support to patients, relatives, friends and carers.

## Contact Us

Tel: 01942 822376 (Monday to Friday 9am to 4pm)

The Patient Relations/PALS Manager  
Wrightington, Wigan and Leigh NHS Foundation Trust  
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## Ask 3 Questions

Become more involved in decisions about your healthcare. You may be asked to make choices about your treatment. To begin with, try to make sure you get the answers to three key questions:

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?



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## How We Use Your Information

For details on how we collect, use and store the information we hold about you, please take a look at our “how we use your information” leaflet which can be found on the Trust website:

[http://www.wwl.nhs.uk/patient\\_information/leaflets/](http://www.wwl.nhs.uk/patient_information/leaflets/)

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This leaflet is also available in audio, large print, braille and other languages upon request. For more information please ask in department/ward.

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