Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

Vaginal Repair

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Vaginal Repair

Patient Information

Gynaecology Service

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Introduction

This leaflet has been written to try and answer questions you might have about a vaginal repair; 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 REF: Gyn 058 Prolapse** in which available treatments are described and compared**.** Follow the link below or scan the QR code.

https://www.wwl.nhs.uk/leaflets/download/wwl-5ff723901af9c6.37706261

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 cystocoele.

- A cystocoele 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 or an enterocoele.

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

- An enterocoele is a bulge caused by bowel pressing through a weakness high on 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 is 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 using dissolvable stitches. The excess skin is then removed and the edges 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 weaker at a later time. Overall, 7 out of 10 women having a prolapse operation are cured permanently but 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.
- 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.

- Sometimes when a prolapse comes down it makes a kink in the urethra (tube from the bladder through which urine passes). This can make it difficult to pass urine (wee) but it can also stop urine leaking out. When the prolapse is repaired the urethra is straightened out and you become aware of urine leaking with coughing and exercise which was not happening before surgery. This happens in up to 10% (1 in 10) women who have surgery and unfortunately there is no good test to predict who will get this.

- 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 may need 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 someone 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 may be in hospital overnight.

For other information about recovery after the operation, see leaflet

REF: Gyn 024 Following Major Gynaecological Surgery follow the link below or scan the QR code.

https://www.wwl.nhs.uk/leaflets/download/wwl-5ff7215ac7c508.84688751

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 important to avoid constipation following the operation. Make sure you drink plenty of water or juice, eat lots of fruit vegetables, and roughage such as oats or bran. If you are prone to constipation, it is worth taking regular laxatives to avoid straining.

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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