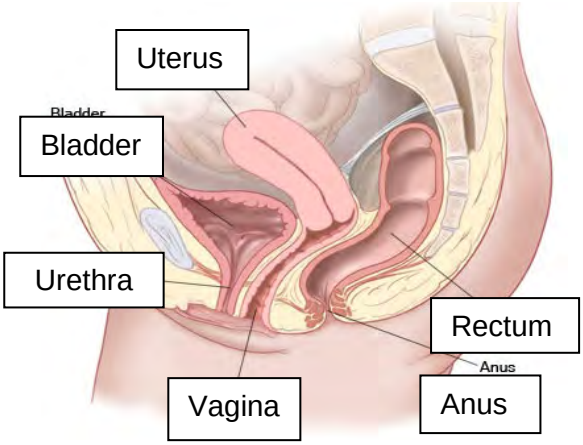
Surgical repair of vaginal prolapse: anterior / posterior vaginal wall (or pelvic floor) repair

This leaflet is for women who are thinking about surgery to treat vaginal prolapse. If there is anything you do not understand or if you have any questions, please speak to your doctor or nurse.

What is a vaginal prolapse?

- The bladder, bowel and womb (uterus) are pelvic organs that are held in place by muscles and ligaments.
- If these supportive tissues are weakened, these organs bulge into the vagina causing vaginal prolapse.
- There are different types of prolapse depending on where these weaknesses occur and which organs are affected.



Side view of normal female pelvic organs

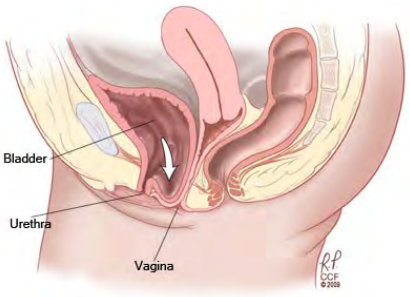
What problems can prolapse cause?

Prolapse is **not dangerous** and may **not cause any symptoms** at all. Some women can experience symptoms such as:

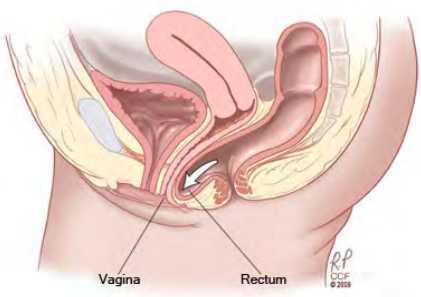
- A dragging sensation / discomfort / pain within the vagina or lower abdomen (tummy).
- A visible bulge coming from the vagina.
- Difficulty emptying the bladder or bowel.
- Difficulty / pain during sex.

What types of prolapse are there?

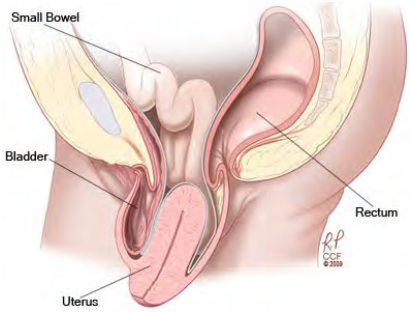
Cystocele: prolapse of bladder, causing the front wall of the vagina to bulge.



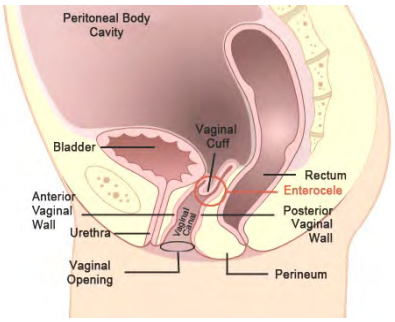
Rectocele: prolapse of the rectum, causing the back wall of the vagina to bulge.



Uterine prolapse: prolapse of the uterus from the top of the vagina.



Vaginal vault (cuff) prolapse: prolapse of the top of the vagina in a woman who has had her uterus removed (hysterectomy).



How do we treat prolapse?

There are many treatments for prolapse depending on how severe it is and how it affects your day-to-day life.

- **No treatment** – most prolapses do not get worse.
- **Lifestyle changes** – such as weight loss (if you are overweight) and avoiding constipation. Pelvic floor exercises can help to improve some symptoms.
- **Vaginal pessaries** – these are plastic devices that stay within the vagina to hold the prolapse in place. They have the advantage of avoiding the risks of surgery. For more information on pessaries, please ask for the leaflet called ‘Vaginal pessaries for prolapse’.
- **Surgical treatments** – see below.

Surgical treatment of prolapse

- Your doctor will discuss with you the different types of operation that may be appropriate for you.
- Operations can be performed through the abdomen (tummy) or vagina (vaginal wall repairs)

What happens during a vaginal wall repair?

- You will be asleep during this operation (general anaesthetic), which takes between 30 and 90 minutes.
- Cuts are made internally, within the vagina. The weak tissues are repaired using dissolvable stitches.
- No mesh is used.
- An anterior (front) vaginal wall repair corrects a cystocele (bladder prolapse).
- A posterior (back) vaginal wall repair corrects a rectocele (bowel/rectal prolapse).

Some types of prolapse need additional surgery at the same time as vaginal wall repair:

- The **uterus may be put back into its correct position** – sacrospinous fixation (please ask for the sacrospinous fixation ‘SSF’ information leaflet).
- The **uterus may be removed** – vaginal hysterectomy (please ask for the vaginal hysterectomy information leaflet).

How should I prepare for my operation?

Please follow the instructions given to you during your pre-operative assessment appointment regarding eating and drinking and medications prior to your operation.

- **Period:** The procedure can be done during your period.
- **Unprotected sexual intercourse:** Please ensure you do not have unprotected sexual intercourse after your last menstrual period.
- **Pregnancy:** If you are, or think you may be pregnant, you should not have the procedure. Please contact the hospital number on the appointment letter before your appointment for further advice.

What should I expect after the vaginal wall repair?

- A **catheter** will empty your bladder – this usually comes out on the next morning.
- A **vaginal pack** (like a large tampon) to reduce bleeding and bruising. This usually comes out on the next morning.
- Most women stay in hospital for **1 to 2 nights** after the operation.
- There will be a small amount of **vaginal bleeding** which should get gradually lighter and stop over 1-2 weeks.
- There can be a **slight discharge** for 1-2 weeks after the operation. You should contact your GP if the discharge becomes foul-smelling.
- We advise taking regular simple painkillers such as paracetamol and/or ibuprofen for up to 2 weeks after the operation.
- We also advise avoiding constipation after this operation. You may be prescribed mild laxatives to help with this.
- Your surgeon or GP will see you in the days after your operation if you have any concerns.

For 6 weeks after your operation, we recommend avoiding:

- Exercise.
- Pelvic Floor exercises
- Lifting anything heavier than a 2 litre bottle of water.
- Driving.
- Sexual intercourse.
- Constipation / straining.

Following this advice will minimise the chances of the operation failing.

What are the risks of vaginal wall repairs?

- The most common risk with this operation is the risk of failure. Worldwide numbers show that **prolapse can return in 3 out of every 10 women** after having a vaginal wall repair. This still means that **7 out of 10 repairs are successful**.
- Heavy **bleeding** requiring a blood transfusion is rare but bruising is common.
- **Infections** of the bladder or vagina can occur after vaginal repair operations. You will be

given antibiotics during the operation to minimise this risk.
- Difficulty in emptying your bladder.
- Injury to bladder, bowel or ureters (kidney tubes) (less than 1 in 100 operations).

How to contact us

If you have any questions or concerns after you have gone home, please call the Emergency Gynaecology Clinic on the number below, where the staff will be happy to help you.
Telephone Number: **0118 322 7181 / 8204** (this number is available 24/7).

Websites containing useful information

- NHS Website http://www.nhs.uk/conditions/Prolapse-of-the-uterus/Pages/Introduction.aspx
- Royal College of Obstetricians and Gynaecologists http://www.rcog.org.uk/information-for-you-after-pelvic-floor-repair-operation

Images courtesy of http://www.womensdoctor.com/prolapse/pelvic-prolapse/ & Tim Peters & Co, 2011.

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

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