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اگر نیاز به ترجمہ دارید، لطفاً با شماره 01932 723553 تماس بگیرید۔

ਜੇ ਤੁਹਾਨੂੰ ਤਰਜਮੇ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਇਸ ਨੰਬਰ 'ਤੇ ਫੋਨ ਕਰੋ: 01932 723553

اگر آپ اس کا اردو زبان میں ترجمہ چاہتے ہیں، تو براہ کرم اس فون نمبر 01932 723553 پر رابطہ کریں

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Jeżeli chcemy, aby te informacje w innym języku, proszę zadzwonić 01932 723553

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Vaginal Prolapse Repair

Department of Urogynaecology

Driving - you should avoid driving for at least 2 weeks to allow the wounds to heal. Once you are able to perform an emergency stop without discomfort after this time you should be able to resume driving. However, advise your insurance company and follow their advice and policy rules to ensure you are covered.

Return to work - 4 to 6 weeks. This will depend on what your work entails and whether it involves heavy manual work.

Follow up

You should be seen in clinic approximately 3 months after the operation by either one of our specialist nurses or doctors

If you have any acute illness, please contact your GP.

If you need to ask for advice then please ring the ward you were admitted to or the Urogynaecology department on 01932 722124 Monday to Friday.

Further Information

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty.

If they cannot resolve your concern, please contact our Patient Experience Team on 01932 723553 or email asp-tr.patient.advice@nhs.net. If you remain concerned, the team can also advise upon how to make a formal complaint.

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of the normal healing process. If it becomes excessive or offensive it may indicate an infection

Bowels - Avoid constipation and straining when opening your bowels as this puts unnecessary pressure on the repair

Stitches - All stitches are dissolvable. If you see any stitch material it is better to leave it alone. If it is bothersome it can be trimmed by your GP or nurse. Do NOT pull them

Medication - Please finish the course of any antibiotics you may have been prescribed. If you have been previously prescribed medication (e.g. oxybutynin, Fesoterodine, Solifenacin) for an underlying overactive bladder you should continue to take these unless otherwise instructed. Any topical oestrogen cream or pessary (vagifem) should be continued as prescribed

Sexual intercourse - avoid penetrative intercourse for 4 - 6 weeks. It may feel superficially tender to start but this should settle down with time

Lifting - You should avoid heavy lifting as a long term lifestyle change if you have had prolapse surgery.

Exercise - avoid vigorous sports and swimming for 6- 8 weeks. As a long term rule avoid sit ups or heavy weight training. You can gradually introduce gentle exercise into your daily routine after 4 weeks. Pelvic floor exercise should resume once you feel comfortable

Vaginal Prolapse Repair

What is a vaginal prolapse?

A prolapse of the vagina occurs due to a weakness in the supporting tissues to the vagina. This weakness can cause symptoms of a bulge that appears from the vagina. It is usually worse on straining, walking and lifting. Commonly symptoms are worse in the evening.

What are my options?

No treatment

Whilst vaginal prolapse can be uncomfortable and unpleasant, it is not life-threatening and having no treatment is a perfectly reasonable option, especially if you are not particularly aware of it and it is not causing any problems

Vaginal oestrogens

These will not cure the prolapse, but if the tissues lack oestrogen it can help to reduce the symptoms.

Physiotherapy

If the prolapse is mild, physiotherapy (Pelvic floor exercises) can help to reduce the symptoms. It will not cure the prolapse, but can

help to reduce the symptoms. In many cases, surgery can be avoided

Vaginal Support Pessaries

There are a wide variety of pessaries which hold the prolapse in place. The pessary will need to be changed every 3-6 months but they can avoid the need for surgery altogether or be used temporarily should you wish to defer surgery

Surgery

Surgical procedures will be offered if clinically indicated. The type of surgery will depend on the type of prolapse and whether you have had previous prolapse surgery

What is a vaginal prolapse repair?

A vaginal repair is used in the treatment of vaginal wall prolapse. This can be either the front wall (anterior) and/or the back wall (posterior). Anterior wall prolapse can cause bladder symptoms, including frequency, urgency, incontinence and difficulty with bladder emptying. Urodynamic (bladder function) tests may be performed prior to surgery to ascertain the impact on bladder function, even if you have no symptoms.

- *Difficulty in passing urine.* If difficulty emptying your bladder persists a further catheter may be inserted to rest the bladder for a longer period of time. Occasionally, a few women are taught self catheterisation. If you have any bladder emptying difficulty before the operation you may need to be taught this before going on the waiting list
- *Dyspareunia.* Pain on sexual intercourse.
- *Thrombosis.* The risk of blood clots in the leg or lung is increased by immobility and if you are overweight or smoke. This risk will decrease by quick mobilisation and weight loss/smoking cessation prior to your operation. You may be required to wear TED stockings
- *Stress incontinence (with anterior repair).* In some women this risk can be predicted by performing urodynamic studies prior to surgery
- *Recurrence of prolapse.* For some this can be as high as 30%. Although the aim of any surgery is to repair the prolapse we cannot cure the inherent weakness that resulted in the prolapse in the first place. Avoidance of heavy lifting and constipation may reduce this risk

Recovery at home

Personal hygiene - It is better to shower than bathe for long periods of time for the first couple of weeks. It is advisable not to use tampons for around six weeks. Mild vaginal discharge is part

heavy instead, you may have an infection and should go to see your GP straight away.

- You may also have some vaginal discharge for a few weeks. Providing it is not excessive, it is a normal part of the healing process.

What if I don't pass urine?

- This is not uncommon but is usually temporary.
- If you cannot pass urine, you will have a catheter inserted to rest your bladder. You will be allowed home with the catheter, shown how to use it and change the bags.
- You will be seen back on the ward a week later to remove the catheter and try again to pass urine.

What are the risks?

No surgery is without its risks and whilst prolapse surgery is safe, there are some risks associated with this particular kind of surgery.

- *Pain.* Pain killers will be offered on a regular basis, but please ask if they are not controlling any discomfort.
- *Bleeding.* This can occur from the wound site or be seen in the urine.
- *Infection.* Either wound, urine or chest. Antibiotics will be given if necessary

Posterior wall prolapse may cause bowel symptoms, including constipation and difficulty in passing stool. For some women ano-rectal studies may be performed before surgery

Before the operation

Medications

You will be asked to stop any blood thinning medications such as aspirin, ibuprofen, diclofenac or clopidogrel 2 weeks before the operation.

If you are on warfarin or heparin, we will liaise with both you and the haematology department about a regime to come off these medications.

Please bring all your medications with you when you attend the hospital and only stop those medications you have been advised to.

Consent

You will be asked to sign a consent form which confirms you have agreed to the procedure. If you do not understand anything or would like someone with you, please let the consenting doctor know before you sign.

Eating and drinking

You will be advised when you need to stop eating and drinking prior to the procedure depending on the type of anaesthetic.

The anaesthetic and operation

The anaesthetic

The operation can be done under either a local anaesthetic (awake), spinal anaesthetic (awake but numb from waist down) or general anaesthetic (asleep). A general anaesthetic is not generally used if you are having a mid-urethral tape procedure for urinary leakage done at the same time.

The operation

- The operation takes about 30-40 minutes for each vaginal wall
- Your legs will be raised into stirrups. Please let us know if you have any hip or back problems
- Local anaesthetic and weak adrenaline (to reduce any bleeding) is injected into the vaginal wall
- An incision (cut) is made on the wall of the vagina along the prolapse.
- The skin is gently folded back. The fibrous tissue underneath (called the fascia) is pulled and stitched together to tuck the bulge of the prolapse inwards.
- The excess skin is removed and the remaining vaginal skin

is closed with a row of dissolvable stitches.

After the operation

- Once you are ready you will be taken to recovery and on to the ward if staying overnight. This would be usual if you have had a spinal anaesthetic
- You may experience some discomfort/pain for the first 24-48 hours. Painkillers will be provided but please ask if any pain is not relieved by the painkillers you are given
- After a local anaesthetic you should be able to pass urine normally as soon as you feel the urge.
- After a spinal anaesthetic or possibly general anaesthetic you will have a catheter in place and possibly a vaginal swab to reduce any bleeding overnight. This is removed the following morning
- Once you are awake you will be able to drink and eat normally. You should gradually increase your fluid intake to 1.5 to 2 litres a day
- You will be able to go home once you are comfortable and passing urine normally
- You may receive some take-home medication including painkillers and/or antibiotics

Vaginal bleeding

- You should expect some bleeding for a couple of weeks. The initial bleeding should gradually tail off and become like a light period after a few days. If it becomes painful and/or