Introduction

Your doctor has offered you an operation to treat your prolapse. It is important that you know about the surgery involved.

What is the pelvic floor?

The pelvic floor is a group of muscles and ligaments that hold up the organs in your pelvis. These are the bladder, vagina, uterus (womb) and bowel.

What is a prolapse?

You may feel a 'lump' or something coming down into your vagina. This is because your pelvic floor is weak, causing the organs in your pelvis to drop down from their normal position. This causes the vaginal walls overlying these organs to bulge.

- A **Cystocele** occurs when the bladder prolapses into the front wall of the vagina. This may make it difficult for you to pass urine
- A **Rectocele** occurs when the rectum (back passage) prolapses into the back wall of the vagina. A rectocele may make it difficult for you to move the bowels, giving the sensation of constipation
- You may have a **Uterine prolapse** when the womb comes down due to weakening of connective tissues and ligaments
- If you have had a hysterectomy, a **vault prolapse** may occur when the top of the vagina bulges down
- An **Enterocele** occurs when the small bowel pushes downward on the top of the vagina.

It is common to have a combination of any of these.

Why is my pelvic floor weak?

There are many causes. The most important ones include stretching/damage during childbirth and lack of hormones after the menopause. Straining during constipation, heavy lifting, chronic cough and being overweight can all make things worse.

The operation

What are the benefits?

The operation is intended to reduce the bulge in your vagina and improve the symptoms that this bulge may be causing you. It may change the way your bladder and bowel are working, but it **does not** necessarily mean that it will make your bladder or bowel work better.

What are the alternatives?

Pelvic Floor exercises may improve your symptoms with minimal side-effects compared to surgery. A physiotherapist will create a treatment plan for you, based on specific pelvic floor exercises to strengthen the muscles of your pelvic floor.

Vaginal pessaries are devices which are inserted into the vagina to hold up the prolapse. They can be very successful in relieving your symptoms, and they have minimal risks and side-effects.

The commonest type are the circular 'ring pessaries' but there are various types and sizes. Pessaries are individually fitted. This may mean trying different types and sizes to find the best one for you. You can remove and replace some pessaries yourself. Otherwise, pessaries are changed regularly (about every six months) by your doctor.

How is the operation done?

The aim is to lift the prolapsed organs back into their normal position in the pelvis and keep them there. The operation is done through the vagina using dissolvable stitches. Pelvic floor repairs do **not** involve the use of any mesh. After the operation, you may have a catheter draining your bladder. You may also have a gauze pack in your vagina.

Repair of a vaginal prolapse

- **Anterior repair: repair of cystocele (front wall)**
  and / or
- **Posterior repair: repair of rectocele (back wall)**

A cut is made in the middle of the bulge on the wall of your vagina. The bladder/bowel is carefully separated from the vagina. The tissues underneath are stitched together to provide support. The vaginal skin is closed with dissolvable stitches.

Repair of a uterine or vault prolapse

- **Vaginal hysterectomy**

If your womb is prolapsing into the vagina, you may need a hysterectomy. This is done by making a cut around the neck of the womb to separate the vagina from the womb and expose the supporting ligaments. These ligaments are then cut and tied off to remove the womb. The top of the vagina is closed with dissolvable stitches.

- **Sacrospinous fixation**

If the top of the vagina bulges down, it needs to be fixed to something so that it stays up. A ligament in your pelvis which connects the backbone and the side of the pelvis is used as a fixing point. It is called the “sacrospinous ligament.”
Usually two stitches are put into this ligament and tied into the top of the vagina to support the vagina. Sometimes these stitches may also be used to support a prolapsing womb, especially if the womb is small. Your doctor will advise you which procedure is most suitable for you.

Anaesthetic

You will usually have a general anaesthetic. This means you will be asleep during the operation. These operations may also be done under regional anaesthetic (Spinal/Epidural). This means anaesthetic drugs will be placed into your back, so you will be awake but will not feel pain.

What are the complications with these operations?

No surgical procedure is ever without any risks. You need to be aware of the following potential problems:

General complications:

Anaesthetic risks: These are rare but can occur with any anaesthetic.

Pain: There will be some discomfort or pain, but this usually settles during the healing process. Rarely, pain can become a long-term problem.

Infection: You will be given antibiotics during the operation to reduce this risk.

Bleeding: You will get some vaginal bleeding, which should settle over a few days. Occasionally, there may be heavy bleeding, which may require a blood transfusion. Rarely, you may need to return to the operating theatre to control the bleeding. This may require a cut on your abdomen if the bleeding point is difficult to reach from the vagina.

Blood clots: Surgery, especially pelvic surgery, increases the risk of blood clots in the legs or lungs. To reduce this risk, we will give you compression stockings to wear and daily injections of a blood thinning medication.

Specific complications with pelvic floor surgery

Discomfort with sexual intercourse: Due to scarring or narrowing of the vagina, sexual intercourse may cause some discomfort or pain. This usually settles as the tissues heal, but may occasionally become a long-term problem.

Buttock pain: If you have a sacrospinous fixation, you may experience some pain in your buttock, typically on the right side. This usually settles within a few days but may also last longer.

Vaginal discharge: You may have some vaginal discharge as the tissues heal. This is to be expected, but if the discharge becomes smelly, you may have an infection and will need antibiotics to treat this.

Stitches in the vagina: Some stitches take up to six months to completely dissolve. Over that time, you may feel some of the stitches in your vagina or see some of them come away.

Urine infection: This is the commonest infection after this type of operation. You may need antibiotics to treat this.

Difficulty passing urine: Sometimes the operation affects the way the bladder is working and you may have difficulty emptying your bladder. This may only take a few days to settle and you will just need to have the catheter in for a bit longer. Sometimes it may take a few weeks to get back to normal. If that happens, you will be shown how to use a little tube to empty your bladder yourself. Rarely, this can become a long-term problem.

Damage to organs within your pelvis: Any vaginal surgery has a risk of injuring your bladder, urethra (tube coming out of your bladder), bowel, rarely the ureters (tubes that take the urine from the kidneys into the bladder) and the blood vessels in your pelvis. This risk is small but surgical repair may be needed.

Bladder or bowel problems: A prolapse repair aims to make the bladder and bowels work better, but the effect is difficult to predict. Sometimes after the operation, you may experience symptoms you didn't have before and require further treatment.

How long will I be in hospital?

You are likely to be in hospital between one and three nights. If you have a vaginal pack and a catheter, these will be removed on the first or second day after the operation. Once you are well and your bladder is emptying properly, you can go home.

What is the recovery period?

All stitches used in the operation will dissolve. How well your tissues are supported after that depends on how well they have healed. For this reason, we advise you to avoid any strenuous activity for up to six weeks. This includes household activities, e.g. vacuuming. You should also not drive during this time to avoid the impact of having to suddenly put your foot on the brake. You should avoid any heavy lifting for up to three months and refrain from sexual intercourse during this period. You should also try not to strain when you empty your bowels, as this will increase the risk of the prolapse coming back down.

Can the prolapse come back?

There is a risk of up to 30% that you may be troubled by a prolapse in the future. This may be the same or a different type of prolapse. The risk of the prolapse coming back is increased if you have already had an operation for a prolapse in the past.

Pelvic Floor Exercises will reduce the risk of the prolapse coming back, and also help to avoid problems with your bladder. Avoiding constipation and keeping a healthy weight also reduce the risk of a prolapse coming back.

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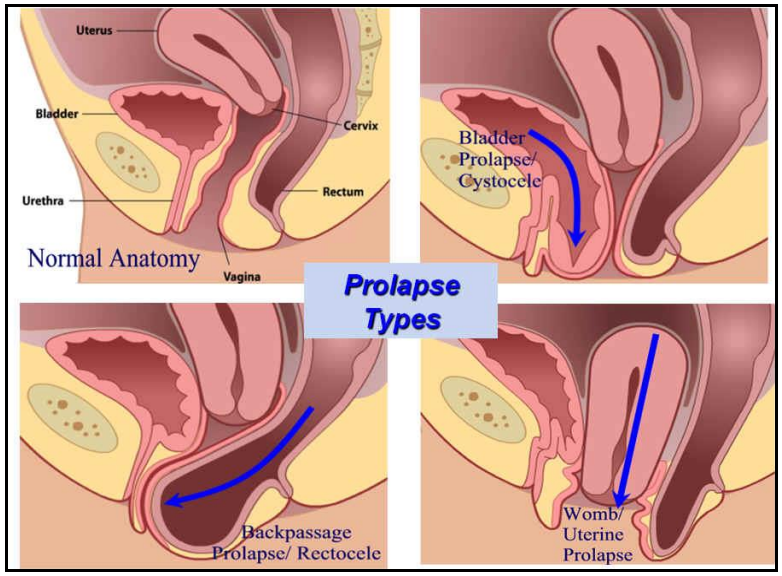
Vaginal
Pelvic Floor Repair



Patient information leaflet