

Information for Patients

Vaginal Prolapse Repair

- Vaginal Pessary
- Cystocele (anterior repair)
- Rectocele (posterior repair)
- Sacrospinous ligament fixation
- Abdominal sacrocolpopexy

What is a prolapse?

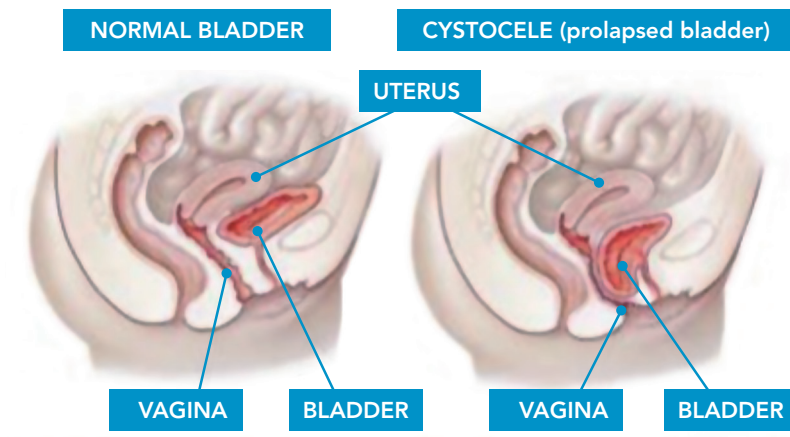
A prolapse means that your uterus, bladder or rectum is bulging or leaning into the vagina, because the muscular walls of the vagina have become weakened. This can sometimes be felt as a lump in the vagina. If the prolapse is large it may also cause difficulty when emptying the bladder or bowel. It is possible for women to have more than one type of prolapse. Patients can have varying symptoms such as vaginal heaviness, pelvic pressure, bulging into the vagina and backache.

What are the different types of prolapse?

Cystocele

A cystocele occurs when the vaginal wall that is next to the bladder becomes weakened. This causes the bladder to lean (or prolapse) into the vagina, where it may then be felt as a lump (See Figure 1).

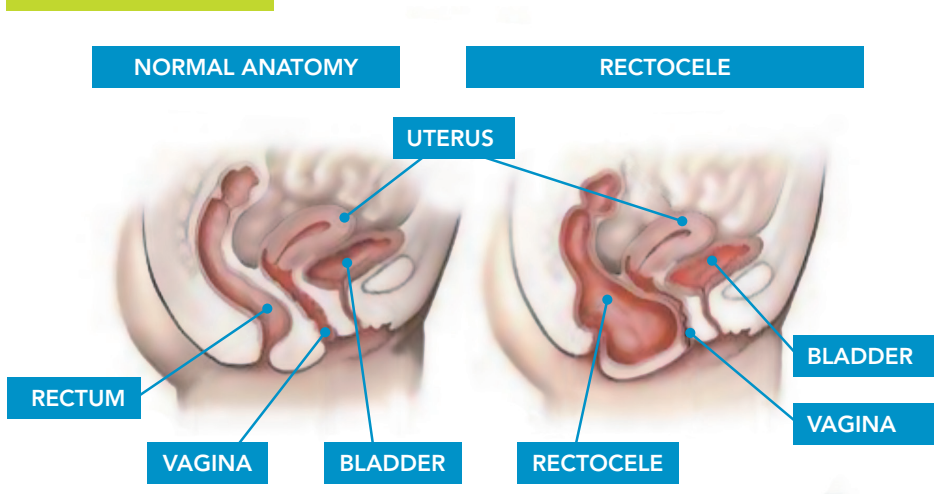
FIGURE 1.



Rectocele

A rectocele occurs when the vaginal wall next to the rectum becomes weakened. This causes the rectum to lean (or prolapse) into the vagina, where it may then be felt as a lump. This type of prolapse may cause difficulty when opening your bowels. (See Figure 2).

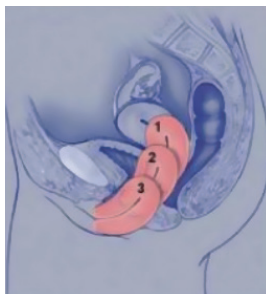
FIGURE 2.



Uterine prolapse

A Uterine prolapse occurs when the structures that support the womb weaken. This may cause the front and back walls of the vagina to weaken as well and then cause the womb to slip down into the vagina or even outside of the vagina completely. (See Figure 3).

FIGURE 3.
UTERINE PROLAPSE



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VAGINAL PESSARY

A pessary is a plastic or silicone device that fits into your vagina to support a prolapsed bladder, rectum or uterus (womb). There are different types but the most commonly used are either a ring or a shelf pessary.

These devices will help to relieve the symptoms of prolapse and can sometimes help improve urinary incontinence or bladder symptoms. These devices are suitable for anyone who does not wish to have surgery or if surgery is not appropriate.

What kind of Pessary will I use?

Your urologist will decide which type of pessary you should use depending on the prolapse you have and also if you are still sexually active. Most times the first pessary that is inserted fits comfortably. After the first fitting you will be seen within a few months to make sure all is well. After that you will be seen every 6 months to have a check-up and a new pessary inserted. This will include removing the pessary and performing a vaginal examination to review the skin inside the vagina.

How do I care for my Pessary?

You do not need to do anything. It is important that you attend your check-up appointments. It may also be possible to put the pessary in (or change it) yourself. Please ask the urologist/nurse if this is suitable for you.

Pessaries can be kept in place during intercourse.

Can the Pessary cause any risks or side effects?

- You may notice more vaginal discharge than normal. Your vaginal discharge may also develop an odour. If this happens please call Urology Associates and speak to a nurse. Vaginal discharge is a common complaint with using pessaries. There is a small chance of bacterial vaginosis (vaginal infection)
- Vaginal irritation is another possible side effect. Women who are past menopause are more likely to have this problem and may need to use an oestrogen cream or tablet which is applied to the affected area every night over a period of time
- There is a risk of erosion (wear and tear) to the vaginal skin, this can cause bleeding and/or discharge. If you have any abnormal bleeding do not ignore this, please call Urology Associates and speak to a nurse
- Some women find that after the pessary has been inserted that they may leak urine

ANTERIOR VAGINAL REPAIR

An anterior vaginal repair is an operation to repair the support layer between the bladder and the vagina in women who have an anterior vaginal wall prolapse (cystocele).

This procedure is performed to relieve the symptoms caused by the prolapse and to improve bladder function.

How successful is an anterior vaginal repair?

Quoted success rates for anterior vaginal wall repair are in the range of 80% to 90%. However, there is a chance that the prolapse might come back in the future or another part of the vagina may prolapse for which you may need further surgery. This can happen up to 50% of the time.

What happens during my operation?

A cut is made in the middle of the front wall of the vagina. The vaginal skin is separated out from the weakened tissue layer, the fascia. This fascia layer is then repaired using dissolvable (non-permanent) stitches.

Other prolapse and incontinence surgery may be performed at the same time as this operation including a posterior vaginal repair, sacrospinous ligament fixation, sacrocolpopexy, a native tissue sling, or Bulkamid injection to the urethra. Your surgeon will discuss the plan with you for these other surgeries if you are going to need them.

POSTERIOR VAGINAL REPAIR

A posterior vaginal repair is an operation to repair the support layer between the rectum and the vagina in women who have a posterior vaginal wall prolapse (rectocele).

This procedure is performed to relieve the symptoms caused by the prolapse and to improve bladder and/or bowel function.

What happens during my operation?

A cut is made in the middle of the back wall of the vagina. The vaginal skin is separated out from the weakened tissue layer, the fascia. This fascia layer is then repaired using absorbable (non-permanent) stitches.

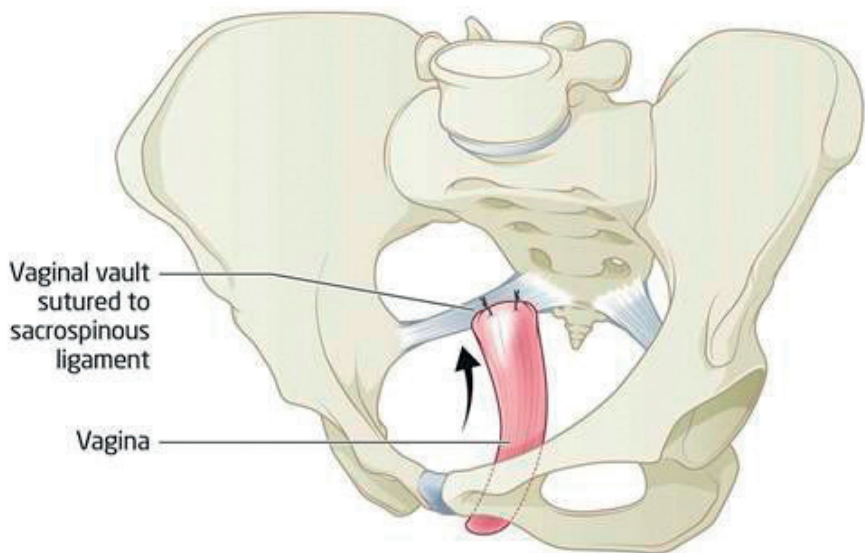
Other prolapse and incontinence surgery may be performed at the same time as this operation including an anterior vaginal repair, sacrospinous ligament fixation, sacrocolpopexy, a native tissue sling, or Bulkamid injection to the urethra. Your surgeon will discuss the plan with you for these other surgeries if you are going to need them.

SACROSPINOUS LIGAMENT FIXATION

A small cut is made in the back wall of the vagina. The sacrospinous ligament in the pelvis is located and stitches are put in it to sew it onto either the vagina (sacrospinous fixation) or cervix (sacrospinous hysteropexy). The stitches are slowly absorbed over time and eventually they are replaced by scar tissue that then supports the vagina or uterus.

Other prolapse and incontinence surgery may be performed at the same time as this operation including a posterior vaginal and anterior vaginal repair, a native tissue sling, or Bulkamid injection to the urethra. Your surgeon will discuss the plan with you for these other surgeries if you are going to need them.

Post hysterectomy vault prolapse surgery | Melbourne, Australia — Dr Chin Yong



ABDOMINAL SACROCOLPOPEXY

An abdominal sacrocolpopexy is an operation performed through a cut in the abdomen. It corrects a prolapsed vaginal vault by lifting it into its normal position.

What happens during my operation?

A bikini line cut is made just below the pubic hair line. The vagina is first freed from the bladder at the front and the rectum at the back. A graft made from synthetic mesh is used to cover the front and the back surfaces of the vagina. The mesh is then attached to the sacrum as shown in the illustration. (Please use picture from the booklet).

The mesh is then covered by a layer of tissue called the peritoneum .

Other prolapse and incontinence surgery may be performed at the same time as this operation including a posterior vaginal and anterior vaginal repair, a native tissue sling, or Bulkamid injection to the urethra. Your surgeon will discuss the plan with you for all surgeries if you are going to need them.

FOR ALL SURGERIES

What to expect after my operation?

When the operation is completed, you will go to the recovery room for a short while where you will be cared for and monitored closely until you are ready to be transferred to the Urology Unit. When you wake up it is common to feel an urgent desire to pass urine. This is due to the catheter in your bladder.

Pain control

You will be given oral pain relief to manage your pain.

You may have a patient-controlled analgesia (PCA) pump. This means you can control your own pain relief by pushing a button connected to the pump.

Wound

When you wake up you may have a large pack in your vagina to prevent bleeding and that is often removed the morning after your surgery. Your wound will be inside the vagina. The stitches are dissolvable and do not need removing.

It is normal to get vaginal discharge for four to six weeks after surgery. This is due to the presence of stitches in the vagina. As the stitches dissolve the discharge will gradually reduce. If the discharge has an offensive odour, contact your GP for advice.

You may get some blood-stained discharge immediately after or starting about a week following surgery. This blood is usually quite thin and old and brownish looking and is the result of the body breaking down blood trapped under the skin.

Catheter

You will have a fine tube (catheter) placed into your bladder via your urethra, draining urine into a catheter bag. Your nurse will monitor your catheter drainage. This will usually be removed on day one or two after your surgery depending on the urologist's instructions.

Avoiding constipation

Keeping a regular soft bowel motion is important. While in hospital you may be prescribed a laxative such as lactulose to help with this. Kiwifruit or Kiwi Crush are also recommended.

What to expect after discharge?

Following surgery, it is important to avoid any abdominal straining while your surgery heals. You must avoid heavy lifting (5 kg or more), straining, sexual intercourse, or strenuous activity for four to six weeks after surgery.

You can gradually return to light activities over three weeks and then full activities after three months.

Things you can do:

- Showering
- Preparing light meals
- Walking up and down stairs slowly
- Gentle walking is to be encouraged – it is better to do two short walks in the day rather than one long walk.

Things you should NOT do for six weeks include:

- Picking up heavy objects
- Housework, except light work at bench height
- Vacuuming
- Carrying supermarket / rubbish bags
- Carrying children / pets.

Things you should NOT do for 12 weeks include:

- Heavy lifting
- Shifting the furniture
- Lawn mowing or digging the garden
- Weights at the gym
- Carrying supermarket / rubbish bags
- Carrying children / pets.

Wait six weeks before resuming sexual intercourse.

You can resume driving after four weeks or when you feel you could perform an emergency stop without being concerned about abdominal pain.

You may also feel more tired during your recovery period and perhaps a bit low, but as you start to recover you should find this improves.

Pelvic floor exercises

It is important to recommence pelvic floor exercises once you have recovered from surgery. If you have any concerns about your technique, please contact our Continence Nurse.

Bowels

- You may eat and drink normally.
 - Bowels: try to keep your bowel motions soft by using high fibre foods such as fruit (kiwifruit), vegetables, wholemeal bread, nuts and seeds.
 - Do not become constipated or strain to have a bowel motion.
 - Use a footstool to help bowel emptying. Discuss this with one of our Continence Nurses if you need further information.
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George Acland
MB ChB, FRACS
Urologist

Kevin Bax
MB ChB, FRACS
Urologist

Nick Buchan
MB ChB, FRACS
Urologist

Deborah Friberg
MB ChB, FRACS
Urologist

Frank Kueppers
Dr. med.
Urologist

Giovanni Losco
MB ChB, FRACS
Adult & Paediatric
Urologist

Jane MacDonald
MB ChB, FRACS
Urologist

Stephen Mark
MB ChB, FRACS
Adult & Paediatric
Urologist

Louise Rouse
BHB, MB ChB, FRACS
Urologist

Urology Associates

Forte Health, 132 Peterborough Street
PO Box 917, Christchurch 8140

P: 03 355 5129

E: reception@urology.co.nz

www.urology.co.nz