



VAGINAL PROLAPSE SURGERY

Vaginal prolapse is a common condition where the bladder, uterus and or bowel protrude into the vagina.

This can cause symptoms such as a sensation of a vaginal lump, constipation, difficulty emptying the bowel or bladder or problems with sexual intercourse. Treatment is only indicated when the prolapse is symptomatic. The majority of women will have improvement of symptoms following an operation.

Surgery

Depending on the severity of your symptoms and the type of prolapse, your doctor may suggest you have surgery. The aim of surgery is to provide support for your vagina or uterus. Previous experience has shown that about seventy percent of women undergoing conventional vaginal prolapse surgery have a successful outcome.

What happens during surgery?

- Women undergoing vaginal prolapse surgery can have the operation with regional (spinal) anaesthetic or general anaesthetic.
- There will be incisions made inside the vagina and the tissue supporting the vagina will be strengthened with stitches. This may be at the front or the back walls of the vagina or both, depending on the type of prolapse you have.
- The incision inside the vagina is then closed with stitches that will dissolve in four to eight weeks.
- An additional stitch (sacrospinous fixation stitch) may be required at the top of the vagina or into the cervix to support the vagina. This stitch may cause some temporary discomfort in the buttock which may persist for up to three months.
- At the end of the operation a catheter will be inserted into the bladder to drain urine and a material pack will be placed in the vagina to prevent bleeding. These will remain in place for one to two days. They will be easily removed by a nurse in the ward.

- Antibiotics will be given during the surgery and oral antibiotics may be required in some circumstances after the operation.
- If you still have your womb (uterus), your doctor may suggest that you need a hysterectomy at the same time as your prolapse repair. Some reasons for recommending this include:
 - prolapse of the uterus itself
 - period problems.

Are there any complications?

Constipation is common after surgery. Strong pain relief medicines can also contribute to constipation. Have plenty of fresh fruit, vegetables and water to help to minimise constipation as tolerated. If you are constipated, you will be given a laxative while you are in hospital and at discharge if needed.

Possible complications and discomforts from vaginal surgery for prolapse include pain, infection, perforation of the rectum or bladder, injury to the ureters, recurrence of symptoms such as urinary incontinence or difficulty voiding and/or prolapse and pain with intercourse.

There are general risks involved with having an operation, including the risks involved with having an anaesthetic, bleeding and the possible need for a blood transfusion, infection within the pelvis or wound and there is a risk of clots in the legs that can travel to the lungs.

Recovery time and instructions following surgery

Most women stay in hospital for two to three nights. You can go home once you are feeling well and once you are able to pass urine with no problem. It is important to rest after the operation and allow the area to heal.

Staff will talk to you early in your stay about your plans and arrangements for discharge. This will give them time to have everything in place that you may need.

Discharge time is at 9.30am, so please arrange to be collected at this time. Often it is helpful to take a car load of items such as flowers and clothing home the night before discharge so that you can concentrate on yourself in the morning. If you are unable to be taken home at this time, you may be asked to wait in the patient lounge, as we arrange accommodation for new admissions.

If you require medicines on discharge, a pharmacist will see you prior to discharge to supply you with them. If you are discharged on the weekend or outside business hours, you will be provided with a prescription and which can be dispensed at your local pharmacy. Some pain relief medicines and laxatives are available from pharmacies without a prescription. Check with your doctor or pharmacist before using, to see if these medicines are appropriate for you.

For the first two weeks:

- restrict your activity
- rest as much as possible

vaginal loss will be like a light period for up to 2-3 weeks, but spotting can occur for up to 6 weeks.

For the first two to six weeks:

- keep your activity light and easy
- avoid heavy lifting (nothing heavier than four kilograms), including shopping bags, washing baskets and children.
- avoid playing sport, swimming and impact exercises such as jogging or jumping for four weeks
- you may have a sudden, moderate vaginal blood loss in the first eight to ten days, which should then stop
- any stitches that you still have in when you go home will fall out once they dissolve in about 4-8 weeks. These do not need to be removed.
- abstain from sexual intercourse.

You may:

- drive a car after two weeks; however, check this with your car insurance provider.

Informed consent

This patient information contains detailed information about the surgery. Its purpose is to explain to you as openly and clearly as possible the procedures and risks involved before you decide whether or not to proceed.

Please read this patient information carefully. Feel free to ask questions about any information in the document. You may also wish to discuss the surgery with a relative or friend or your local health worker. Feel free to do this.

Once you understand the surgical procedure and risks and if you agree to proceed, you will be asked to sign the Consent Form. By signing the Consent Form, you indicate that you understand the information and that you give your consent.

You will be given a copy of the patient information to keep as a record. Your surgeon will be happy to answer any questions you have and can give more specific advice.

If you experience complications after you leave hospital, contact your local doctor or attend your closest hospital emergency department.

In the event of an emergency

If you require urgent attention after discharge you should contact your local doctor or present to your closest Emergency Department.

In the event of an emergency call 000 immediately for ambulance care.

For more information and advice

Women's Gynaecology Clinics

For appointments, re-bookings & cancellations
T: (03) 8345 3033

Nurse on Call

For general health advice and information 24 hours a day.
T: 1300 60 60 24

Related fact sheets

- Vaginal pessary for prolapse

This fact sheet is a general overview of the operation and may not apply to everyone. If you have any further questions please speak to your gynaecologist.