Manchester University NHS Foundation Trust

Saint Mary's Managed Clinical Service
Division of Gynaecology

PATIENT INFORMATION LEAFLET

AN OPERATION FOR PROLAPSE - VAGINAL HYSTERECTOMY

A prolapse refers to the bulging or herniation of one or more pelvic organs into or out of the vagina. The pelvic organs consist of the uterus, vagina, bowel and bladder. Pelvic organ prolapse occurs when the muscles, ligaments and fascia (a network of supporting tissue) that hold these organs in their correct positions become weakened.

You are being offered a vaginal hysterectomy operation as you have a prolapse of the uterus which bothers you and treatment with a vaginal pessary has not been successful or has not been something that you previously wished to try.

WHAT IS A VAGINAL HYSTERECTOMY?

A vaginal hysterectomy involves removing the uterus through a cut at the top of the vagina. No cuts are made on the tummy. Removing the uterus stops it from sagging down and causing a bulge in the vagina. The cut at the top of the vagina is sewn up at the end of the operation using dissolvable stitches. This is referred to as the vaginal vault.

The aim of the operation is to remove the prolapse bulge. As the uterus is removed, it is not possible to have children after the operation. If you feel you may want another baby in the future, you should not have this operation. Instead, explain your wishes to your doctor (if you have not already done so) and they will be able to explain the other options available to you.

Sometimes the top of the vagina needs some extra support to stop it sagging down once the uterus has been removed. This can be done by doing an operation called a Sacrospinous fixation (SSF) at the same time as the vaginal hysterectomy. Your doctor will advise you if they think it might be needed and there is a leaflet available about this procedure to give you more information about it.

Sometimes there is also bothersome prolapse of the back or front wall of the vagina. In these circumstances a front and/or back wall repair (see the Posterior Repair and Anterior Repair leaflets) may be done at the same time.

WHAT ARE THE BENEFITS?

After a vaginal hysterectomy, approximately 85% (5 out of 6) feel cured of their symptoms.

Our tissues continue to stretch and give way over time. This can result in further prolapse developing. Approximately 30% (1 in 3) develop further prolapse over time. This may be in the same part of the vagina or not. However, not all of these people will have bothersome symptoms or need anything doing about it.

WHAT ARE THE ALTERNATIVE TREATMENTS?

The alternatives to vaginal hysterectomy are:

Do nothing: Prolapse is not a dangerous or harmful condition. If it is not bothering you, you could decide to do nothing about it. If the prolapse is very large, we may suggest checking it is not stopping your bladder from emptying properly before you make your final decision. We would also suggest having your prolapse treated if it is rubbing on your underwear and getting sore.

Vaginal Pessary: If you have not already tried a pessary, we would encourage you to do so. There is a large range of plastic pessaries available to support the prolapse. These are worn inside the vagina and, once in place, you should not be able to feel it. They are fitted by a nurse or doctor who will advise you on the type and size of pessary that might suit you best. We usually suggest you have the pessary changed every 6 months. Some GP surgeries will change pessaries for you.

Pessaries are good at treating the symptoms of prolapse. 70% (7 out of 10) who use a pessary find it successfully treats their symptoms. However, not everyone finds a pessary to suit them. The main disadvantage of a pessary is that it needs to be changed. Sometimes the pessary can rub the vaginal walls causing bleeding or discharge. This can be treated with an appropriate cream.

A Different Operation: There are many different operations used to treat prolapse. Deciding which operation to have depends on many factors including:

- The type of prolapse you have.
- Whether you might want another baby.
- What treatments you have had in the past.
- Any medical problems you may have.

It is not possible to list all the possible operations in this leaflet. If you decide you want a different operation for your prolapse, your doctor will explain the options open to you.

WHAT WILL HAPPEN BEFORE THE OPERATION?

If you have not already done so, you will be asked to complete an electronic questionnaire to help us identify your troublesome symptoms. You may also be asked to fill in a bladder dairy to give us some information on how your bladder is working.

Most people requesting a vaginal hysterectomy will not need any other tests. However, if you are having a lot of problems with your bladder or bowels, the doctor may suggest extra tests. If you are having problems with your bladder or with urine leakage, a special test of the bladder called urodynamics may be recommended before you go ahead with a vaginal hysterectomy. More information about this test is available in the Urodynamics leaflet.

Shortly before you come in for your operation, you will be asked to attend a pre-operative appointment with a nurse. It is important that we arrange this for you as it gives us an opportunity to make sure we can reduce your risk from surgery as much as possible. It will not be possible to go ahead with your operation until these checks are done. Routine tests, such as blood tests and a heart tracing may be done at this appointment. You may need other tests depending on what medical problems you have. Please bring a list of all your medications, and any allergies you might have, with you when you attend.

Before you come into hospital for your operation, you should make sure you have a supply of simple pain relief, such as Paracetamol, as this will not be supplied for you to take home.

HOW IS THE OPERATION PERFORMED?

Before you go to theatre for your operation, you will be given some elasticated stockings to wear. These reduce the risk of a clot in the leg, known as a deep vein thrombosis (DVT).

The vaginal hysterectomy operation can be performed with a general (asleep) or regional (awake but pain-free) anaesthetic. The anaesthetist will discuss this with you.

To remove the uterus, a cut is made around the cervix. The surgeon then carefully pushes the bowel and bladder away from the uterus. The blood vessels supplying the uterus and surrounding tissue are then clamped and secured. After confirming there is no bleeding, the surgeon then removes the uterus and closes the top of the vagina, now known as the vaginal vault.

A dose of antibiotics will be given during the operation to reduce the risk of infection. Sometimes an antiseptic soaked bandage (a pack) is placed in the vagina to prevent bleeding from the wound. Sometimes a catheter tube is inserted along the urethra into your bladder during the operation and left in place until the next morning. A catheter is always put in if you have a pack inside the vagina.

WHAT WILL HAPPEN AFTER THE OPERATION?

Any pack and/or catheter tube will be removed the morning after your operation. Most women find they only need simple pain relief such as Paracetamol. There may be a small amount of bleeding from the vagina which settles quickly.

Once you are eating, drinking and passing urine normally, you will be able to go home. Most people go home the day after their vaginal hysterectomy. Some people need to stay longer because of their medical problems. We will give you some fibre powders to take home to help your bowels move without the need to strain.

WHAT HAPPENS WHEN I GET HOME?

Keeping mobile after surgery is important to reduce complications such as clots in the legs. Walking and light household duties are fine, however heavy lifting (more than 10kgs/25lbs) is not advisable in the first 6 weeks post-operatively. It is normal to feel tired following surgery so make sure you schedule rest times in the first few weeks after surgery.

It is normal to get a creamy/brownish or bloody discharge for 4 - 6 weeks after surgery. This is due to the presence of stitches in the vagina. As the stitches absorb, the discharge will gradually reduce.

You should be able to drive and be fit enough for light activities such as short walks within a few weeks of surgery. We advise you to avoid heavy lifting and sport for at least 6 weeks to allow the wounds to heal. It is usually advisable to plan to take 2 to 6 weeks off work, depending on the type of surgery you have had and the type of work you do. Sexual activity can usually be safely resumed after 6 weeks. If you work, you may need a certificate for your employer. This can be supplied (on request) before you go home from hospital.
We would like to see you in the out-patient clinic 6 months after your operation to check it has healed well and see what effect it has had on your symptoms. We will ask you to repeat the electronic questionnaire as part of this follow up appointment.

WHAT ARE THE RISKS OF SURGERY FOR PROLAPSE?

Unfortunately, all operations carry some risk. It is important that you are aware of these risks and consider them when making a decision whether or not to have surgery for your prolapse. There are some general risks that are present for any operation. These include:

Anaesthetic Risks: The risk from having an anaesthetic is usually small unless you have certain medical problems.

Bleeding: The risk of serious blood loss is very small and it is rare that we have to give a blood transfusion after prolapse operations.However, your risk of bleeding may be higher if you are taking an anti-clotting medication such as Warfarin. It is very important that you share with us any religious objection you may have to receiving blood in a life threatening emergency.

Infection: There is a risk of infection at the wound site or in your bladder, which is reduced by giving you a dose of antibiotics during the operation. The risk of a serious infection is very small.

Deep Vein Thrombosis (DVT): This is a clot in the deep veins of the legs. The risk of a DVT is about 4 in 100 and many cause no symptoms. In a very small number of cases, bits of the blood clot can break off and get stuck in the lungs causing a serious condition (pulmonary embolism - PE). The risk of a DVT is higher in women who smoke or who are overweight. The risk can be reduced by wearing special stockings and sometimes using injections to thin the blood.

Pain: Mild pain for a few days or weeks after the operation is normal as the wounds from surgery heal. Some women also have increased back or hip pain after vaginal operations as we need to position you with your legs in stirrups to perform the operation. Rarely, more severe or long-lasting pain can develop after surgery, even when the operation has otherwise been successful. There are many reasons for this and it is not always possible to get rid of it.

Worsening or persisting problems with your bladder or bowels: Many people with prolapse also have problems with their bladder or bowels. Fixing the prolapse does not always make these problems better. Some problems, such as bladder leakage on coughing, laughing, sneezing, may get worse.

Damage to the bladder or bowel: During the operation, the surgeon will make cuts and place stitches very close to the bladder and bowel. Rarely, the surgeon may damage these by accident. Usually this can be repaired straight away. However, it may affect your recovery and your surgeon will want to explain what has happened when they see you on the ward the next day.

ARE THERE ANY OTHER RISKS?

Risks specific to a vaginal hysterectomy operation, rather than other operations for prolapse include:

Failure to treat the prolapse: 15% (1 out of 6) who have a vaginal hysterectomy do not feel satisfied with the results of surgery. This may be because the prolapse is still there or because the operation has not resolved other problems they had hoped it would. A prolapse can come back after this operation.

Pain on intercourse: As this operation involves making a cut in the vagina, it will leave a scar behind. A small number of people find that sexual intercourse is painful after the operation. For some, this pain does not improve over time.

If you require any further information or clarification of terminology, please do not hesitate to talk to one of the doctors or nurses, who will be happy to discuss your concerns.

CONTACT DETAILS

Warrell Unit Nurses: (during office hours only): (0161) 701 6150 or 701 6776

For urgent out of hours enquiries: Emergency Gynaecology Unit (0161) 291 2561

24 hours; 7 days. *EGU is based at Wythenshawe Hospital on Ward F16*