NHS
Manchester University
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Saint Mary's Managed Clinical Service
Division of Gynaecology

PATIENT INFORMATION LEAFLET

AN OPERATION FOR PROLAPSE – POSTERIOR REPAIR

A prolapse is a bulge or lump in the vagina caused by weakness of the muscles and other tissues which support the vaginal walls and/or uterus (womb).

You are being offered a posterior repair operation as you have a prolapse of the back wall of the vagina 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 POSTERIOR REPAIR?

A posterior repair involves repairing the weakened connective tissue which lies underneath the back wall of the vagina, between the vagina and the rectum. The repair is performed through a cut in the back wall of the vagina and uses dissolvable stitches. The aim of the operation is to get rid of the prolapse bulge.

Sometimes there is also some prolapse of the front wall of the vagina or the uterus (womb). In these circumstances a front wall repair (see the **Anterior Repair** leaflet) or removal of the womb (see the **Vaginal Hysterectomy** leaflet) may be done at the same time.

In those who have had a hysterectomy before and have prolapse of the top of the vagina (vault prolapse), an extra procedure may be needed to support this. The doctor will explain more about the options for this.

WHAT ARE THE BENEFITS?

We have found that after a posterior repair, approximately 60% (6 in 10) felt cured of their symptoms. Approximately a further 20% (2 in 10) felt that the operation had partly treated 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 will have bothersome symptoms or need anything doing about it.

WHAT ARE THE ALTERNATIVE TREATMENTS?

<u>The alternatives to posterior repair are</u>:

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 not to have treatment. 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 them. 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.

Pessaries are good at treating the symptoms of prolapse. 70% of women (7 in 10) who use a pessary find it successfully treats their symptoms. However, not everyone finds a pessary to suit them. The main downside 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 may factors including:

- The type of prolapse you have.
- 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.

Most people requesting a posterior repair 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 opening your bowels or with bowel leakage, a special X-ray of the bowel or some tests of the sphincter muscles that should keep the anus closed. Your doctor will give you more information about these tests if you require them.

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 posterior repair operation can be performed with a general (asleep) or regional (awake but pain-free) anaesthetic. The anaesthetist will discuss this with you. During the operation, a cut is made in

the back wall of the vagina. The damaged connective tissue underneath is located and sewn back together using dissolvable stitches. Sometimes there are some additional dissolvable stitches on the outside of the vagina along the skin between the vagina and anus (perineum).

A dose of antibiotics will be given during the operation to reduce the risk of infection.

Sometimes a catheter tube is inserted along the urethra into your bladder during the operation and left in place until the following morning.

Sometimes an antiseptic soaked bandage (a pack) is placed in the vagina to prevent bleeding from the wound. 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 either a few hours after or morning after your operation, depending on if you are going home the same day. Most people 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 same day or the day after their posterior repair. 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 AFTER I GET HOME?

It is normal to feel more tired than usual after an operation and this may last several weeks. It is important to take rest and allow your body to heal. However, we would advise gentle exercise, initially around the home, to help prevent a DVT. Try to avoid strenuous exercise that leaves you short of breath, heavy lifting or straining on the toilet as this can put a strain on the repair.

You can drive as soon as you can make an emergency stop without it hurting. This usually takes 4 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 clot can break off and get stuck in the lungs causing a serious condition (pulmonary embolism). 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 resolve 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 and sneezing, may get worse.

Damage to the bowel: During the operation, the surgeon will make cuts and place stitches very close to the bowel. Rarely, the surgeon may make a hole in it by accident. Usually this can be repaired straight way and the operation finished as normal. 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 posterior repair operation, rather than other operations for prolapse include:

Failure to treat the prolapse: 20% (1 in 5) who have a posterior repair do not feel satisfied with the results of surgery. This may be because the prolapse is still there or because the operation has not helped 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 people, 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*