

## Department of Urology

### Patient Information Sheet

#### Anterior and Posterior Vaginal Repair

Operation to strengthen weak vaginal walls causing a prolapse; either the front wall (anterior repair) or back wall (posterior repair)

This procedure involves an incision (surgical cut) in the vaginal wall, pushing the tissue back into the right place, and placing strengthening stitches into the vagina to hold the prolapse back.

This information sheet was developed and agreed by our Urology Team. Information within this sheet was obtained from various sources including; the Urology Team, the British Association of Urological Surgeons, other NHS Trusts and Department of Health Websites.

**What are the intended benefits of this procedure?**  
To treat vaginal prolapse.

**What are the alternatives to this procedure?**  
Observation, physiotherapy, wearing a ring pessary.

**What are the most frequently occurring after-effects or serious risks of this procedure?**

#### Common (greater than 1 in 10)

- Temporary insertion of a urinary catheter

#### Occasional (between 1 in 10 and 1 in 50)

- Worsening of existing stress incontinence
- Worsening of frequency and urgency of urination
- Recurrence of prolapse at a later time
- Infection of wound site requiring further treatment
- Temporary insertion of a vaginal pack

#### Rare (less than 1 in 50)

- Excessive bleeding
- Discomfort during sexual intercourse
- Perforation of the bladder requiring prolonged catheterisation
- Damage to bowel requiring repair (posterior repair)
- Damage to the ureters (tubes draining kidneys into bladder)

**What sort of anaesthetic is used?**

Usually a spinal or a general anaesthetic is used. Your Consultant or Specialist Nurse will be able to give you further information on which anaesthetic you are likely to require.

As this is being performed under an anaesthetic, you will be assessed for your general health before the procedure at a 'Pre-Assessment' clinic and given all the information required to prepare you for an anaesthetic.

**What does the procedure involve?**

You will have your legs suspended in stirrups for the procedure, please inform us if you have any conditions which will make this difficult for you.

This procedure involves an incision (surgical cut) in the vaginal wall either at the front or the back, depending on where the prolapse is, pushing the tissue back into the right place, and placing strengthening stitches into the vagina to hold the prolapse back. Occasionally, a synthetic mesh may be used if the prolapse is very large, or this is the second time you have had the procedure done.

A urinary catheter will have been inserted into your bladder during the procedure and a pad of gauze may be inserted into your vagina at the end of the operation to absorb any bleeding.

**What happens after the procedure?**

This operation usually requires an overnight stay. On return to the ward again after your operation you will find you have an intravenous infusion in your arm. This will be removed later that day once you are eating and drinking again. You will be given pain killing tablets (and to take home with you) to ensure you are comfortable and able to start walking around.

The day after your operation, you will have your catheter removed, and pack if you have one. You will be monitored to check if you are passing urine and emptying your bladder satisfactorily.

You will pass some slightly bloodstained urine at first and this may sting slightly. Over the next 24 hours, try to drink plenty of non-alcoholic fluids, to flush your system and reduce these after effects (we suggest 2-3 litres or 6-8 pints).

You will be allowed home as soon as you have passed water satisfactorily. Your cuts will have self-dissolving stitches in them under the skin.

You must not do any activity that requires heavy lifting or strenuous exertion – such as: household chores like vacuuming, carrying shopping, pushing shopping trolley plus rigorous exercise, gardening, lifting (including of children) and driving for a minimum of 4 weeks (6 weeks if you are able to accommodate this). This also includes taking steps to avoid being constipated.

You must avoid sexual activity or using tampons for 6 weeks

You should perform regular pelvic floor exercises and be mindful of additional weight gain as these can contribute to the long-term success of the repair.

**What else should I look out for?**

If you develop a fever, increased bleeding or pain on urination you should contact your GP. If you become unable to pass urine at all you should come to the Accident and Emergency Department here at Kingston Hospital.

### **Further Appointments or Treatments**

You will be asked to return for an outpatient check up 6-8 weeks after your operation.

### **Who should I contact for more information?**

- **The Specialist Urology Nurses:**

Sue Sill & Chris Backhouse  
020 8934 3547

Yvonne Haffenden, Lin Williams & Suzy Waight  
Urodynamics - 020 8934 3038

- **The Urology Ward – Alexandra 020 8934 3152**

- Your Urology Consultant.