Pelvic floor repair

This information has been written to explain your operation, and the benefits and risks. The medical and nursing staff will be happy to answer any questions you may have.

What is a pelvic floor repair?
A ‘repair’ is an operation performed through the vagina to tighten and support the walls of the vagina where the tissues have become overstretched (known as a prolapse).

This can be felt as a lump and is often uncomfortable.

What does the operation involve?
The vaginal wall is opened and stitches are placed inside to strengthen any weak areas within the pelvic floor muscles. The vaginal wall is then closed once more.

The operation can be done at the front or back of the vagina, or both.

If you are also undergoing vaginal hysterectomy, this involves removal of the womb (uterus) and reconstruction of the vaginal walls, replacing the bladder and bowel in their anatomically correct positions (a separate booklet on having a hysterectomy is available).

What are the benefits of having a pelvic floor repair?
A prolapse can be very uncomfortable, particularly after long periods of standing or walking.

You may also be having bowel and bladder problems because of your prolapse.

Repairing your prolapse should ease these symptoms.

What are the risks and consequences associated with having a pelvic floor repair?
Most operations are straightforward; however as with any surgical procedure there is a small chance of side-effects or complications. Risks are divided into those which occur frequently and those which are less frequent but more serious.

Women who are obese, have had previous surgery or who have pre-existing medical conditions, have an increased risk of the complications listed on the next page.
Common risks

- Urinary retention. There is a possibility that you may need a catheter if you have problems passing urine after the operation.

- Vaginal bleeding.

- Passing urine frequently and urine infection.

- Pain.

Rare but serious risks

- There is a very small risk that your bowel or bladder/urinary tract could be damaged during the operation. This may need to be repaired through your abdomen (laparotomy).

- Excessive bleeding may occasionally occur, either during the operation or afterwards. Sometimes, a pack may need to be placed into the vagina to reduce blood loss. A blood transfusion may be required. Rarely a return to theatre for a second operation may be necessary to stop the bleeding. This may mean opening your abdomen (tummy).

- Some long-term continence problems.

- Pelvic abscess or infection.

- Your vagina may become tighter after the operation and this can make sexual intercourse difficult, especially if the operation is performed on both the front and back walls of the vaginal. The doctor will discuss this with you before your repair is carried out. If you wish to remain sexually active, a less tight repair will be performed.

- Clots in veins and lungs in the days following surgery (deep vein thrombosis in the legs and pulmonary embolism in the lungs). The risk of this is minimised by giving injections of Heparin under the skin, during your hospital stay. This thins the blood slightly, without significantly increasing the risk of bleeding. This is given according to age and general health.

- The operation may fail to achieve the desired results. In the long-term, there is the possibility that the prolapse could happen again and need further surgery.

If you are concerned about any of these risks, or have any further queries, please speak to your consultant.

Are there any extra procedures which may become necessary during the procedure?

- Blood transfusion: 2 women in every 100 undergoing pelvic floor repair with or without vaginal hysterectomy will require a blood transfusion during the operation.

- If serious complications occur during the operation, eg. bowel or bladder damage, or haemorrhage, a laparotomy will be necessary - an operation through the abdomen.
What are the alternatives to having a pelvic floor repair?
Your consultant has recommended this procedure as being the best option. However, the alternatives to this procedure are to wear a support pessary or sometimes physiotherapy can help.

There is also the option of not receiving any treatment at all. The consequences of not receiving any treatment are that your symptoms may get worse over time.

If you would like more information please speak to your consultant or one of the nurses caring for you.

Before your pelvic floor repair
You will be asked to attend the Pre-operative Assessment Clinic about 1 week before your operation. A nurse will discuss the operation with you and you may need to undergo some routine tests before your operation, eg. heart trace (ECG), x-ray, blood test.

Written instructions about your admission will be given to you, such as time of admission and what to bring with you.

You will be asked some routine questions about your general health, the medicines you take at the moment and any allergies you have.

You will be asked to sign a consent form to say that you understand what you have come into hospital for and what the operation involves.

Please feel free to ask any questions you may have.

Smoking cessation
Smoking greatly increases the risk of complications during and after surgery. The sooner you stop the better. Even a few days before your operation can help to improve healing and recovery afterwards.

For free help and advice contact your GP.

It is advised that you do not start smoking immediately after the surgery as this can make you dizzy and possibly faint but also make you feel sick and actually vomit.

Before your operation
For a time before certain types of anaesthetic you will need to stop eating, drinking and chewing gum. This will be explained to you and you may also be given a booklet about this.

If you have any questions, please contact the hospital - telephone number on your admission letter.

You will be asked to have a bath or shower before coming into hospital (if possible).

You will be given a theatre gown to wear. A porter will take you to the theatre.
What sort of anaesthetic will I have?
You may have either a spinal or a general anaesthetic.

With a spinal anaesthetic, you will be numb from the waist down and not feel any pain or discomfort.

Alternatively you may have a general anaesthetic and be asleep during the operation.

The surgeon and anaesthetist will discuss with you the best type of anaesthetic for your operation.

What should I expect after the operation?
When the operation is over, you will have your pulse, blood pressure, breathing and wounds checked regularly by a nurse.

It is usual to feel drowsy for several hours. You will be given oxygen through a facemask until you are more awake.

Anaesthetics can sometimes make people feel sick. The nurse may offer you an injection if the sick feeling does not go away, this will help to settle it.

You may have a gauze pack inside your vagina to reduce any bleeding. This is removed on the day following your operation.

You may bleed after the operation, similar to a period - which will settle to a brown discharge and you will need to wear a sanitary towel (not tampons).

Pain relief
You may have some pain following your operation. If you experience pain it is important to tell the nurses who can give you painkillers to help.

Painkillers may be given through your drip, or by injection or suppositories. Once you are eating and drinking normally, tablets will be given.

There may be some soreness and bruising around the entrance to the vagina. Taking regular warm baths and bidets can ease this.

Sitting on a soft pillow may help to ease pressure.

Eating and drinking
You will have a drip for the first 24 hours to replace lost fluids from not eating and drinking. You may be able to take sips of water.

The next day, you may be able to have hot drinks and a small meal - you will be advised of this.

Some patients may feel sick - please let the nurse know, as there are drugs that can be given to reduce this.

You may not have much of an appetite for a few days.
Stitches
The stitches used in the operation are usually inside the vagina and are dissolvable (do not have to be removed).

Getting out of bed
It is important to get out of bed and take a short walk on the day after your operation.

This helps to reduce the risk of blood clots forming in the veins and lungs.

You will be given an exercise sheet to follow, which includes deep breathing and leg exercises.

Having a bath or shower
A nurse will help you to have a bed bath the day after your operation and you may have a bath or shower on the second day after your operation.

A daily shower or bath is advisable to help healing. Assistance will be given if needed.

Bladder and bowels
You may have a catheter (small tube in the bladder) in place to drain the urine away for 24 - 72 hours. This is usually removed on your surgeon’s instruction.

Your bowel habits should return to normal after a few days.

Laxatives and suppositories may be needed to help you to avoid straining.

Please let the nurse know if you are having difficulties.

Going home
As soon as you no longer need medical or nursing care, you will be able to go home to continue your recovery.

The total stay in hospital is usually 2 - 3 nights.
DISCHARGE INFORMATION AND AT HOME ADVICE

Medication
If you began any medication while you were in hospital and you need to take it at home, it will be given to you before you are discharged. Paracetamol can also be taken if required - do not exceed the stated dose. Please make sure you have an adequate supply at home.

Any bruising and soreness should soon disappear.

Contact your GP for advice if you experience any of the following:
- Severe pain or raised temperature
- Your vaginal bleeding increases, or you notice an odour

Follow-up appointment
Please hand your discharge letter to your GP’s surgery within the next 2 - 3 days.

If an outpatient appointment is needed, an appointment will be sent to you through the post.

If an outpatient appointment is not needed, you should see your GP in 6 weeks’ time for a check-up.

Tiredness
You may feel tired when at home - do as much as your body tells you. You may experience good days and bad days - this is normal after your operation.

Sexual intercourse/penetration
When you and your partner find it appropriate to resume sexual intercourse/penetration, you may do so approximately 6 weeks after your operation, following your check-up.

Fit note
Should it be required, the hospital will issue you with a Fit Note to cover your stay in hospital and the recognised initial recovery period. Any further certification (if necessary) should be obtained from your GP.

Please note: you can also self certificate for the first 7 days off work.

Returning to normal activities
When at home for the first few weeks, you are advised to do gentle housework only, eg. dusting and washing-up. Cooking and ironing will be suitable for short periods of time. Avoid heavy lifting, eg. carrying shopping, until after your 6 week check-up.

You may continue your hospital exercises at home. Walking is good exercise from the beginning. Once you have had your 6 week check-up, other sports can be resumed.
Driving
The usual recommended time is 4 - 6 weeks after your operation. Do not drive until you can wear a seat belt comfortably and feel able to perform an emergency stop.

Your insurance company may refuse to meet a claim if they feel you have driven too soon. It is also advisable to contact your insurance company with regards to cover following a general anaesthetic.

Time off work
You will be ready to start work within 6 - 12 weeks. This will depend on your job.

Avoiding future problems
Over stretching of the vaginal walls (prolapse) can occur again, but you can help to prevent it by trying to avoid the following (this may mean changing your lifestyle):

- **Coughing repeatedly**
  If you have a constant cough, this can put a strain on your repair. The most common reason for a cough is smoking. It is therefore important that you make every effort to stop smoking for the benefit of your general health and if you do not want your problem to return.

- **Constipation**
  This can also put a strain on your repair. A good diet with plenty of fibre is helpful.

- **Childbirth**
  If you are still able and wish to have more children, make sure you discuss this with your doctor before the operation.

- **Repeated heavy lifting**
  If your job involves continuous heavy lifting, talk to your employer about switching to lighter duties when you resume work after your operation.

- **Obesity**
  If at all possible, you should try to reach your ideal weight before the operation. Sometimes, this may even make the operation unnecessary.

References

Please show this booklet to your GP if you need to see him/her.

If you have any queries, or require further information please telephone 01332 340131 and ask for your ward