Surgery for prolapse of the uterus (womb) and vagina

This leaflet explains more about having a prolapse repair. It explains the benefits, risks and alternatives of the procedure as well as what you can expect when you come to hospital.

If you have any further questions, please speak to a doctor or nurse caring for you.

What is a prolapse?

The pelvic floor muscles are a group of muscles at the base of your pelvis that support the vagina, womb, bladder and bowel. When the pelvic floor muscles (and other ligaments that provide support) weaken or stretch, a prolapse can occur. This is where one or more of the organs within your pelvis lacks support and drops or falls down.

Many women with prolapse are aware of a ‘bulge’ and have a feeling of heaviness or ‘something coming down’. Your symptoms depend upon what type of prolapse you have. The main types of prolapse are detailed below:

**Cystocele – anterior (front) wall prolapse:**
This occurs when the bladder slips down, pushing into the front wall of the vagina. This may cause difficulty in emptying your bladder, dribbling after you finish passing urine, passing urine frequently. Some women experience urinary incontinence (inability to control when they pass urine).

**Rectocele – posterior (back) wall prolapse:**
This occurs when the rectum slips down and pushes into the back wall of the vagina. This may cause difficulty emptying your bowels and often causes and worsens constipation (difficulty in emptying the bowel due to hard stool). Some women experience lower back pain.

**Uterine prolapse – prolapse of the womb:**
This occurs when the supports of the womb are weak and the uterus slips down within the vagina. Sometimes if the prolapse is severe, the womb can protrude out of the vagina.

It is possible to have more than one type of prolapse at once.

**What causes a prolapse?**

Pregnancy and childbirth, ageing and the menopause, straining with constipation or heavy lifting and chronic coughing are common causes of prolapse.
For more information about how these can damage your pelvic floor and supporting structures, please ask for a copy of our leaflet on Treating your prolapse.

What is a prolapse repair?
A prolapse repair is a surgical procedure to cure vaginal prolapse. If there is significant prolapse of the uterus, a vaginal hysterectomy may also be recommended. This is where the womb is removed through the vagina.

These procedures are not suitable or recommended for women who may be planning to get pregnant in the future as further pregnancies can affect any surgery performed and the prolapse may return. It is best to only consider prolapse surgery once your family is complete.

Although prolapse surgery is successful in the long term, prolapse can reoccur. Therefore it is important to look after your pelvic floor even after surgery. This would involve continuing to perform pelvic floor exercises and avoiding heavy lifting and straining. This is particularly important in the three months after any operation.

If you have bladder symptoms such as stress incontinence (leaking when you laugh, cough or sneeze), you will undergo a bladder test called urodynamics before your prolapse surgery. If the test confirms that you have stress incontinence, the surgeon may advise you to have another procedure called a TVT (tension free vaginal tape) at the same time as your prolapse repair. This is discussed in our leaflet on Treating your prolapse which should be read in conjunction with this leaflet.

What are the risks?
As with all operations there are risks associated with a prolapse repair, although complications are not common.

You may develop a vaginal infection. If you notice that your vaginal discharge becomes offensive, this may indicate an infection. If this happens, visit your GP who will prescribe antibiotics if necessary.

You may notice that you are going to the toilet more frequently. This will improve on its own over the next few months. When you go to the toilet make sure that you empty your bladder fully. If you are worried that you are having difficulty emptying your bladder, do seek advice. Normally when women are discharged home from hospital the ability to empty the bladder properly has already been checked.

Sometimes a bladder or bowel injury can occur during the operation. If the bladder is damaged, this is usually managed by leaving the catheter in for a bit longer (three to four days) to let it rest. A catheter is a hollow tube which is inserted into your bladder and allows the urine to be drained into a catheter bag.

You may experience pain when you resume sexual intercourse. If you are experiencing discomfort during sex, this usually improves with time. We would normally suggest that you don’t have sex until at least six weeks after your surgery unless you are advised otherwise.

A very rare problem is DVT (deep vein thrombosis) where a clot develops in your leg. This is unusual and happens infrequently because we take steps to avoid it. You will have an anticoagulant injection (a blood thinning drug) every day until you go home. You will have some
TEDS (elasticated compression stockings) to wear and will be encouraged to get up and move around as soon as possible after surgery.

A few patients have problems emptying the bladder properly after a cystocele/anterior repair. This is usually a temporary problem. It may be necessary to insert a catheter to drain off the urine for longer than the normal time period. Resting your bladder will help any swelling to go down which may be making it difficult to pass urine.

**Are there any other alternatives?**

Prolapse is treated with surgery when it causes symptoms as described above. If you have no symptoms related to your prolapse and the prolapse does not bother you, surgery is rarely indicated.

Under these circumstances the options may be:
- to do nothing
- pelvic floor exercises (rarely successful in severe prolapse)
- to use a pessary.

There is a separate leaflet on *Treating your prolapse* which explains these non-surgical options.

**How can I prepare for a prolapse repair?**

You will be sent an appointment to attend the pre-admission clinic in the gynaecology outpatients department at Guy’s Hospital. The nurses will assess you and make sure that you are fully prepared for your surgery. They will take your bloods and send you for any tests that you may need. You will also see the doctor and sign the consent form.

Most patients are admitted to the surgical admissions lounge (SAL) on the day of surgery. However, this may not be suitable for some patients. If this is the case with you, the nurse in the preadmission clinic will discuss the arrangements with you.

Please bring into hospital any medication that you normally take at home.

You will be taken from SAL to the operating room for your operation. Your belongings will be taken to the ward for you when you return.

You must not eat or drink anything for six hours before your operation. It is important that your stomach is empty during your operation to prevent complications with the anaesthetic.

On the day of your operation, you will be asked to put on an operation gown and a pair of elasticated stockings (TEDS). The stockings help to prevent clots (thrombosis) developing in your legs. You will need to keep these on until you return home from hospital.

Your surgeon will visit you in SAL or on the ward before your operation to answer any questions that you may have. You will also be seen by an anaesthetist who will decide with you which anaesthetic will be most suitable.

You are advised to leave all of your valuables such as jewellery, money and credit cards at home as the hospital cannot accept responsibility for the safety of your belongings. Your visitors can always bring anything you may need when they visit. Visiting hours on the gynaecology ward are from 2–8pm every day.
Giving my consent (permission)
We want to involve you in decisions about your care and treatment. If you decide to go ahead, you will be asked to sign a consent form. This states that you agree to have the treatment and you understand what it involves.

You should receive the leaflet, **Helping you decide: our consent policy**, which gives you more information. If you do not, please ask a member of staff caring for you for a copy.

What happens during the operation?
The majority of prolapse surgeries are performed via the vagina. This means that there are no surgical incisions (cuts) made on the abdomen (tummy).

**Cystocele repair/anterior repair:**
This operation is performed to treat a prolapse of the front wall of the vagina. The operation is performed vaginally. The surgeon will make a cut in the front wall of the vagina so that the bladder can be pushed back into place. The surgeon will then stitch the vaginal wall back together after a small portion has been removed. This will give the vaginal wall more strength. Any stitches will dissolve internally.

**Rectocele repair/posterior repair:**
This operation is performed to treat a prolapse of the back wall of the vagina. It is also done vaginally and is similar to the anterior repair. There will usually be some stitches just outside the back of the vagina as well as inside the vagina. Any stitches will dissolve internally.

**Vaginal hysterectomy:**
This operation is used to treat prolapse of the uterus and is often performed in conjunction with a vaginal repair. The operation involves removal of the uterus (womb) and the cervix. The ovaries and the fallopian tubes are not routinely removed. After this operation you will not require further smear tests unless you have been advised differently by your doctor and you will no longer have periods.

All of these procedures can be performed under local or spinal regional anaesthetic (a small injection into the lower part of your back) or general anaesthetic.

Will I feel any pain?
You may experience some pain after your operation. You will be given painkillers regularly to control any pain you may be experiencing. We advise that you take the painkillers regularly to prevent pain building up and becoming difficult to control. Prolapse surgery can be uncomfortable so you will be sent home with painkillers and medicine to make sure that your bowels function normally and you are comfortable. Do remember to continue to take the medicines regularly when you return home.

What happens after the procedure?
On your return to the ward from the recovery unit, the nurses will check your blood pressure and your temperature regularly. If you are experiencing any pain or are feeling sick, please tell the nurse who is looking after you so you can be given painkillers and/or anti sickness medication. You will be allowed to eat and drink when you return to the ward after your operation when you feel ready to do so.
You will usually have a catheter after prolapse surgery. A catheter is a tube which is inserted into your bladder and drains urine from the bladder into a collection bag next to your bed. There may also be a bandage or pack in the vagina which is usually removed the day after your operation.

**Day 1:** you will be encouraged to get out of bed, wash at your bedside and walk around the ward. The physiotherapists will come and see you, and instruct you on exercises to do whilst in bed or whilst sitting by your bed. If you have a pack in your vagina, it will be removed today.

**Day 2:** Your catheter will be removed today. You will need to try to drink 1½ – 2 litres of fluid within the first 24 hours (about six to eight cups). Please don’t drink more than this or you may put unwanted pressure on your bladder. You will need to pass urine into a jug/bedpan for the nurse to measure. This will be explained to you.

The nurse will need to check that you are emptying your bladder properly using a special bladder scanner. She will move a small probe around on top of your tummy just over where your bladder is. This will measure the amount of urine left in your bladder after you have been to the toilet. Once you are passing volumes of 200mls of urine or more at a time and leaving less than 100mls in your bladder, the nurse will stop measuring. If you are having problems emptying your bladder properly, another catheter will be inserted.

You can expect to have some vaginal discharge for a couple of weeks following your surgery.

You will usually be able to go home on the third day after your surgery, after you have been able to open your bowels, you are up and about and your pain is well controlled.

**What do I need to do after I go home?**

**When can I go back to work again?**
It can take up to three months for you to feel fully recovered following prolapse surgery. After six weeks most women are ready to return to normal activities. We advise that you do not go back to work for six weeks following your operation, or until you have been seen for your follow-up appointment. It is very important that you rest properly whilst your internal wounds heal.

**When can I resume normal activities?**
We advise you not to lift anything heavy (including children, shopping bags and laundry) for three months as it may damage the repair. Avoid strenuous exercise for at least six weeks. Walking is ok and you can swim once your bleeding has stopped. Don’t use tampons when you have your period for six weeks after your operation.

**When can I drive?**
Check with your insurers, but only drive again once you are able to do an emergency stop without any pain.

**When can I have sexual intercourse again?**
We advise not to have sex until six weeks after your operation or when you feel ready to. You can expect to see a vaginal discharge for a couple of weeks following your operation – this is normal. If it becomes offensive (bad smelling), heavy or has clots in it, you may have an infection. See your GP or come to the early pregnancy and acute gynaecology unit (EPAGU) on 8th floor at St Thomas’ Hospital.
Will I have a follow-up appointment?
You will be sent an appointment to see one of Mr Kelleher’s team of doctors three months after your surgery.

Useful sources of information
The Bladder and Bowel Foundation provides information and support for all types of bladder and bowel related problems. w: www.bladderandbowelfoundation.org

PromoCon provides a national service for people with bladder and bowel problems. w: www.promocon.co.uk

Contact us
If you have any questions or concerns about the prolapse repair, please contact the gynaecology ward on 020 7188 2697. You can also contact Ellie Stewart, urogynaecology nurse specialist on 020 7188 3671 (Mondays and Tuesdays only, 9am – 5pm). Alternatively, contact your GP or, if out of hours, go to your nearest accident and emergency (A&E) department.

Patient Advice and Liaison Service (PALS) – To make comments or raise concerns about the Trust’s services, please contact PALS. Ask a member of staff to direct you to the PALS office or: t: 020 7188 8801 at St Thomas’ t: 020 7188 8803 at Guy’s e: pals@gstt.nhs.uk

Knowledge & Information Centre (KIC) – For more information about health conditions, support groups and local services, or to search the internet and send emails, please visit the KIC on the Ground Floor, North Wing, St Thomas’ Hospital. t: 020 7188 3416

Language support services – If you need an interpreter or information about your care in a different language or format, please get in touch using the following contact details. t: 020 7188 8815 fax: 020 7188 5953

NHS Choices – Provides online information and guidance on all aspects of health and healthcare, to help you make choices about your health. w: www.nhs.uk

Become a member of your local hospitals, and help shape our future
Membership is free and it is completely up to you how much you get involved. To become a member of our Foundation Trust, you need to be 18 years of age or over, live in Lambeth, Southwark, Lewisham, Wandsworth or Westminster or have been a patient at either hospital in the last five years. To join: t: 0848 143 4017 e: members@gstt.nhs.uk w: www.guysandstthomas.nhs.uk