Vaginal Hysterectomy and Anterior and Posterior Repair

This information leaflet has been developed to help your understanding of what is involved with vaginal hysterectomy and anterior or posterior repair. It is intended to be a guide and is not expected to cover every possible detail.

What is an anterior or posterior repair?
These operations correct prolapse of the womb (uterus) and vaginal walls. These repair operations may be performed separately or together and if the womb is also found to prolapse then this may need to be removed at the same time (vaginal hysterectomy).

Anterior repair:
An anterior repair corrects prolapse or slipping forward of the front wall of the vagina. The bladder lies behind this and can be dragged down with it. This can cause symptoms such as discomfort and a feeling of a lump in the vagina. During the operation the vaginal wall is cut and the bladder pushed back to its normal position. It is held in place with a number of stitches; excess vaginal skin is trimmed and then closed.

Posterior repair:
A posterior repair corrects prolapse or slipping forward of the back wall of the vagina. The rectum lies behind this and can be dragged down with it. This may cause a feeling of discomfort, lump in the vagina and problems with opening and controlling your bowels. This operation involves similar techniques to push the rectum back to its normal position.

Vaginal hysterectomy:
Vaginal hysterectomy is the removal of your womb, together with your cervix through the vagina and may be advised for treating prolapse or heavy periods when medical treatments have failed or are inappropriate.

It may be performed separately or with an anterior and / or posterior repair. These operations may either be performed with you asleep under general anaesthetic or with you awake under spinal anaesthesia. This can be discussed with your anaesthetist. All stitches are dissolvable and may be noticed coming away from you a few weeks after the operation which is normal.

The pre-operative visit:
One or two weeks before your surgery we will invite you to a pre-operative clinic where you will be assessed for surgery. You will be seen by a member of nursing staff, who will ask questions about your previous medical history and arrange for some tests i.e. blood test and you may also have a chest x-ray.

What to do before coming to hospital?
You will come in on the day of your operation. Please bring into hospital any tablets or medicines you may be taking.
What to bring to hospital?
You will need to bring with you nightwear, loose day clothes, towels, sanitary towels, personal hygiene items, lip balm, tissues, slippers and loose fitting underwear. We also recommend that you bring in books, magazines to read and also a small amount of money to buy patientline cards if you want to watch the television or use the telephone (as mobiles are not allowed in most areas of the hospital) or a newspaper.

What happens before the operation?
You need to have a bath or shower before you come into the hospital. Please leave any jewellery at home. If you are unable to remove any piece of jewellery, a protective tape will be placed over it.

When you arrive on the ward, the nurse will check your details and will show you to your bed and help you to change into a gown and give you an identity wristband. If you are wearing any nail varnish or make up you will be asked to remove this. We will take some basic tests such as pulse, temperature, blood pressure and a urine sample. You will also need to remove contact lenses, glasses and false teeth.

Visit by the surgical team:
A doctor will come and see you and explain the operation to you. If you have not already signed a consent form in the clinic, we will ask you to sign one which gives us permission to perform the operation. If you have any questions, please ask.

Visit by the anaesthetic team:
One of the anaesthetists who will be giving you anaesthetic will come and see you. Please tell the anaesthetist about any allergies, chest problems, dental treatment and any previous anaesthetics you have had, and also any anaesthetic problems within the family.

If your operation is in the morning, you must have nothing to eat or drink after midnight. If you are having your operation in the afternoon, you may have a light breakfast and a drink no later than 6am. The breakfast can consist of cereal and toast; you must not have a large cooked meal as this could affect you during the operation.

Preparation for surgery:
We will give you anti-embolic stockings to help reduce the possibility of blood clots during your stay in hospital. These should be pulled up at all times and not be allowed to roll down. We may give you a pre-medication drug a few hours before your operation, which may cause drowsiness and a dry mouth. A member of staff will go with you to the operating theatre and will hand you over to the care of a member of anaesthetic team.

What happens after the operation?
After the operation you will be taken to the recovery room.
Coming round after general anaesthetic:
Although you will be conscious a minute or two after the operation ends, you are unlikely to remember anything until you are back in your bed on the ward. You may find you have a:
- Mask supplying oxygen.
- Narrow tube into your vein to replace lost fluids.
- A catheter (tube) draining the urine from the bladder until you are able to go to the toilet yourself.
- If you have had surgery for incontinence at the same time, a catheter may be left in the bladder through the abdomen (suprapublic). If you have a suprapublic catheter, the catheter will be clamped the next day and you will be encouraged to pass urine. The suprapublic catheter will then be released to check that you are emptying your bladder completely before it is removed. If the nurses are happy with the amount of urine passed and the amount left behind in the bladder is satisfactory, the catheter will be removed.
- Occasionally a length of material like a bandage is rolled up and placed inside the vagina at the end of the operation to help prevent bleeding. This ‘pack’ is removed the following morning. In order to prevent clots in the legs (thrombosis), we will ask you to wear anti-embolic stockings while you are in hospital. You will also be given an injection every day of a medicine to keep your blood thin.
- You should be able to walk the day after the operation and we will encourage you to shower by the second or third day.

Will I be in a lot of pain after the operation?
Pain levels can vary from person to person and is more noticeable with a posterior repair. There are a variety of methods of pain relief that we can use so that you remain comfortable. Many patients are given a hand held device to control their pain called a patient controlled analgesia system (PCA), which enables you to give to yourself appropriate levels of pain relief according to how you are feeling.

Nurses can also give injections of strong pain relief and when you start eating you will be able to take tablets. You may feel sick especially in the first 24 hours and various medicines are available to control this. A drip will be used to give fluid to you whilst you are unable to drink.

How long will I be in the hospital?
You will usually be able to go home after two or three days. A doctor may need to perform an internal examination before you go home particularly if you have had both anterior and a posterior repair.

When can I resume intercourse?
We would advise that you wait for the review in the clinic before resuming sexual intercourse to allow time for internal healing.

When can I drive?
Provided you are comfortable sitting in a car, and can perform an emergency stop without pain or discomfort, it is safe to drive. We recommend short distances initially, gradually building up to longer journeys. We strongly advise that you check with your Insurance Company regarding any restrictions.
Activities to avoid:
- Do not douche your vagina or use tampons till your review back in the clinic.
- Avoid heavy lifting and sport for 6 weeks to allow the wounds to heal.
- Drink lots of fluids and eat fresh fruit and vegetables to avoid constipation and straining to open your bowels.
- Any constant cough is to be treated promptly. Please see your GP as soon as possible.

When will I be seen again?
You will be seen in the gynaecology outpatients by the team who performed your surgery six to ten weeks after the date of the surgery. A doctor may need to examine you. After this visit you may able to return to work providing it does not involve heavy lifting and you may also resume sexual intercourse.

Are there any risks associated with this operation?
No surgery is without risk. These risks include:
- Bleeding with a possible need for blood transfusion.
- There is up to a 30% chance of requiring further surgery for further symptoms of prolapse. This can be kept to a minimum by allowing an adequate period of rest following the operation and by avoiding heavy lifting, coughing and straining to open your bowels/constipation.
- There is also a small risk (about 5%), of finding sex uncomfortable after the operation especially if both anterior and posterior repairs are performed together.
- Not being able to pass urine (urinary retention).
- Urine infection.
- Damage to bladder/urinary tract (more so with anterior repair)
- Long-term disturbance to bladder function (more so with anterior repair)
- Haematoma formation (collection of blood) at the top of the vagina that can get infected.
- Venous thrombosis and embolism

What are the benefits of this operation?
The benefits are to improve or resolve the symptoms of prolapse e.g. to remove the feeling of lump in the vagina.

Are there any alternatives to this surgery?
The alternatives are to do nothing or to use vaginal pessaries.

What if I have problems after discharge?
If you are unable to pass urine after discharge or have severe vaginal bleeding, abdominal distension or pain you need to attend the Accident and Emergency Department (A and E) immediately.
Contact your GP if you have other problems such as:
- Foul smelling discharge from the wound.
- High fever
- Pain when passing urine or blood in the urine.
- Difficulty opening your bowels.
- Pain or swelling of the legs.
You may contact The Lancaster Suite (The Hospital Continence Service):

By Telephone: 020 8401 3647 is our direct line or
By Fax: 020 8401 3647
By website: www.maydayhospital.org.uk
By post: The Lancaster Suite, Mayday University Hospital, London Road, Croydon, Surrey. CR7 7YE.

Your questions and comments:
If you have a problem when in hospital that the nurses and doctors are unable to resolve, you can contact the Patient Advice and Liaison Service (PALS) who will be happy to help you.

PALS offers assistance, advice and support for patients and their families. The service can help if you have concerns or worries about treatment or care. PALS may also be able to provide further information about tests and procedures. They also have a library of voluntary and support agencies.

You can find PALS on the first floor of London Wing (Blue Zone) above the main entrance. The PALS office is open from 9am to 5pm on Monday to Friday. Telephone number 020 8401 3939

Smoking:
Mayday is a no smoking hospital. If you would like help to stop smoking before you come into the hospital, there is a smoking cessation help line that you can call on (020) 8401 0370. We can also offer Nicotine Replacement Therapy (patches) to patients who want it. Visitors must not smoke at all in the hospital or in hospital grounds.