



ANTERIOR AND POSTERIOR REPAIR

This information leaflet has been developed to help your understanding of what is involved with an 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?

Both operations correct prolapse of the vaginal walls. They 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 several 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.

Both 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.

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 fitness 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. 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 your 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 or magazines to read.

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 accompany 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 around 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 on the ward. You may find you have a:

- Mask supplying oxygen.
- Narrow tube in your vein to replace lost fluids.
- A catheter (tube) draining the urine from the bladder until you can 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 (suprapubic). If you have a suprapubic catheter, the catheter will be clamped the next day and you will be encouraged to pass urine. The suprapubic 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.
- 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 a day after your operation. 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 six 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 be 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 (1%) – serious bleeding requiring blood transfusion is unusual following vaginal surgery
- Haematoma formation - Collection of blood at the top of the vagina that can get infected.
- Infection – although antibiotics are given just before surgery and all attempts are made to keep surgery sterile, there is a small chance of developing an infection in the vagina or pelvis
- Damage to organs - damage to the bladder/urinary tract (anterior repair) and rectum (posterior repair) is very uncommon
- Urinary retention (10%) may require a catheter
- Urinary tract infection (6%)
- Constipation – most common post-operative problem. It is important to maintain a high fibre diet and to drink plenty of fluids. Your doctor may have to prescribe laxatives
- Pain with sexual intercourse - there is a small risk (about 5%) of finding sex uncomfortable after the operation especially if both anterior and posterior repairs are performed together. Some women also find intercourse is more comfortable after the prolapse is repaired
- Urinary incontinence – after a large anterior vaginal wall repair stress urinary incontinence may be unmasked and this may require further treatment.
- Repeat surgery - 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.
- Mesh complications (rarely used) – if synthetic mesh is used for reinforcements there is a 5-10% risk of mesh extrusion requiring trimming in theatre. Rarely pain can develop associated with the mesh requiring part or all of the mesh to be removed

- Venous thrombosis (blood clots in legs) and pulmonary embolism (clots in lungs).

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&E) immediately. Contact your GP if you have other problems including:

- 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 Shirley Oaks Hospital:

By Telephone: 020 8655 5500 is our direct line or

By post: Shirley Oaks Hospital, Poppy Lane, Shirley Oaks Village, Croydon CR9 8AB

Your questions and comments:

If you have a problem when in hospital that the nurses and doctors are unable to resolve, contact the Director of Clinical Services at Shirley Oaks Hospital.

Smoking:

Shirley Oaks Hospital is a no smoking hospital.

Data Protection:

During your visit you will be asked for some personal details. This is kept confidential and used to plan your care. It will only be used by staff who need to see it because they are involved in your care and we may send details to your GP.