Enhancing your recovery after pelvic floor surgery for prolapse

- Anterior and / or posterior vaginal repair
- Perineal repair
- Re-attachment of the vaginal apex (sacrospinous fixation of the uterus or vault)
- Vaginal hysterectomy with any of the above

Introduction

This leaflet gives you a brief overview of what to expect before and after your surgery It is important that you understand what to expect and to feel able to take an active role in your treatment. Your surgeon will have already discussed your treatment options with you, including the benefits, risks and any alternatives.

The usual length of stay in hospital for this sort of surgery is between two and three days. There will be many different health professionals involved in your care during your stay and you will be given a clear plan for any after care needed following your discharge from hospital. This leaflet will answer some of the questions that you may have but if there is anything that you and your family are not sure about, then please read our "Coming into hospital" leaflet for further information about your stay in hospital.

The operations

Vaginal hysterectomy

In this operation the uterus and cervix are removed through the vagina rather than through an abdominal cut. There is no suction involved in such an operation!

Anterior and Posterior Vaginal Repair

Anterior and posterior repair is when the front (anterior) and back (posterior) vaginal walls are opened and any lax and excess redundant tissue in the vaginal wall is removed. The walls are then repaired and tightened.

Perineal Repair

Perineal repair is carried out to strengthen the muscular support between the vagina and anus. This area of anatomy has often been weakened by childbirth and may contirbute to some of your degree of vaginal prolapse.

Sacrospinous fixation of the vaginal apex (uterus or vault)

In patients who do not wish to undergo hysterectomy for their prolapse it is possible to re-attach the top of the vagina by inserting supporting stitches from the apex of the vagina to tissues deep at the back of your pelvis known as the Sacrospinous ligaments. This procedure re-elevates the top of the vagina to an almost anatomical position thus reducing any prolapse. When the uterus is left in place this elevates the uterus and cervix back into position. In women who have had a hysterectomy previously and then get a prolapse at the top of the vagina, the vaginal apex (vault) is re-attached).

The risks of pelvic floor surgery

As with any surgery, there are risks to undergoing the operation. Fortunately, these are usually quite rare. They include:

- **Bleeding** - there is about a 1 in 100 chance that you will bleed such that a blood transfusion will be required.
- **Infection** - although we will give you antibiotics during the operation, there is about a 1 in 100 chance that you will develop an infection. This infection can be in the lungs (particularly if you smoke), the wound, the bladder or inside the abdomen. It will usually settle after a course of antibiotics.
- **Haematoma** - for this surgery this is usually a collection of blood occurring at the top of the vagina. In most cases it will settle, but may cause some prolonged blood loss or discharge. Antibiotics may be used if you feel unwell or the discharge is offensive, occasionally it may be necessary to return to the operating theatre to drain the haematoma.
- **Urinary problems** - urine infection may result, as it is routine practice to catheterise the bladder to allow drainage of the bladder for the first 24 hours after the operation. This may result in “cystitis” like symptoms and antibiotic treatment is usually required. Some women may have urinary problems, like incontinence, which have been masked by a vaginal or womb prolapse. It is therefore possible that, by removing or repairing the prolapse, the problems are discovered and produce symptoms that did not exist before the Operation. These symptoms may require further investigation and treatment.
- Damage to other organs - there is a small risk (about 1 in 200) that you will sustain an injury to the bladder or bowel during the operation. Most of these injuries are recognised and repaired at the time of the operation. However, in a few cases, repeat surgery may be necessary.
- Leg clots and thrombo-embolus - these are very rare (about 1 in 500) for patients in good health. Clots (thrombus) may form in the veins of your legs or pelvis after surgery. Very rarely a clot may dislodge and travel to the heart and then lungs (thrombo-embolus) which can be a serious condition. They are more likely if you are overweight or smoke. To prevent these clots you will be given special socks to wear and injections to thin the blood.

Pre-admission advice

What can I eat and drink before the operation?

You may eat a normal evening meal the night before your operation. As well as your evening meal you may be given cartons of a lemon flavoured drink called Nutricia Pre-op to drink over the course of the evening. This drink is specially designed to give your body additional nourishment and help you recover.

What happens on the day of the operation?

You will be seen by the anaesthetist and the gynaecological surgeon carrying out your operation. They will explain to you the method of pain relief that will be used and also will be able to answer any questions that you may have about the operation. The surgeon performing your operation will review the consent form which you will have already signed at the time when it was agreed that you would need surgery**.**

You will need to confirm that you understand what you are having done and indicate that there has been no change in the circumstances of your condition since you were seen in the clinic.You may withdraw consent at any time until you are anaesthetised. Please discuss this with your medical team if you have any concerns.

Your anaesthetic

Your anaesthetist will review your pre-operative documentation, ask any other further relevant questions and explain the planned anaesthetic. There are different ways of giving an anaesthetic and ensuring post-operative pain relief and these will be tailored to the exact type of operation you are having. Most commonly, a general anaesthetic (when you are asleep for the operation) is appropriate.

Quite often, a spinal anaesthetic (when local anaesthetic and painkiller is injected into the fluid around the nerves in the back – similar to an epidural) will be suggested,either as an alternative or in addition to your general anaesthetic. This form of anaesthesia works very well for pelvic floor surgery and helps to minimise the amount of general anaesthetic that would otherwise receive. Other painkillers will be given to you either before or during your surgery, as well as routinely afterwards.

How long will the operation take?

Although the operation itself usually takes no more than an hour and a half, you will be away from the ward for longer than this. There will be time in the anaesthetic room before your operation when you will be connected up to the monitoring equipment and there will be time in the recovery room afterwards when you are waking up after your operation.

What happens in theatre?

You will be moved into the operating theatre and transferred onto the operating table. During your operation, a urinary catheter (a small tube) may be placed into your bladder to collect urine. This will usually remain in place overnight after the operation and will be removed the following morning if you are able to stand in order to get out to the toilet. Rarely and depending on the type of operation you are having, you may have a gauze pack in your vagina. This will be removed on the day after your operation. Whilst you are in theatre you will usually be given a dose of antibiotic to prevent infection and an injection of an anticoagulant drug to prevent you developing a blood clot (thrombosis) in your legs; your elasticated socks also help to prevent this.

How will I feel when I wake up?

You will wake up gradually in the recovery room but may still feel a little sleepy. You may be given some extra oxygen to help you breathe more easily and a fluid drip in your arm. There will be a urinary catheter in place to collect your urine. The nursing staff will closely monitor you as you wake up. This is all routine after a general anaesthetic. Occasionally, you may feel sick or have some pain. It is important to tell the staff so that they can provide medication to relieve these symptoms. When you are fully awake and ready to return to the ward, you will be taken back to the ward on your bed; the nursing staff will accompany you.

What can I eat after my operation?

You will be able to eat whatever you like as soon as you feel hungry after your operation. Depending on the time of your operation it may be possible to eat on the evening of your operation, staff will advise you. The fluid drip will be removed from your arm within 24 hours as soon as you can drink freely. It is important to drink plenty of fluid and to start eating straight after your operation as your body will need the nutrition to help with the repair process.

How quickly will I be up and about?

Depending on the time you return to the ward after your surgery, you will be helped to mobilize and to sit out of bed for a few hours. It is important to get moving very soon after surgery as this

reduces the risk of clots in the legs. The anticoagulant injections will continue until you are fully mobile or longer if you have any additional risk factors. The day after your operation you will be assisted to walk and to remain out of bed for six hours. Strong pain relief is available as required but we try to avoid some drugs, particularly morphine derivatives (Codeine, Tramadol) as these tend to impair the function of your bowel which in turn slows down your recovery.

When will I be discharged?

We expect you to be in hospital for about two days. Before you go home, your pain will be well controlled by tablets. You will be given a supply of any new tablets that the hospital doctors wish you to take before you leave. You must be eating and drinking and you need to be able to walk about on your own. Generally a bowel motion may not occur in the first three days after the operation. This does not need to delay your discharge. The nurses will offer you a laxative if required. Wind pain can be a problem. Some women get pain in their shoulders, which may also be due to wind. The nurses will offer you peppermint water to relieve this symptom. It is preferable to have someone with you at home but not essential that you do. We will make sure that you are able to manage before planning to discharge you from hospital.

What happens if I go home with a catheter?

You may wake up with a catheter, this will be removed the morning following your surgery. In some cases the bladder needs extra time to wake up so you may need to go home with a catheter and a flip flow valve for one week. The nurse will give you all the information regarding the care involved plus an extra flip flow valve and adhesive leg attachments.
You will receive a phonecall from the Womens Health department at Easbourne DGH to organise the removal of the catheter usually one week later unless indicated otherwise but for all information please do not hesitate to contact the nursing team on 01323 413877.

What will happen after I am discharged?

Before you leave the ward, your nurse and physiotherapist will give you clear information and recommendations to follow during your recovery. You will also be given a telephone number that you can call if you need additional advice after your discharge. Please contact the above number for nursing assistance.

Follow-up

If your surgery has been complicated and there are results with further management requiring you to be followed up, you will be given an appointment in the out-patient clinic to assess your recovery after the operation. If the surgery has been straight forward you will receive notification of any results by letter from your consultant and he /she may choose to contact you by telephone to ensure you are well. Alternatively you will be discharged to your own GP who will be able to carry out your follow up check.

Not all gynaecology operative procedures require face to face follow-up appointments with the surgeon. If you have not been sent a follow-up appointment but are experiencing problems following your surgery, please see you GP for referral back to your surgeon.

Returning to normal activity

For women who are having pelvic floor surgery and/or vaginal hysterectomy, it is important not to do anything strenuous for six to eight weeks after the operation.
Walking is encouraged from the day of your operation. You should plan to undertake regular mild exercise several times a day and gradually increase this during the four weeks following your operation and until you are back to your normal level of activity. The main restriction we

would place on activity is that of any heavy lifting, which should be avoided completely from here onwards in order to minimize the chance of developing a recurrent prolapse. If you are planning to restart a routine exercise such as cycling or swimming, you should wait until six weeks after your operation and start gradually. Common sense will guide your exercise and rehabilitation. In general, if you are pain free you can normally undertake most activities except any heavy lifting! The physiotherapist will often have visited you on the ward after your operation to give guidance on activities. They may also arrange a follow up visit with them in some circumstances. Please note that the suture used to reattach the vault has a long life and can take anything up to 4 months to dissolve, during this time you may find you have discomfort in the buttock region, this is a common symptom with sacrospinous fixation and should gradually subside after 3-4 months.

Sexual activity
Most women may resume sexual relations after six weeks when the initial healing has taken place. Each person is an individual so it is down to personal preference and when you feel ready. The vagina may be slightly narrowed after vaginal repair surgery and you should therefore inform the doctor before your operation if you will wish to be able to resume your sex life afterwards. It may be advisable to use vaginal lubricant initially.

Driving
You should not drive until you are confident that you can drive safely. A good yardstick for this is when you have been able to resume most of your normal activities. Usually, this is within four to six weeks of surgery. It is important that any pain has resolved sufficiently to enable you to perform an emergency stop and turn the steering wheel quickly and confidently. After this time, check with your insurance company regarding coverage. It is recommended that on your first trip you have someone with you who can drive!

Return to work
You should be able to return to light non-manual work within four to six weeks after your operation. If your job is a heavy manual job then it is advised that heavy work should not be undertaken until at least 8 -12 weeks after your operation. Ideally you should discuss with your employer whether an alternative lighter work can be undertaken. Remember strong physical activity especially lifting may result in a recurrence of any prolapse problem thus undoing the benefit of your surgery.

Sources of information

- www.cks.nhs.uk/patient_information_leaflet/hysterectomy
- www.netdoctor.co.uk/health_advice/facts/hysterectomy.htm
- Women’s Health Concerns – PO Box 16299, London, W8 6AU,Tel: 0207 938 3932
- The Amarant Trust - Grant House, 50-60 St.John Street, London, EC1M 4DT, Tel: 0207 490 1644

Important information

The information in this leaflet is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

Your comments

We are always interested to hear your views about our leaflets. If you have any comments please contact our Patient Advice and Liaison Service (PALS) – details below.

Hand hygiene

The trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other formats

This information is available in alternative formats such as large print or electronically on request. Interpreters can also be booked. Please contact the Patient Advice and Liaison Service (PALS) offices, found in the main reception areas:

Conquest Hospital
Email: palsh@esht.nhs.uk - Telephone: 01424 758090
Eastbourne District General Hospital
Email: palse@esht.nhs.uk - Telephone: 01323 435886

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

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Next review date:	April 2021
Responsible clinician/author:	Mr B J Auld – and Mr El-halwagy