

VAGINAL HYSTERECTOMY AND REPAIR SURGERY

Vaginal prolapse is a common condition and can cause symptoms such as a sensation of a vaginal lump, vaginal discomfort, constipation and difficulty emptying the bowel or bladder. An operation is only indicated when the prolapse is symptomatic. The majority of women will have improvement of symptoms following an operation.

Pelvic floor physiotherapy has been shown to decrease symptoms and prevent progression of vaginal prolapse. Physiotherapy is also strongly recommended for women having surgery to support the repaired area in the long term.

Some women will be suitable to try a vaginal pessary instead of surgery. This is a device which is inserted in the consulting rooms. The pessary supports the vagina and will be changed every 4 to 6 months.

What happens during surgery?

- Women undergoing a vaginal prolapse surgery have the operation with general anaesthetic or regional (spinal) anaesthetic.
- The uterus (womb) is removed through the vagina. There is no cut on the abdomen and all stitches are done through the vagina.
- There is an option of removal of the ovaries and/or fallopian tubes at the time of hysterectomy. Removal of ovaries and tubes decreases the risk of ovarian cancer in the future. Discuss this option with your doctor.
- A cut is made into the vaginal walls and the lump (prolapse) is pushed back using stitches. This may be at the front or the back walls of the vagina or both, depending on the type of prolapse you have.
- The vagina is closed with stitches which will dissolve
- An additional stitch (sacrospinous stitch) is often required at the top of the vagina or into the cervix to support the vagina. **This stitch will cause some discomfort in the buttock.** This discomfort may last a number of months until the stitch dissolves.
- At the end of the operation a catheter (tube in the bladder) will drain urine from the bladder and a vaginal pack (bandage inside the vagina) will be placed. These will stay in for 1-2 days.
- Antibiotics will be given during the surgery.

Are there any complications?

- Recurrence of symptoms and/or prolapse following the surgery. Even after a hysterectomy, the prolapse can recur either in a different part of the vagina or the top of the vagina where the uterus has been removed.
- Need for a cut on the abdomen (laparotomy) to control bleeding or if there is difficulty with the hysterectomy. This may then require a longer hospital stay and longer recovery time.
- Damage to the bladder or bowel during the surgery which would require repair during the surgery. A cystoscopy (look inside the bladder) will be performed at the end of the operation to check for any damage.

- The ureter (the tube running from the kidneys down to the bladder) could be damaged during the surgery. A cystoscopy (looking inside the bladder) will be performed at the end of the surgery to check that no damage has occurred.
- Rarely if the bladder or bowel were damaged, a fistula (connection between the vagina and bladder or bowel) can occur. This would cause constant leakage and require further surgery to correct the fistula.
- If removal of fallopian tubes or ovaries has been planned, this is not always possible through the vagina. You will be informed if this has occurred after your surgery.
- Difficultly passing urine initially after the surgery requiring a catheter for days to weeks. This usually resolves once the swelling and bruising settles.
- Some women experience pain with sexual intercourse or difficulty with intercourse due to scarring following the surgery. This may require further surgery but may not completely resolve.
- Functional problems, such as urinary incontinence or difficulty emptying the bowel or constipation may not be resolved or may develop after prolapse surgery and need different treatment or further surgery.
- Heavy bleeding during or soon after the surgery requiring blood transfusion or return to the operating theatre.
- General risks of having an operation including the anaesthetic, pain and discomfort, infection in the surgical site or urinary tract, clots in the legs which can travel to the lungs, lung infections, stroke and heart attack.

Recovery time

Most women stay in hospital for 2-3 days. You will be sent home once you are feeling well.

It is important to rest after the operation and allow the area to heal. Generally it is recommended:

- You restrict activity for two weeks.
- After 2 weeks do light activity only
- No driving for 2 weeks, then resume only if comfortable in the driving position.
- Avoid heavy lifting for 6 weeks, including shopping bags, washing baskets and children.
- Abstain from sexual activity for 6 weeks.
- Avoid playing sport for 6 weeks.

Many women experience some bleeding after the surgery which should be lighter than a period. This may become heavier after 1-2 weeks when the stitches dissolve.

If you have concerns following the surgery, please phone Dr Higgs' rooms on 07 53155361 or contact Buderim Private Hospital (07 5430 3303) and ask to speak to a nurse on the surgical ward (Ward 1A or 4B).