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RAMSAY HEALTH CARE

OG23 Anterior Repair

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What is an anterior prolapse?

An anterior prolapse is a bulge of the vagina caused by the bladder dropping down. It is caused by weakness of the support tissues between the vagina and bladder (see figure 1).

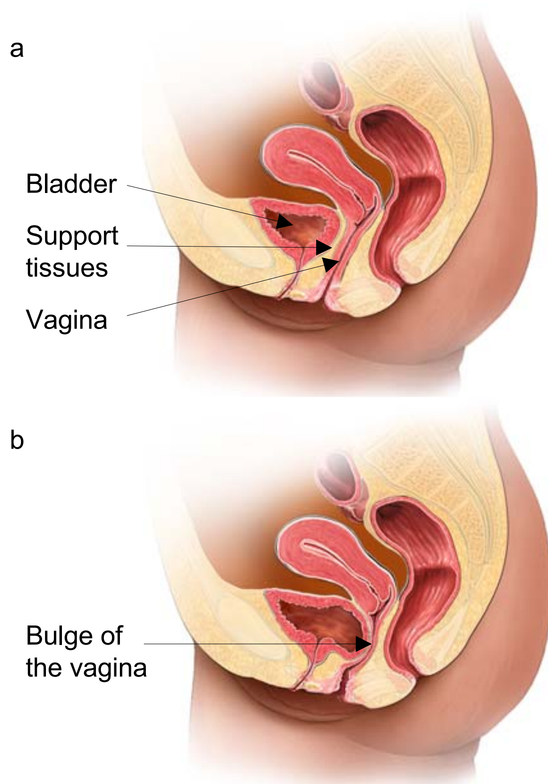

Figure 1

a Normal vagina

b Anterior prolapse

Your gynaecologist has recommended an anterior repair, an operation to tighten the support tissues of the bladder. However, it is your decision to go ahead with the operation or not. This document will give you information about the benefits and risks to help you make an informed decision.

If you have any questions that this document does not answer, you should ask your gynaecologist or any member of the healthcare team.

Why do I need an anterior repair?

An anterior prolapse can cause the following problems.

- A sensation of 'something coming down'.
- The need to pass urine more frequently.
- The feeling of not having fully emptied your bladder.
- A bulge in your vagina, which can cause discomfort when having sex and difficulty keeping a tampon in.

An anterior prolapse is usually caused by childbirth. However, sometimes the problem can happen in women who have never been pregnant.

Usually you notice the problem only after menopause (about age 50 to 52). However, doing a job involving strenuous activity, being overweight and having a long-term cough can make the problem more noticeable earlier.

What are the benefits of an anterior repair?

The aim of surgery is to tighten the support tissues of your bladder and remove the bulge in your vagina.

Are there any alternatives to an anterior repair?

If you have only a mild prolapse, your doctor will usually recommend that you have an anterior repair only after you have tried simple treatments.

- Pelvic-floor exercises – This is the most effective non-surgical treatment. Your physiotherapist can give you exercises and, if you do them properly over three to six months, your symptoms should improve.
- Inserting a pessary – This involves placing a device inside the vagina to support the tissues. This can avoid the need for surgery or test which symptoms may be helped by surgery.

There is another surgical procedure that involves replacing the support tissues with a mesh. This technique may be recommended if you do not have enough support tissues or if you have already had an anterior repair. Your gynaecologist will be able to discuss this option with you.

What will happen if I decide not to have the operation?

A prolapse can seriously affect your quality of life but is not life-threatening. A prolapse may slowly get bigger, eventually appearing at the entrance of your vagina.

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If you have only a mild prolapse, your doctor will be able to recommend an alternative treatment for you.

What happens before the operation?

It is possible to have more than one type of prolapse at the same time – the support tissues of your womb or back passage may also be weak. Your gynaecologist may be able to find out the full nature of your problem only when you are under the anaesthetic and they can perform a thorough examination. For this reason your gynaecologist may plan for a number of different techniques before the operation and will discuss this with you.

Your gynaecologist may ask you to go to a pre-admission clinic. They will carry out several tests and checks to find out if you are fit enough for the operation. If you have any questions about the operation, you should ask a member of the healthcare team at this visit.

You may be asked to have a pregnancy test to make sure you are not pregnant. The test is usually performed using a sample of your urine.

What does the operation involve?

The healthcare team will carry out a number of checks to make sure you have the operation you came in for. You can help by confirming to your gynaecologist and the healthcare team your name and the operation you are having.

An anterior repair is usually performed under a general anaesthetic. However, a variety of anaesthetic techniques is possible. Your anaesthetist will discuss the options with you and recommend the best form of anaesthesia for you. You may also have injections of local anaesthetic to help with the pain after surgery. You may be given antibiotics during the operation to reduce the risk of infection. The operation usually takes about half an hour.

Your gynaecologist may examine your vagina. They will make a cut in the front (anterior) wall of your vagina so they can push your bladder and urethra (tube that carries urine from your bladder) back into place. Your gynaecologist will stitch the support tissues together to provide better support for your bladder and urethra. They will cut away a small part of the vaginal wall to remove tissue left over from the repair.

Your gynaecologist will close the cut with dissolvable stitches and may place a pack (like a large tampon) in your vagina.

Your gynaecologist may place a catheter (tube) in your bladder to help you pass urine.

What should I do about my medication?

You should let your doctor know about all the medication you are on and follow their advice. This includes herbal remedies and medication to control diabetes and blood pressure. If you are on beta-blockers, you should continue to take them as normal. You may need to stop taking warfarin, clopidogrel, oral contraception or hormone replacement therapy (HRT) before your operation.

What can I do to help make the operation a success?

If you smoke, stopping smoking several weeks or more before an operation may reduce your chances of getting complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher chance of developing complications if you are overweight.

Regular exercise should help prepare you for the operation, help you recover and improve your long-term health. Before you start exercising, ask a member of the healthcare team or your GP for advice.

You can reduce your risk of infection in a surgical wound.

- Try to have a bath or shower either the day before or on the day of your operation.
- Keep warm around the time of your operation. Let a member of the healthcare team know if you are cold.

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What complications can happen?

The healthcare team will try to make your operation as safe as possible. However, complications can happen. Some of these can be serious and can even cause death. You should ask your doctor if there is anything you do not understand. Any numbers which relate to risk are from studies of women who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

1 Complications of anaesthesia

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

2 General complications of any operation

- **Pain**, which happens with every operation. The healthcare team will try to reduce your pain. They will give you medication to control the pain and it is important that you take it as you are told so you can move about as advised.
- **Feeling or being sick**, which is common after the operation. Most women have only mild symptoms and feel better within 24 hours without needing any medication.
- **Bleeding** during or after surgery. Any bleeding is usually very little.
- **Blood clots** in the legs (deep-vein thrombosis – DVT), which can move through the bloodstream to the lungs (pulmonary embolus), making it difficult for you to breathe. The healthcare team will assess your risk. Nurses will encourage you to get out of bed soon after surgery and may give you injections, medication, or special stockings to wear.
- **Infection of the surgical site** (wound). It is usually safe to shower after 48 hours. However, you should check with a member of the healthcare team. Let your gynaecologist know if you get a temperature, an unpleasant-smelling discharge or increasing pain. An infection usually settles with antibiotics but you may need another operation.

3 Specific complications of this operation

- **Incontinence**, where urine leaks from the bladder (risk: less than 1 in 10). You may need further treatment or surgery.
- **Urine infection**. This is one of the most common complications and usually makes you want to pass urine more frequently. Most infections are minor and often happen after leaving hospital. The infection usually settles within 24 hours of starting treatment with antibiotics.
- **Difficulty passing urine**. This can happen if the bladder gets swollen or bruised, or if the muscles around the bladder do not contract well enough. You will need a catheter for about two days.
- **Developing a haematoma**, which is a collection of blood between the vagina and the bladder. Most haematomas are small and may cause only a mild temperature that may need treatment with antibiotics. If the haematoma is large and causing symptoms such as pain and difficulty passing urine, your gynaecologist may need to drain it under an anaesthetic. Sometimes a haematoma will drain on its own through the vagina, usually causing a period-like blood loss for up to six weeks.
- **Damage to the bladder** (risk: 2 in 1,000). Usually your gynaecologist will notice any damage and repair it during the operation. However, damage may not be obvious and this can cause an abnormal connection (called a vesico-vaginal fistula) to develop between the bladder and vagina, causing you to leak urine. If this happens, you will need a further operation to treat the problem.

How soon will I recover?

• In hospital

You may be given fluids through a drip (tube) in your arm for about the first 24 hours. You will probably feel some pain or discomfort when you wake. You may need injections of strong painkillers or only simple painkillers such as paracetamol.

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The drip in your arm, the pack in your vagina and the catheter are usually removed some time over the next day or so. The healthcare team will allow you to start drinking and to eat light meals. You should drink plenty of fluid and increase the amount of fibre in your diet to avoid constipation.

You will be seen by your doctors and physiotherapist who will recommend exercises that you should perform to help your recovery.

You should expect a slight discharge or bleeding from your vagina but you should let a member of the healthcare team know if this becomes heavy. You should use sanitary pads and avoid using tampons.

You will be able to go home when your gynaecologist thinks you are medically fit enough, which is usually after two to three days.

If you are worried about anything, in hospital or at home, contact a member of the healthcare team. They should be able to reassure you or identify and treat any complications.

• Returning to normal activities

To reduce the risk of developing a blood clot, make sure you follow carefully the instructions of the healthcare team if you have been prescribed drugs or have to wear compression stockings. If you develop pain, swelling or redness in your leg, or the veins near the surface of your leg appear larger than normal, you may have a DVT. Let your doctor know straightaway. If you become short of breath, feel pain in your chest or upper back, or if you cough up blood, you may have a pulmonary embolism. You should go to your nearest Accident and Emergency department or call an ambulance.

For the first two weeks at home you should rest, relax and continue to do the exercises that you were shown in hospital. You should continue to improve. It is important to let your doctor know if you experience heavy bleeding, increasing pain or shortness of breath.

The stitches in your vagina should dissolve but you may see the knots on your sanitary pads.

Try to take a short walk every day, eat healthily, drink plenty of fluids and rest when you need to.

It is best not to have sex for about six weeks or at least until any bleeding or discharge has stopped. You may experience some discomfort at first or need to use a lubricant.

Avoid standing for too long and do not lift anything heavy. You can go back to work once your doctor has said you are well enough to do so (usually after six to eight weeks). After three months you should be feeling more or less back to normal.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, you should ask a member of the healthcare team or your GP for advice.

Do not drive until you are confident about controlling your vehicle and always check your insurance policy and with your doctor.

• The future

Your gynaecologist will ask you to come back after about one to two months to check on your progress.

You should continue your pelvic-floor exercises as soon as possible after the operation and keep doing them for life. This will help to prevent the prolapse coming back (risk: less than 10 in 100) and reduce the risk of you becoming incontinent.

Summary

An anterior repair is a major operation usually recommended after simpler treatments have failed. If the operation is successful, your bladder will be better supported and you will no longer have a bulge in your vagina.

Surgery is usually safe and effective. However, complications can happen. You need to know about them to help you make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Keep this information leaflet. Use it to help you if you need to talk to a healthcare professional.

Acknowledgements

Author: Mr Jeremy Hawe MBChB MRCOG
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