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RAMSAY HEALTH CARE

OG24 Posterior Repair

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What is a posterior prolapse?

A posterior prolapse is a bulge in the back wall of the vagina. It is caused by weakness of the support tissues between the vagina and the bowel (see figure 1).

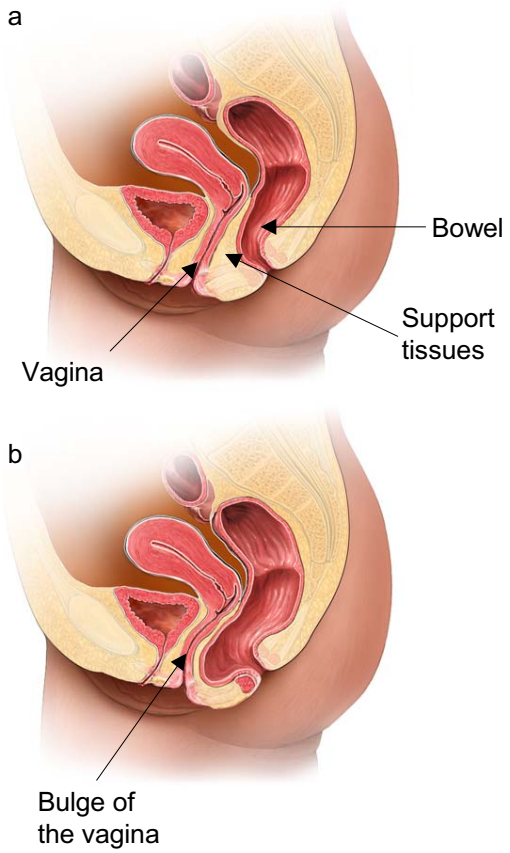

Figure 1

a Normal vagina

b Posterior prolapse

Your gynaecologist has recommended a posterior repair, an operation to tighten the support tissues between the vagina and the bowel. However, it is your decision to go ahead with the operation or not. This document will give you enough information about the benefits and risks so you can 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 a posterior repair?

A posterior prolapse can cause the following problems.

- A sensation of 'something coming down'.
- The feeling of not having fully emptied your bowel.
- The need to press on the back wall of your vagina to fully empty your bowel.
- A bulge in your vagina, which can cause discomfort when having sex and difficulty keeping a tampon in.

A posterior 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, constipation, 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 a posterior repair?

The aim of surgery is to tighten the support tissues between your vagina and bowel, and remove any bulge in your vagina.

Are there any alternatives to a posterior repair?

If you have only a mild prolapse, your doctor will usually recommend that you have a posterior 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.
- Treating any constipation – Eating more fibre and drinking more fluid usually improves the way your bowels work. If this does not help, your doctor can give you medication to make your bowel movements soft so you do not strain while opening your bowels.

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

What happens before the operation?

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.
A posterior 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 will 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 back (posterior) wall of your vagina so they can push your bowel back into place. If the support tissues in the upper, back wall are weak, your gynaecologist will use stitches to tighten the support tissues (enterocoele repair). They will then use stitches to tighten the support tissues along the length of the back wall of your vagina. Your gynaecologist will need to cut away a small part of the vaginal wall so they can remove excess tissue. Your gynaecologist will assess the strength of the muscles on either side of the entrance to your vagina. If the muscles are weak, your gynaecologist will use stitches to tighten them (perineal repair).
Your gynaecologist will close the cut in the vaginal wall 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.

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.
- **Unsightly scarring** of the skin at the entrance to the vagina. However, the wound usually heals neatly.
- **Blood clots** in the legs (deep-vein thrombosis – DVT) (risk: 1 in 100), 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

- **Difficulty opening your bowels**. This can happen if the bowel and back wall of the vagina get swollen or bruised. Your doctor can give you medication to make your bowel movements soft.
- **Developing a haematoma**, which is a collection of blood between the vagina and the bowel. 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 (risk: less than 1 in 100). 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 bowel and surrounding structures** (risk: 5 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 recto-vaginal fistula) to develop between the bowel and vagina, causing you to leak faeces (bowel movement). If this happens, you will need a further operation to treat the problem.

• **Difficulty having sex**. Most women experience some discomfort or pain, usually caused by scarring or narrowing of the vagina. Sometimes the problem can continue for a long time (risk: less than 3 in 10).

How soon will I recover?

• In hospital

Depending on how much surgery you needed, 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.
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 between one and 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 on with them for life. You should continue to eat plenty of fibre and drink plenty of fluid to keep your bowel movements soft. This will help to prevent the prolapse coming back (risk: less than 10 in 100) and reduce the risk of you becoming constipated.

Summary

A posterior repair is a major operation usually recommended after simpler treatments have failed. If the operation is successful, your bowel 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

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