NHS
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PATIENT INFORMATION

Vaginal Hysterectomy & Pelvic Floor Repair for Prolapse

WHAT IS A PROLAPSE?

The uterus (womb) and vagina are held in the pelvis by ligaments and pelvic floor muscles. When these ligaments and muscles become weakened the uterus and vagina descend, this is called prolapse. Due to the closeness of the bladder and rectum (back passage) they tend to bulge in the vagina with the prolapse. This may lead to a feeling of 'something coming down' the vagina, incontinence of urine or difficulty in passing urine and a feeling of fullness in the back passage.

WHY PROLAPSE OCCURS

There are various reasons for prolapse to occur and this includes the stretching of muscles and ligaments due to childbirth and weakening of the structures due to the ageing process and hormone deficiency. Other contributing factors are being overweight, chronic cough, constipation, smoking and heavy lifting.

There are various kinds of prolapse repair operations. The choice of operation depends on your symptoms as well as the degree of descent of the uterus down the vagina. As the neck of the womb drops down the vagina the prolapse is assessed as first degree and then second degree if the cervix reaches down to the entrance of the vagina. In some cases the cervix and part of the uterus will come down even below the entrance to the vagina and this is called a procidentia or third degree prolapse.

VAGINAL HYSTERECTOMY

This operation is done when there is second or third degree descent of the uterus. The neck of the womb and the womb are completely removed and it may be possible with this operation to remove the ovaries as well. This may be advisable depending on your age and would be discussed with you by your doctor.

There is also a leaflet Prophylactic Oophrectomy, a guide to removal of the ovaries. Vaginal hysterectomy can also be performed for women who have menstrual problems and only minor degrees of prolapse. In these circumstances pelvic floor repair is not required, but most women who have prolapse will require either an anterior repair or a posterior repair or both in addition to the vaginal hysterectomy.

ANTERIOR REPAIR (CYSTOCELE REPAIR)

This repair is required when the bladder is bulging into the vagina and can help to treat incontinence of urine.

During the surgery the front wall of the vagina is opened up and the bladder is dissected free and pushed back into its correct anatomical position. Supporting stitches are inserted and excess skin is removed.

RECTOCELE REPAIR OR POSTERIOR REPAIR

This operation is required when the back wall of the vagina is bulging into the vagina. The back wall of the vagina is dissected from the rectum (back passage) and supporting sutures are inserted to tighten up the pelvic floor muscles. Some stitches are also required on the outside skin between

the vagina and rectum to provide further support to the muscles of the pelvic floor.

All the stitches used for vaginal hysterectomy and pelvic floor repair are dissolvable sutures inserted internally and these will disappear naturally over 3-4 weeks after the surgery. There is no incision on the abdomen with vaginal hysterectomy and pelvic floor repair and you will probably not be aware of the sutures within the vagina.

ANAESTHESIA

The surgery is usually done under a general anaesthetic, but sometimes the Anaesthetist will recommend a spinal anaesthetic which means that you will only be lightly sedated during the surgery. You will not feel anything during the operation however, because the nerves to the pelvis are numbed by the effects of the spinal anaesthetic.

COMPLICATIONS & RISKS OF VAGINAL HYSTERECTOMY & PELVIC FLOOR REPAIR

Severe bleeding from the large blood vessels which supply the uterus occurs in about 2 in 100 women undergoing hysterectomy. In some instance a laparotomy (incision on the abdomen) is required to control the bleeding. Less severe bleeding can occur from blood vessels in the vaginal skin and in some instances patients have to return to theatre for a further anaesthetic to correct the bleeding.

If bleeding is excessive a blood transfusion will be required to replace the blood loss. Bleeding after the surgery sometimes leads to the formation of a haematoma (a collection of blood clots) at the top of the vagina or under the vaginal stitches on the front or back wall of the vagina.

A haematoma can cause increased post operative pain and there is an increased risk of infection with a haematoma. A haematoma usually drains away over a period of weeks causing a dark blood stained vaginal discharge. In rare instances it is necessary to remove a haematoma by a further surgical procedure.

Infection can occur in the pelvis or in the bladder. The rate of risk is about 4% or 1 in 25 people. The risk of infection is reduced by antibiotics, which are given during the surgery, but if a fever develops in the post operative period further antibiotics will be required.

Injury can occur to other organs such as the ureters (the tube leading from the kidney to the bladder), the bladder or the bowel. The rate of risk is about 1 in 140 women. Further surgery will be needed to repair the injury. For bladder injuries a catheter (rubber tube) may be put into the bladder to drain the urine away until the bladder has healed.

For injuries to the ureter a plastic tube (stent) is placed in the ureter for 6 weeks and then removed by a further operation called cystoscopy. If the bowel is injured a portion of the bowel may need to be removed and there is the possibility of a temporary or permanent colostomy being required. Damage to the bowel occurs I in 300 women.

A connection (fistula) may develop between the bladder and the vagina. This causes leakage of urine via the vagina, which you will have no control over. If this occurs it requires corrective surgery.

A change in the sensory nerves of the bladder and bowel due to the surgery can occur. Constipation is a problem for

6 in 100 women and bladder problems occurs in 4 in 100 women.

Feelings of depression and anxiety occur in I in 12 women for up to one year after hysterectomy.

If the ovaries are removed then hormone replacement therapy is required to control symptoms of the menopause. Even if the ovaries are not removed they may cease to function at an earlier age and women who have had hysterectomy will often require hormone replacement therapy 3 or 4 years earlier than women who have not had a hysterectomy.

There is an increased risk in smokers of chest infections, heart and lung complications and thrombosis following surgery. Giving up smoking before the operation will help to reduce these risks and improve the longterm success rate of the surgery.

YOUR ADMISSION

You will be asked to attend a pre-operation assessment clinic before your admission date so that your fitness for the operation can be checked and any necessary blood tests, X-rays, or ECG taken, so there will be plenty of opportunities to ask any questions you wish.

- Prior to your admission the doctor will have given you a leaflet with the risks and benefits for your operation, these will be discussed with you again, before you sign a consent form.

- You may receive suppositories to empty your bowels.

- If your operation is planned for a morning list, your last food and drink will be prior to midnight the night before. If your operation is planned for an afternoon list, a light breakfast will be given at approximately 6.00am on the morning of the operation.

- You may be commenced on the Enhanced Recovery Programme – the nurse will give full explanations at your visit and an information leaflet.

- The doctor may if needed prescribe a sleeping tablet.

- When you have a bath/shower before your operation, talcum powder, perfume or make-up should **NOT** be used.

- You will be given an open operation gown that is usually fastened at the back. A nurse will ask you to remove dentures, jewellery, hairclips etc and your details checked with you prior to leaving the ward for the operation theatre.

- Remember to bring some sensible underclothes into hospital as bikini-line will be unsuitable

- Please bring a supply of sanitary pads with you

AFTER THE OPERATION

Your operation usually takes about 1 hour to perform; you will be taken to a recovery ward within the theatre department before being taken back to the gynaecology ward. On waking you will have the following:

- An intravenous drip, this provides fluids during and immediately following your operation. You will be allowed to drink sips of water after the surgery and provided you do not feel nauseous from the anaesthetic you will be able to eat normally, usually after within 24 hours.

- A catheter to drain urine from the bladder. This is usually kept in place for 1-3 days after the surgery.

- A vaginal gauze pack. This is used to stop any oozing from the repair operation and is usually removed within 24 hours of the surgery.

PAIN

Any pain experienced following your operation will be controlled by giving very effective pain relieving drugs. For the first 24 hours these may be given by injection but after that time usually tablets are all that is required.

BOWELS

Most women have problems with ‘wind’ and this commonly occurs after 48 hours following the surgery. This can be quite uncomfortable and makes your tummy look bloated. The discomfort is usually eased by a suppository that is administered by the nursing staff and you will also be given regular medication to keep the bowels soft and enable you to have your bowels open normally within 2or 3 days of the surgery.

It is particularly important to avoid constipation following prolapse repair surgery and you should continue on a well balanced diet with plenty of fibre and roughage and you may

even need to continue on some medication for a number of weeks after the surgery.

BLADDER

Particularly following anterior repair the position of the bladder and its function is altered. It can sometimes be quite difficult to start to pass urine after the catheter is removed and you will be encouraged therefore to empty your bladder very frequently in the first 24 hours after the catheter is removed.

It is also helpful to measure the volume of urine that you pass to ensure that you are completely emptying your bladder. Occasionally it is necessary to re-insert the catheter after you have passed urine to ensure that no residual urine is left in the bladder. The catheter will then be removed. This process may need to be repeated until the residuals are below 100 ml.

VAGINAL DISCHARGE

This is common following vaginal surgery and it is likely that you will need to wear a pad for up to 6 weeks. The discharge varies in amount and increases after about 2 weeks when the internal stitches are dissolving. Sometimes the loss has an unpleasant smell and can be accompanied by spot bleeding.

If there is heavy bleeding or a very offensive discharge you should contact your doctor. Do not use tampons for any discharge as these will rub against the internal stitches.

TIREDNESS AND CONVALESCENCE

It is common to feel tired for a variable length of time (a few weeks) after all forms of surgery. Initially, it may be the after effects of the anaesthetic, but this soon wears off.

You will remain in hospital for about 5-6 days. The length of time it takes for people to feel completely recovered from the operation is variable. An important factor in the speed of your recovery is related to your attitude towards your operation.

Some women take longer to recover than others because they are inhibited by the “advice” which they have received from friends and relatives. Be sensible about this and get advice from the doctors and nurses. Don’t be hesitant – please do ask!

The feeling of “jelly-like” legs is commonly thought to be due to over doing it, but in practice, activity is not harmful and if you feel tired earlier than you expected, accept it, have a rest and then carry on what you are doing. Be prepared to increase your activity a little each day.

HOUSEWORK

Light household activities such as cooking and washing can be resumed about 2 weeks following the operation. The most important thing is to progress gradually. Frequent rests are necessary - do not do too much too soon.

As vaginal prolapse can be caused by heavy lifting it is important that you avoid such activities e.g. moving furniture and carrying heavy shopping bags.

Such activities can lead to further weakening of the vaginal walls and the recurrence of the prolapse.

DRIVING A CAR

As there is no incision on the abdomen it is possible to start driving once you are comfortable and this is usually within 2-3 weeks of the operation.
Please check with your car insurance company about any restrictions they may have regarding driving after an operation.

SPORT

Swimming is probably the best form of exercise that you can start after the surgery as if is not weight bearing. You can usually start swimming after about 4 weeks. Those who prefer other activities such as squash, tennis, bicycle riding, horse riding should wait for at least 6 weeks before resuming these activities.

OCCUPATION

Returning to work depends on the job that you do. You would need to be off work for probably at least 6 weeks and most employers will expect you to be off work for 3 months. Most women however feel perfectly well 6-8 weeks following the surgery.

SEXUAL INTERCOURSE

Do not resume sexual intercourse until you have had your 6 week check up after the operation. Intercourse before this time can affect the suturing in the vagina the vagina and cause bleeding. Once the vagina however has completely

healed intercourse can be resumed as normal and for many women intercourse will feel much more comfortable. Reaching a climax and other sexual reflexes are not dependent upon having a uterus and therefore are unaffected by hysterectomy.

SMOKING

Smoking can lead to recurrence of prolapse due to the strain from coughing. This can happen within a short time of surgery and it is therefore advisable that you stop smoking prior to your operation. You are strongly advised not to recommence smoking after leaving hospital as this could prove detrimental to the long term benefits of the surgery.

The Gynaecology Department is a no-smoking unit, and hopefully this will encourage you to resist the urge to smoke. The nursing staffs are available to support you at this time.

We would like to add that this should be the beginning of a new time of good health and well-being.

Any problems may be discussed at your follow-up appointment in the outpatient clinic 6-8 weeks following your discharge home, or you may contact your GP if needed prior to this appointment.

This patient information leaflet is intended to be used to support discussion during your clinical consultation. If there is anything you do not understand or are unsure about, please ask the doctor at your appointment or contact the people below.

Contact telephone Numbers:

Gynaecology Ward (01695) 656901/656601

References: Fisher P, Glenn K (2000) Uterine prolapse. *Practice Nurse.* 11. 3. 27-30

Haslett s, Jennings M (1998)
Hysterectomy and Vaginal Repair. Fourth Edition. Beaconsfield, Beaconsfield Publishers.

Websites : medicinenet.com
patient.co.uk

During your contact with us, it is important that you are happy with your care and treatment. Please speak to a member of staff and/or the ward/department Sister/Charge Nurse if you have any questions or concerns.

MATRON

A Matron is also available during the hours of 9.00 to 5.00 pm Monday to Friday. During these periods, ward/department staff can contact Matron to arrange to meet with you. Out of hours, a Senior Nurse can be contacted via the ward/department to deal with any concerns you may have.

INFECTION CONTROL REQUEST

Preventing infections is a crucial part of our patients' care. To ensure that our standards remain high our staff have regular infection prevention and control training and their practice is monitored in the workplace. We ask patients and visitors to assist us in preventing infections by cleaning their hands at regular intervals and informing staff of areas within the hospital that appear soiled.

As a patient there may be times that you are unsure whether a staff member has cleaned their hands; if in doubt please ask the staff member and they will be only too happy to put your mind at ease by cleaning their hands so that you can see them.

SPECIAL INSTRUCTIONS

Avoid heavy lifting for 4-6 weeks after surgery.

ANY CONDITION SPECIFIC DANGER SIGNALS TO LOOK OUT FOR:

Heavy/smelly vaginal loss or clots. Avoid consipation as this can put a strain on your internal stitches.

CONTACT INFORMATION IF YOU ARE WORRIED ABOUT YOUR CONDITION

Your own GP –
Ward – 01695 656901/656601

OTHER USEFUL TELEPHONE NUMBERS/CONTACTS:

NHS 111
Stop Smoking Helpline (Sefton) - 0300 100 1000
Stop Smoking Helpline (West Lancashire) - 0800 328 6297

Please call 01704 704714 if you need this leaflet in an alternative format

Southport and Ormskirk Hospital NHS Trust

Ormskirk & District General Hospital
Wigan Road, Ormskirk, L39 2AZ

Tel: (01695) 577111

Southport & Formby District General Hospital
Town Lane, Kew, Southport, PR8 6PN

Tel: (01704) 547471

FOR APPOINTMENTS

Telephone (01695) 656680
Email soh-tr.appointments@nhs.net

Please remember to complete the **attached** *Friends and Family Test*.
Alternatively, you can complete the *Friends and Family Test* on-line by going to:
southportandormskirk.nhs.uk/FFT
Thank you

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