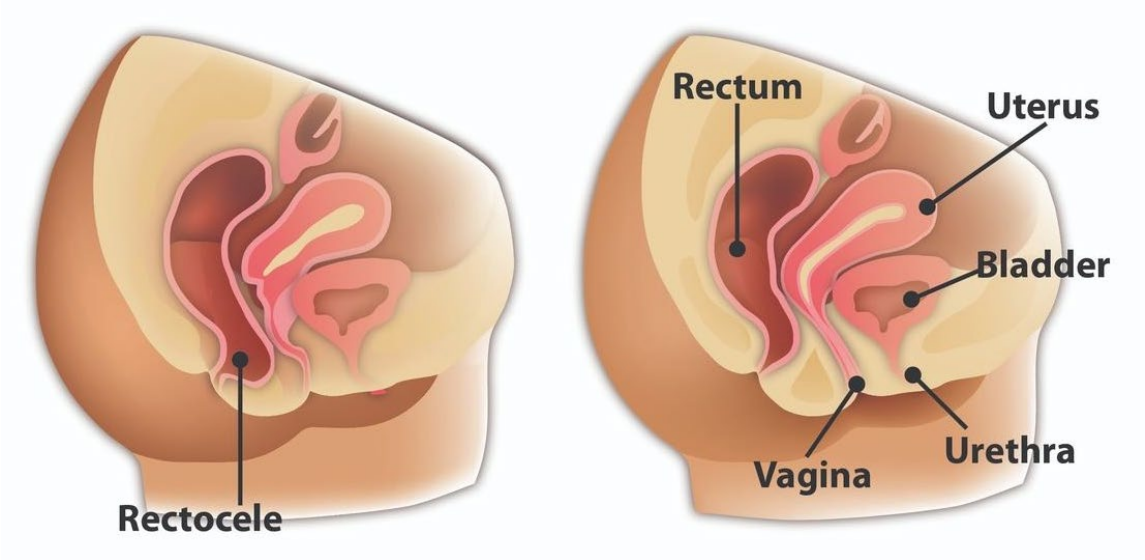
Posterior Vaginal Repair

Patient Information – Urology Service

What is a posterior vaginal repair?

A posterior vaginal repair is an operation to repair the support layer between the rectum and the vagina in women who have a posterior vaginal wall prolapse (rectocele).

This procedure is performed to relieve the symptoms caused by the prolapse and to improve bladder and/or bowel function.

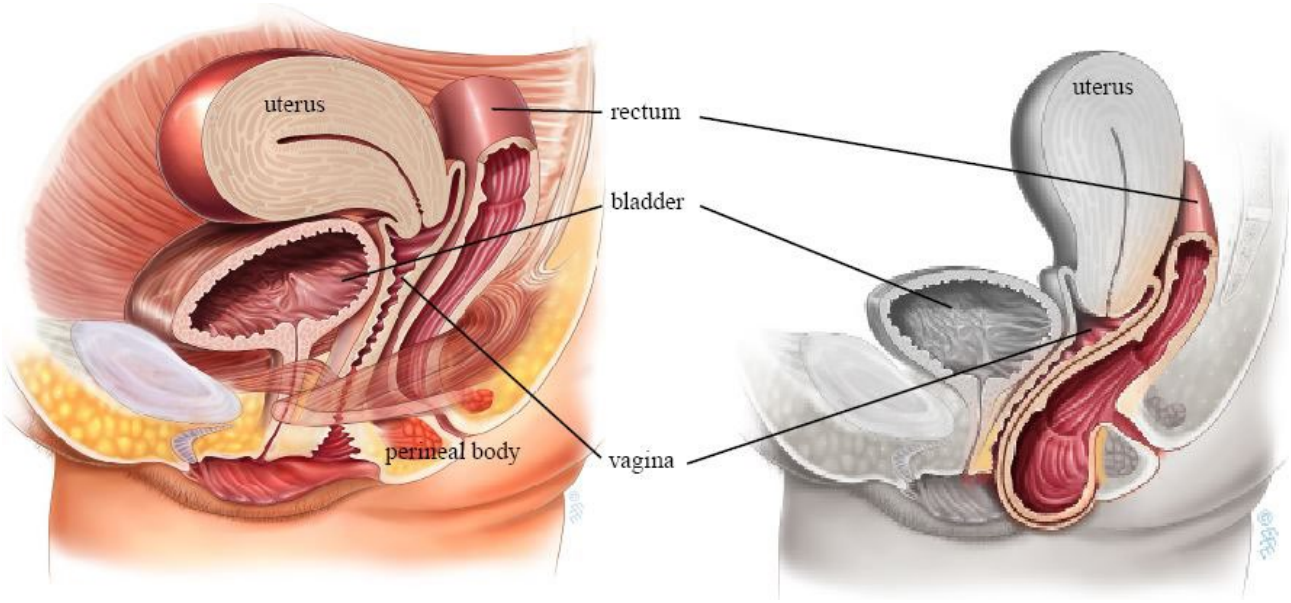


Why do I need a posterior vaginal repair?

Sometimes the body's natural supporting structures are weakened, and the vagina slips down from its normal position, causing a prolapse.

A prolapse of the back wall of the vagina (posterior) is the result of the tissue layer (fascia) that separates the vagina from the rectum becoming weaker. It can result in a feeling of fullness in the vagina or the formation of a bulge that can protrude through the vaginal opening. It can also cause difficulty in passing a bowel motion. Some women may need to split, or place a finger vaginally, in order to assist the passage of stool (poo).

Weakness of these supporting structures may be due to vaginal childbirth, aging, hysterectomy, and changes in your hormone levels.



How successful is a posterior vaginal repair?

Quoted success rates for posterior vaginal wall repair are in the range of 80% to 90%. However, there is a chance that the prolapse might come back in the future or another part of the vagina may prolapse for which you may need further surgery. This can happen up to 50% of the time.

What happens before my operation?

The surgery and outcomes will be explained to you by your surgeon before the surgery. When you feel comfortable that you understand what is to be done and have had all your questions answered, you will be asked to sign a consent form. This consent form should be signed by both you and your surgeon and forwarded to the hospital prior to your admission.

A blood test will need to be performed and a urine sample may need to be taken a few days prior to your surgery.

If you are over 60 years of age or have other medical conditions, you may also have an electrocardiogram (ECG) prior to surgery to check the health of your heart.

You will be advised when to stop eating and drinking before surgery. This includes water and chewing gum. You can swallow tablets with a small sip of water.

You should bring your own medications with you to hospital.

It is important to avoid constipation. Try to establish and maintain a regular, soft bowel habit leading up to your surgery. Identify the foods that can help you maintain a regular bowel habit for your post-op period.

You will be taught how to perform pelvic floor exercises to help you regain control of your bladder.

Please inform your surgeon if you are taking anti-coagulant (blood thinning) medication (e.g. warfarin, clopidogrel, dabigatran, rivaroxaban or ticagrelor), or any medication for diabetes. Your surgeon will advise when to stop and restart these medications. If you are taking aspirin, it is okay to continue taking this.

What happens on the day of my operation?

You will go to Christchurch Hospital on the day of your surgery. Be aware that this is not a day surgery. On arrival, the staff will guide you through what is required prior to your surgery.

You will have a clean hospital gown and protective stocking fitted.

An IV (intravenous) line will be placed in a vein in your arm or hand that will be used to supply fluids or medications during the surgery.

You may be given a medication to prevent blood clots.

You will be encouraged to commence deep breathing and coughing exercises pre-operatively. This prevents any breathing complications or chest infection from occurring, following the surgery and anaesthetic.

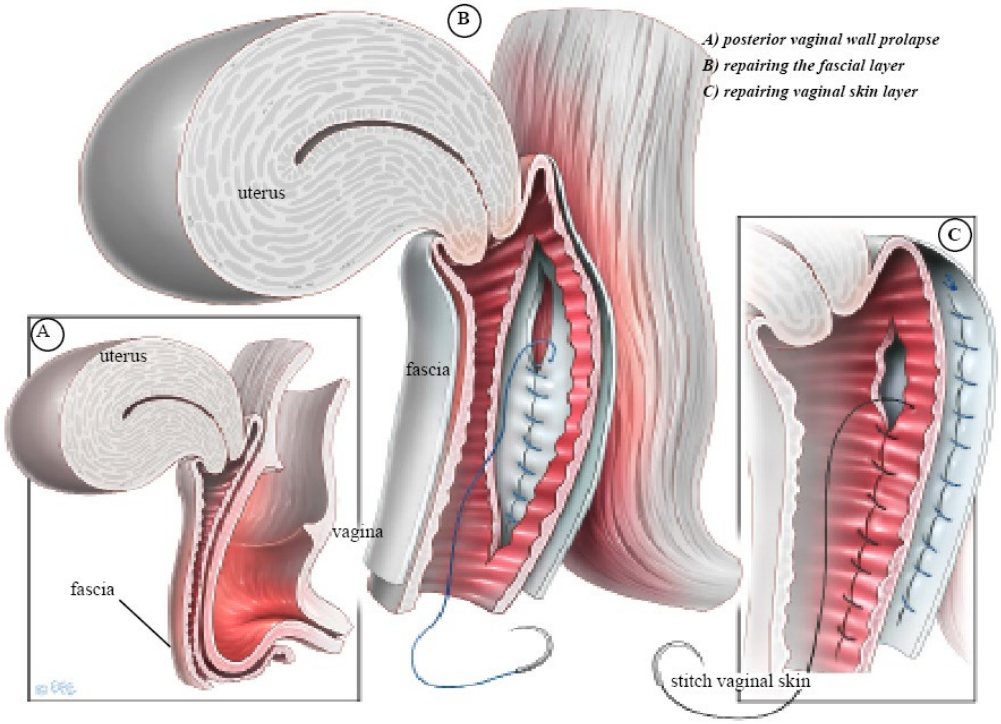
This operation is performed under general anaesthesia. The anaesthetist will see you before the surgery. A tube may be inserted into your throat to help you breathe while you are in a sleep-like state.

Just prior to your surgery, you may be given a pre-medication tablet to relax you.

What happens during my operation?

A cut is made in the middle of the back wall of the vagina. The vaginal skin is separated out from the weakened tissue layer, the fascia. This fascia layer is then repaired using dissolvable (non-permanent) stitches.

Other prolapse and incontinence surgery may be performed at the same time as this operation including an anterior vaginal repair, sacrospinous ligament fixation, sacrocolpopexy, a native tissue sling, or Bulkamid injection to the urethra. Your surgeon should discuss the plan with you for these other surgeries if you are going to need them.



What to expect after my operation?

You will usually be in hospital for one night following this type of surgery.

When the operation is completed, you will go to the recovery room for a short while where you will be cared for and monitored closely until you are ready to be transferred to the Urology Unit. When you wake up it is common to feel an urgent desire to pass urine. This is due to the catheter in your bladder.

Pain control

You will be given oral pain relief to manage your pain.

You may have a patient-controlled analgesia (PCA) pump. This means you can control your own pain relief by pushing a button connected to the pump.

Wound

When you wake up you will have a large pack in your vagina to prevent bleeding and that is often removed the morning after your surgery. Your wound will be inside the vagina and on the skin along the back wall of the vagina. The stitches are dissolvable and do not need removing.

It is normal to get vaginal discharge for four to six weeks after surgery. This is due to the presence of stitches in the vagina. As the stitches dissolve the discharge will gradually reduce. If the discharge has an offensive odour, contact your GP for advice.

You may get some blood-stained discharge immediately after or starting about a week following surgery. This blood is usually quite thin and old and is brownish looking and is the result of the body breaking down blood trapped under the skin.

Catheter

You will have a fine tube (catheter) placed into your bladder via your urethra, draining urine into a catheter bag. Your nurse will monitor your catheter drainage. This will usually be removed on day one or two after your surgery depending on the urologist's instructions.

Avoiding constipation

Keeping a regular soft bowel motion is important. While in hospital you may be prescribed a laxative such as lactulose to help with this. Kiwifruit or Kiwi Crush are also recommended.

What to expect after discharge?

Following surgery, it is important to avoid any abdominal straining while your surgery heals. You must avoid heavy lifting (5 kg or more), straining, sexual intercourse, or strenuous activity for four to six weeks after surgery.

You can gradually return to light activities over three weeks and then full activities after three months.

Things you can do:

- Showering
- Preparing light meals
- Walking up and down stairs slowly
- Gentle walking is to be encouraged – it is better to do two short walks in the day rather than one long walk.

Things you should NOT do for six weeks include:

- Picking up heavy objects
- Housework, except light work at bench height
- Vacuuming
- Carrying supermarket / rubbish bags
- Carrying children / pets.

Things you should NOT do for 12 weeks include:

- Heavy lifting
- Shifting the furniture
- Lawn mowing or digging the garden
- Weights at the gym
- Carrying supermarket / rubbish bags
- Carrying children / pets.

Wait six weeks before resuming sexual intercourse.

You can resume driving after four weeks or when you feel you could perform an emergency stop without being concerned about abdominal pain.

You may also feel more tired during your recovery period and perhaps a bit low, but as you start to recover you should find this improves.

Pelvic floor exercises

It is important to recommence pelvic floor exercises once you have recovered from surgery.

If you have any concerns about your technique, please contact our Continence Nurse.

Bowels

- You may eat and drink normally.
- Bowels: try to keep your bowel motions soft by using high fibre foods such as fruit (kiwifruit), vegetables, wholemeal bread, nuts, and seeds.
- Do not become constipated or strain to have a bowel motion.
- Use a footstool to help bowel emptying. Discuss this with one of our Continence Nurses if you need further information.

Possible complications

All procedures have a potential for side effects. You should be reassured that, although these complications are well-recognised, most patients do not suffer any problems after this procedure.

Please contact your GP immediately or visit the Emergency Department at your local hospital if you develop:

- Flu-like symptoms
- A temperature over 38°C
- Discomfort that is not controlled by pain medication

- Bleeding or difficulty passing urine
- Pain or tenderness in the calf or thigh
- Symptoms of a urinary tract infection, such as pain on passing urine, going more often or smelly urine.

Some women develop pain or discomfort with intercourse. While every effort is taken to prevent this from happening, it is sometimes unavoidable. Some women also find intercourse is more comfortable after their prolapse is repaired.

Damage to the rectum during surgery is a very uncommon complication.

Follow-up

The hospital Continence Nurse may contact you by telephone to check on your progress. If you have any concerns, you may phone the Continence Nurse or make a time to be seen in person.

You will receive an appointment notification to attend the Urology Outpatient clinic. This is about six weeks after your surgery. A letter will also be sent to your own doctor about your operation.

Contact information

For more information about:

- Hospital and specialist services, go to www.healthnz.govt.nz/hospitals-services/hospitals/canterbury
- Your health and medication, go to www.healthnz.govt.nz/health-topics

For information on parking, how to get to the hospital, and visiting hours, please visit the Christchurch Hospital website.