



York Teaching Hospital
NHS Foundation Trust

Prolapse

Having a pelvic floor repair

Information for patients, relatives and carers

Obstetrics and Gynaecology

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① For more information, please contact us via one of the numbers provided in Useful Contacts Details, page 12

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You have chosen to have an operation called a pelvic floor repair to correct a prolapse. This leaflet contains some of the questions you may want to ask before the operation is carried out. Everyone is different so please do not hesitate to ask your own questions of the doctors and nurses.

What is a prolapse?

A prolapse occurs when the usual supports of the uterus (womb) and or the vagina become weak. This can commonly occur after childbirth. As a result of the weakness you may feel a lump in the vagina. This causes discomfort and can interfere with the bowel, bladder or sexual function.

Are there alternatives for treatment of a prolapse?

- Losing weight may help if you are overweight
- Exercises with guidance of a physiotherapist may help. You need to persist with the exercises for some weeks or even months to notice a substantial improvement. Electrical stimulation and or weighted cones may also be used.
- A flexible plastic ring pessary may be inserted into the vagina to help support the prolapsed womb and keep it in the correct anatomical position.
- A pelvic floor repair operation will be the best choice for some patients.

What does the operation involve?

The vaginal wall is opened and stitches are placed inside to strengthen any weak areas within the pelvic floor. The vaginal wall is then closed once more. The operation can be done at the front of the vagina, at the back or both.

Where there is a **cystocele** (prolapse of the front wall of the vagina involving the bladder) some of the skin of the front vaginal wall is removed and stitches are put in to tighten the muscles and tissues pushing the bladder upwards into its normal position.

When there is a **rectocele** (prolapse of the back of the vagina involving the rectum), some of the skin from the back vaginal wall is removed and stitches are put in to tighten the muscles tissues pushing the rectum back into its normal position.

When there is a **prolapse of the uterus (womb)**, the cervix (neck of the womb) may be removed. Often it is best to remove the whole of the womb (vaginal hysterectomy), with stitches used to increase the support of the vagina. When a vaginal hysterectomy is done it is unusual to remove the ovaries. If a vaginal hysterectomy is recommended for you, please also read the leaflet on “Hysterectomy”.

When there is an enterocele (prolapse of the top of the vagina, usually after a hysterectomy) the supports of the vagina may be strengthened using stitches inserted through the vagina or through a cut in the tummy wall.

The stitches used in the operation dissolve and the area takes about six weeks to heal properly.

What are the benefits of pelvic floor repair?

A prolapse can be very uncomfortable, particularly after long periods of standing or walking. Repairing your prolapse should ease the symptoms. You may also be having bowel or bladder problems because of the prolapse and you may find the need to push your prolapse back inside before you can go to the toilet. Again, a repair operation should ease this problem. One third of patients with stress incontinence can expect a good result from surgery. If you leak urine with coughing, this can be addressed with a different operation.

What are the risks involved in having a repair?

Frequently occurring risks:

- vaginal bleeding or wound infection (1 in 10)
- urinary infection, retention, and or frequency
- post operative pain and difficulty or pain with intercourse (1 in 10 to 1 in 100)

Serious Risks:

- Excessive bleeding requiring transfusion and/or return to theatre (2 in 100)
- damage to bladder or urinary tract (2 in 1000)
- damage to bowel (5 in 1000)
- pelvic abscess (3 in 1000)
- failure to achieve desired result (up to 1 in 4-5)
- thrombosis, pulmonary embolism or death (37 per 100,000).

Sometimes a prolapse can put you off wanting sex. However if you wish to remain sexually active afterwards, a less tight repair will be performed.

Most women are pleased with the results of their surgery, but if you are worried about any risks listed here, please speak to your consultant.

What happens before the operation?

You will be invited to attend the hospital so that the details of the operation can be checked and some pre-operative tests be done. You will meet some of the nurses who will be looking after you. This is an ideal time to ask any outstanding questions. You will also be asked to sign a consent form (FYCON19-1 Pelvic Floor Repair / Prolapse Repair). You sign to confirm that you agree to the procedure and understand the information given to you. The form will be kept in your patient notes and you will also be given a copy for your own records.

At that time you will be given a leaflet that has details of what to expect when you come in for your operation. You will also be given a leaflet from the Physiotherapists suggesting some exercises to help you recover well from the operation.

What should I expect after the operation?

There is often very little discomfort after pelvic floor repair surgery. However, if you had the back wall of the vagina repaired, you may find this area is fairly uncomfortable. Some patients do experience initial difficulty in getting their “waterworks” back to normal and require a catheter for longer than the 48 hours.

When will I be able to go back to work?

This will be influenced by how bad your prolapse is and the type of repair you have. It is possible for most women to return to work between six and 12 weeks after the operation. You will be advised about this before you leave hospital.

Will I be able to drive?

There are no hard and fast rules. Once you feel that you can manoeuvre the car and use the pedals without feeling uncomfortable or perform an emergency stop, you can resume driving. For most women this tends to take between four to six weeks after the operation.

When can I have sex again?

It is advisable not to have sexual intercourse until you have had your follow up appointment at the hospital. This is usually at least six weeks after your operation. Sometimes stitches are used which can take four months to dissolve. If this is the case then you should avoid intercourse for this time and your doctor will tell you this. If the doctor is happy with the progress you have made, sex can normally be resumed. If you have any queries, please speak to your doctor at this check up appointment. Commonly after the prolapse repair the tissues tighten and you may need lubrication to begin with. This can be bought over the counter at Pharmacies. Water based lubricants are best avoided as these can dry out the vaginal skin.

Useful Contact Details

If you have any worries or concerns about this operation please contact your Consultant's Secretary who will arrange for you to be seen in clinic. There is a list of numbers on the next page. You can use the back page of this book to write down any questions you may have.

Gynaecology secretary telephone numbers

York

Miss Dean, Miss Oxby,
Miss Ghosh, Mrs Hayden: 01904 721682

Mr Jibodu: 01904 725111

Mr Adekanmi and Mr Dwyer: 01904 725549

Mr Evans and Dr E Falconer: 01904 726553

Miss Sanaullah and Miss Fahel: 01904 725617

Mr Brewer and Mr Broadhead: 01904 725545

Waiting List Office 01904 725132

Family Planning Clinic Monkgate 01904 725432

Scarborough

Mrs Ramaswamy: 01723 342083

Mr Ajayi, Mr Freitas and Mr Patel: 01723 385248

Dr Pandey and Miss Hayes 01723 385047

Miss Verma and Mr Ahmidat: 01723 342515

SR Sue Thompson 01723 342083

Waiting List Clerk 01723 342249

Useful sources of information

Continence Foundation Help Line
Tel: 0845 345 0165
www.continence-foundation.org.uk

The POGP is Pelvic Obstetric and Gynaecological Physiotherapy. A UK based Professional Network affiliated to the Chartered Society of Physiotherapy. Please see link below for free booklets to download.
<https://pogp.csp.org.uk/booklets>

Further information about what to do after you have been discharged from hospital can be found in the leaflet “What to do when I get home?” Please ask if you have not been offered one.

Use this space to write down any questions you may wish to ask the doctors or nurses.

Tell us what you think of this leaflet

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact:

Mr A Evans Consultant Gynaecologist and Obstetrician,
The York Hospital, Wigginton Road, York, YO31 8HE or
telephone 01904 726553.or

Mr O A Ajayi, Consultant Gynaecologist and Obstetrician,
Scarborough General Hospital, Woodlands Drive,
Scarborough, YO12 6QL, telephone 01723 385248.

Teaching, training and research

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

Patient Advice and Liaison Service (PALS)

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email pals@york.nhs.uk.

An answer phone is available out of hours.

Please telephone or email if you require this information in a different language or format

如果你要求本資訊以不同的語言或版式提供，請致電或發電郵

Jeżeli niniejsze informacje potrzebne są w innym języku lub formie, należy zadzwonić lub wysłać wiadomość e-mail

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