Surgical Information Sheet for Women having Prolapse Surgery

Generic Information and Consent form for all women having prolapse surgery

1. Proposed operation:

Prolapse or Pelvic Floor Repair ☐

Hysterectomy (full or partial) ☐

Urinary Incontinence operation ☐

2. Why am I having this operation?

You and your gynaecologist have agreed that you need a prolapse operation to cure or improve your prolapse symptoms, such as a feeling of a bulge in or coming down from your vagina, a dragging or heavy sensation or problems with your urine control, bowel function or intercourse.

You should be aware that you are advised not to have any more children after the operation as another pregnancy may cause the prolapse to come back. If you have a hysterectomy (removal of the womb) as well, you will not, of course, be able to have children afterwards.

3. What will the operation involve?

Prolapse surgery can include replacing the bladder, bowel or uterus in their correct positions, or removing the uterus (hysterectomy) completely or partially, followed by repair of the weak vaginal walls. This can be done using stitches, mesh or graft materials. If mesh or graft materials are used, these can be put in place through an incision in the vaginal wall skin (known as an inlay), or using an 'introducer' (known as a 'mesh kit'). Mesh materials include man-made (plastic) materials, some of which dissolve over time while others never dissolve. Graft materials are made of natural fibres which may come from animals, humans or plants, and eventually dissolve. Your gynaecologist will discuss the exact sort available for you if necessary.

Prolapse operations can be done from below through your vagina or through your abdomen or by using a laparoscope (keyhole surgery). Even if the surgery is done through the vagina, this is still a major operation and you should be just as careful as after an abdominal operation. For example, you should not do any lifting or strenuous exercise for at least 3 months.

You and your gynaecologist will decide the exact type of operation that you need. You should be aware, however, that whatever is planned before the operation may need to be altered when you are examined under anaesthetic in theatre. Sometimes it becomes clear that it is necessary to perform a different prolapse procedure for clinical reasons.

After your operation, your gynaecologist may place a catheter in your bladder (from below or via your abdomen) to help you pass urine at first. Your gynaecologist may also use a vaginal pack for the first day after surgery. You may also be advised to use vaginal oestrogen cream or tablets for a few weeks after surgery.

4. What type of anaesthesia will I have?

A general anaesthetic (being asleep) or a spinal anaesthetic (or epidural) to numb the lower half of your body can be used. The pros and cons of these forms of anaesthetic will be discussed with you by your gynaecologist and your anaesthetist. You will be able to choose which type of anaesthetic you would prefer, provided this is appropriate for your operation.

5. What extra operations may be carried out at the same time?

If you have stress urinary incontinence, your gynaecologist may recommend having a bladder support procedure such as placing a sling under the urethra or a colposuspension. If your womb is prolapsed, or if you have other problems such as heavy periods, your gynaecologist may recommend removing the womb completely (hysterectomy) or only the lower half of the womb (the cervix) or the upper half of the womb (subtotal hysterectomy).

Any such extra operations will of course be discussed and agreed with you beforehand.

6. What extra procedures may become necessary during the operation?

All operations carry a risk of complications such as bleeding, damage to other organs, or infection.

If there is a high blood loss, you may require a blood transfusion. Around 1 in 50 women who have a vaginal hysterectomy will need a blood transfusion, but it is less likely for other types of prolapse surgery.

If blood vessels, bladder or bowel are damaged, these will need to be repaired during the operation. This sometimes means having an abdominal operation (laparotomy) to correct the problem, prevent serious harm to your future health or save your life.

It must be stressed, however, that such events are rare and unlikely to happen.

7. What adverse effects or problems may occur after the operation?

Some problems occur frequently but are **not serious**, are to be expected in some women, and can be easily treated. These include:

- Urinary retention (being unable to pass urine after operation)
- Vaginal bleeding or discharge
- Infections e.g. in the vagina or abdomen.
- Urinary tract infection or passing urine more frequently than normal
- Pain in the abdomen, back or vagina.
- Mesh erosion through the vaginal walls (this may cause some discharge or bleeding as well as pain with intercourse).

Some more serious problems can occur after surgery, are treated as and when they arise, and include:

- Damage to blood vessels or excessive bleeding requiring return to theatre or blood transfusion
- Damage to bladder or urinary tract
- Damage to bowel
- Blood clots in the legs or lungs (venous thrombosis and embolism)
- Serious infections or pelvic abscess

8. What may I expect in the long term?

Your prolapse surgery is designed to cure your prolapse symptoms, including urine, bowel or sexual problems. However, 1 in 3 women will need another prolapse operation at some time in the future (the average time is 12 years later). Some women may also develop leakage of urine for which they will need another operation.

Your symptoms of prolapse may come back at a lesser level which may not need another operation. You may, however, have:

- Long term effects on your bladder function such as leakage of urine, having to pass urine frequently or urgently, or being unable to pass urine and needing to use a catheter long term
- Bowel symptoms such as leakage, having to rush urgently or constipation
- Difficulty or pain with intercourse, vaginal scarring or narrowing
- Buttock pain
- The need to remove mesh or graft materials
- Menopausal symptoms

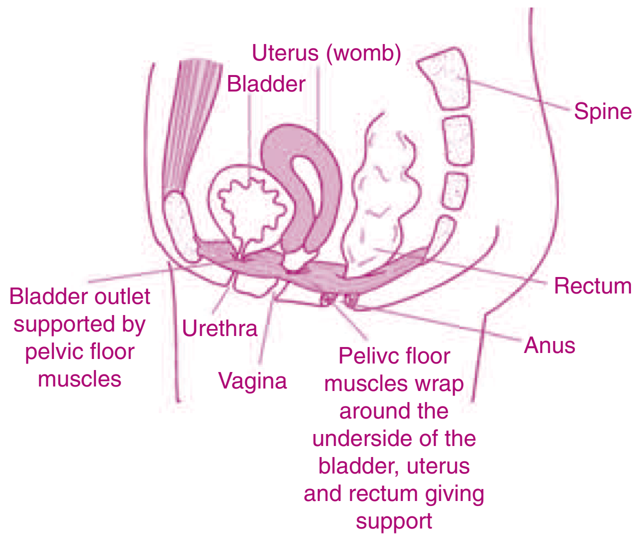
In general terms, it is not possible to predict how much you personally will benefit from surgery or whether you will develop any new problems or need further treatment for them.

9. What other prolapse treatments are available?

Women with prolapse may also practise pelvic floor muscle exercises, use oestrogen cream, or use a ring or other type of plastic pessary. These treatments may also be used after prolapse surgery for women who still have symptoms.

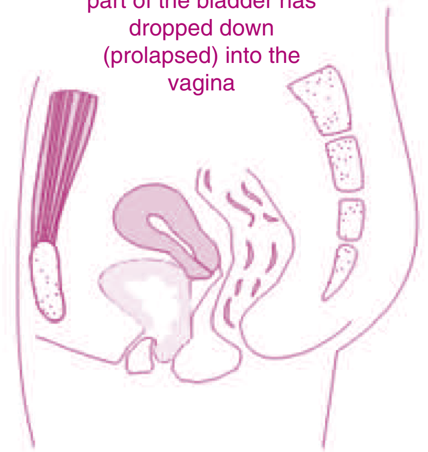
Pictures of Pelvic Organ Prolapses

1. Normal pelvic organs



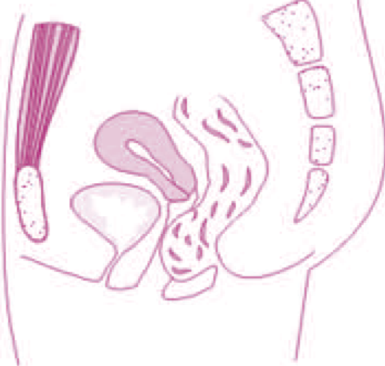
2. Anterior vaginal wall prolapse (cystocele)

part of the bladder has dropped down (prolapsed) into the vagina



3. Posterior vaginal wall prolapse (rectocele)

part of the rectum has dropped down (prolapsed) into the vagina



4. Uterine prolapse

the uterus has dropped down (prolapsed) into the vagina