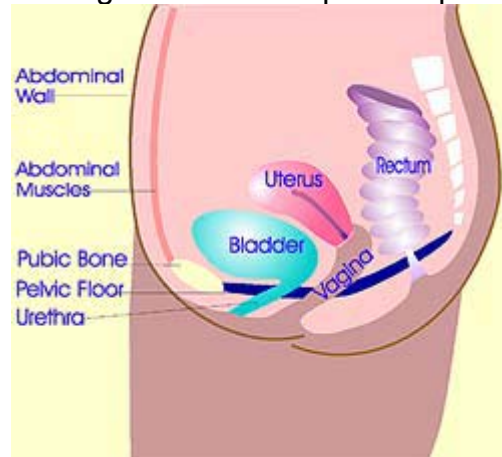


Vaginal Hysterectomy and/or Vaginal Repair

Why is it performed?

This is most often performed for prolapse. The most common problems are the sensation of something coming down or pelvic discomfort. The uterus (womb) may have prolapsed (dropped down) in the vagina. The bladder is in front of the vagina and the rectum is behind. Any or all of these can prolapse (drop down). A vaginal hysterectomy may be done because bleeding and pain affect a woman's lifestyle.

Diagram showing the relationship of the pelvic organs



What is a Vaginal Hysterectomy/ Repair?

A Vaginal Hysterectomy is an operation where the uterus (womb), which is at the top of the vagina, is removed through the vagina (front passage) so there are no stitches on the outside. A vaginal repair is often done at the same time as a hysterectomy if there is any prolapse of the vaginal walls. A repair could be described as making a "pleat" in the tissue in the vagina to support these organs.

It is important to mention whether you wish to continue to have intercourse after your surgery as this can alter the type of repair performed.

Why does it happen?

The womb, bladder and bowel are supported by a number of inter-related factors. The main supports are the pelvic muscles and ligaments. Ligaments are condensations of tissue that anchor structures within the body. In addition a blanket of tissue known as fascia covers these internal organs. One of the functions of fascia is to connect the different organs so that the pelvic organs are inter-related. Damage to the fascia in one area may have a knock-on effect on other areas. These structures can be weakened by pregnancy and childbirth. In addition after the menopause there is a weakening of tissues. Other factors that may contribute are constantly straining; this is why it is important to avoid constipation. Women who smoke and who may develop a chronic cough are also more prone to prolapse. Weight problems may also be a factor.

Previous hysterectomy may damage leave the ligaments disconnected and therefore susceptible to prolapse over the future years

The lifetime risk of prolapse of the front wall of the vagina (cystocele) was estimated at 11% in one American study. The recurrence rate was up to 30% after surgery. This may be important in terms of deciding when is the right time to have your operation.

What tests are done prior to surgery?

The pelvis acts as a unit and therefore factors affecting one part of the pelvis whether it be the front compartment (bladder) middle compartment (vagina and uterus) or rear compartment (bowel) can affect another.

Prolapse can often mask bladder problems as the prolapse “links” the urethra (waterpipe) and stops leakage. Correcting prolapse may straighten this kink out and “reveal” the leakage problem.

Quite often it is advisable to have a test called Urodynamics performed prior to having surgery as this may give a clue to the likelihood of problems after surgery.

Usually there are 2 blood tests prior to surgery one to check for anaemia and one (routinely as a precaution) in case a blood transfusion is required. In cases where there are other medical conditions additional blood tests or an ECG may be required. Rarely a chest x ray or additional tests are ordered.

On Admission

On arrival you will be greeted by a member of the nursing staff who will show you around the ward and answer any questions you may have. You will see Mr Hobson and the anaesthetist before your operation and have the chance to discuss any worries you may have.

On the day of your operation you will be given a pair of anti-embolism stockings and you will be asked to wear these until you go home, you will also have an injection of heparin in your arm every day. This is to slightly thin the blood. After all major surgery there is an increased risk of a blood clot developing in your leg (deep vein thrombosis). The stockings and injection will lower this risk.

A nurse from the ward will come to theatre with you and collect you following your operation.

After your operation

When you wake up you will be in the recovery area in theatre in your bed. A nurse will be with you.

You will have an oxygen mask in place; this will help with your breathing and recovery.

A drip (intravenous infusion) will be in place. This is to enable us to give you any drugs that you may need such as antibiotics and to give you fluids to stop you from becoming dehydrated.

A catheter will be in your bladder to drain your urine away. This is removed when you have recovered well enough to have it taken out, usually one or two days.

A gauze pack will be in the vagina; this is to help stop any bleeding. A nurse will remove this the following day.

Will I have any pain?

There are different ways of treating pain after your surgery. This is discussed in a separate leaflet, which you will be given.

Will I have any bleeding?

After your operation you may experience vaginal loss for up to 3 weeks. This is normal and should get less with time. If however the bleeding should be heavy, bright red with clots or the vaginal discharge becomes offensive please contact either the hospital or your GP for reassurance.

Going Home

Although this operation does not involve a cut in your tummy you will be in hospital until you feel well enough to go home. This is usually 3-5 days. Stitches used will be dissolvable and do not need removing.

When can I return to work?

You will require time off work following your operation; this will be at least 6 weeks, until you have had a check up with a doctor either at the hospital or with your GP.

A sick note can be given before you go home. Please ask your nurse if you need one.

When will I be able to drive?

Before driving a car you should feel capable of doing an emergency stop. After about 3 weeks try sitting in the car and depressing the pedals quickly – if it pulls your tummy muscles, leave it and try again in a few days. Also turning round and reversing can be a strain, so if there is any discomfort leave it a few more days.

Please remember to check with your own insurance company that driving after a major operation does not affect your cover.

Returning to normal

This is mostly common sense.

Avoid heavy lifting, heavy housework and sport until you feel comfortable.

Light housework, cooking a small meal is acceptable.

Ironing a little at a time, sitting down, is reasonable.

Don't carry heavy bags or shopping or dig the garden!

Avoid resuming sexual intercourse until you feel ready and all discharge has settled (this is normally 4-6 weeks)

It is important to eat a diet that is high in fibre (fruit and vegetables) and to drink plenty of water. This will help you to avoid becoming constipated. You may also be discharged from hospital with a mild laxative which should be continued as required to keep bowel movements softer than normal.

You will probably feel more tired than usual for a few weeks and may feel a little down. This is nothing to feel worried about and should pass with time.

Often there are good days and bad days.

Try to get plenty of fresh air.

Go for short walks every day.

If anything hurts or is uncomfortable stop and rest.

REMEMBER – Everyone is different and so people will recover at different rates. It is difficult to put exact time limits on various stages of recovery, so listen to your body. It will soon tell you if you are doing too much, by making you feel tired. If this happens, take it easier the next day.

Risks

It has been agreed that you require this surgical procedure which will involve making a cut in the top of the vagina in order to remove your womb (uterus) and/or a vaginal repair, which will involve making a cut in the vaginal wall to treat your prolapse.

The risks are:

1. Excessive bleeding requiring blood transfusion.
2. Excessive bleeding which may require a further operation to treat.
Including a laparotomy (abdominal cut)
3. Infection which may require antibiotics.
4. Injury to adjacent organs which may require further surgery.
5. Venous thrombosis (DVT) which may or may not result in a pulmonary embolism (clot in the lungs).
6. Failure to achieve desired result.
7. Pain