SURGICAL TREATMENT FOR A PROLAPSE

The pelvic floor is the layer of muscles at the base of your pelvis that support your pelvic organs, bladder and womb and control the passage of urine/faeces. It is in a sling shape from the pubic bone at the front to the bone at the bottom of your spine.

Prolapse of the vagina and the uterus (womb) occurs when the pelvic floor muscles weaken. A vaginal prolapse will pull down the bladder and the rectum (bowel), which can eventually lead to urinary and bowel-related symptoms.

This information sheet describes some of the surgical treatments for prolapse. If a prolapse is causing medical problems or symptoms that bother you, it may be necessary to consider an operation. Your doctor will discuss surgery with you fully before you decide to go ahead.

Vaginal repair

Prolapse surgery often involves a vaginal repair operation. Sometimes this also includes a vaginal hysterectomy (removal of the womb through the vagina). These operations are usually done entirely through the vagina, all the stitches are internal and there is no scar on your abdomen.

There are different sorts of repair operations but usually a 'tuck' is made in the wall of the vagina and the supporting fibres or ligaments are tightened up. The stitches used are usually dissolving and therefore do not need to be removed after your operation. Sometimes the doctor will use a mesh or tissue to help support your vagina. This is more commonly used if your prolapse comes back after previous surgery.

Sacrospinous fixation

To hold the vagina up more strongly, sometimes a stitch or two is put in deeper inside you. This stitch goes in to a strong ligament in the pelvis, the sacrospinous ligament. This part of the operation is called sacrospinous fixation. This part of the operation aims to prevent your prolapse coming

back and also helps to keep the normal length of your vagina if you are sexually active. There is a risk with this extra fixation stitch that damage can occur to blood vessels, bowel, urinary system or nerves. The stitch also makes the operating time longer.

Sacrocolpopexy

If the prolapse is complicated or has come back after surgery, it may be necessary to perform an operation through a cut in your abdomen. The sacrocolpopexy fixes your vagina to the bone at the back of your pelvis (the sacrum) to give stronger support. Material or mesh is often used and this helps to hold things in place. There is a small risk that this material can cut through into the vagina or get infected. Because the bowel and urinary systems are close by, there is a risk that they could be damaged in this operation. A further operation may then be needed to sort out these problems. Because the sacrocolpopexy is performed through a cut in your abdomen, the operation usually takes longer to carry out and longer to recover from than surgery done through the vagina.

Posterior intravaginal sling plasty

Sometimes when the vagina prolapses after a hysterectomy, a mesh is used to anchor the vagina. The operation is done through the vagina. You will also have two small cuts on your buttocks.

As the mesh lies on either side of the rectum, there is a small risk that the rectum could be injured during the operation or later when the tape erodes through. Should this happen, the mesh is removed and usually the rectum heals over. Recovery is as following repair operations.

What sort of anaesthetic will I have?

Prolapse surgery may be carried out under general anaesthetic (while you are asleep) or sometimes under spinal anaesthetic so that you can be awake during the operation but without any pain or sensation. The anaesthetist will discuss the anaesthetic before the operation. If you have any other medical problems, then these may require special attention before surgery. Please ask for the leaflet 'Anaesthesia and You', which may help answer some of your questions.

What are the risks?

Sometimes the operation you have for prolapse will change from the original plan, either because of what the doctor finds or difficulties during the operation. In this case your doctor will do what he or she thinks is best for you at that time. However, these risks should be explained before surgery so that you can agree, or not, to the surgeon taking this action.

About a third of women who have prolapse surgery need more than one operation because the prolapse comes back or a different type of prolapse develops. For example, a prolapse of the womb can occur after an operation for prolapse of the vaginal and vice versa.

Prolapse surgery usually improves or cures the symptom of 'something coming down below' or the lump in the vagina. Symptoms relating to the bowel or bladder such as constipation or incontinence are often not improved. Similarly, problems with your sex life may not be improved with surgery.

If a mesh or extra tissue is used in a prolapse operation, there is a chance that this can get infected or cut through (erode). This may require a further operation to remove part of the mesh or repair any damage. Occasionally, some new bowel or bladder symptoms develop after prolapse surgery, which may require further treatment in the future, including further surgery. Some women develop incontinence after prolapse surgery and some have problems emptying their bladder and need to use a catheter afterwards. This problem usually gets better with time. There is a small risk of venous thrombosis (clots forming in your legs and lungs) with any pelvic surgery. To reduce this risk, you will be given an injection every day and some 'pressure' stockings to wear.

How long will it take to recover?

You will be in hospital for 2 to 6 days depending on the type of operation and any medical conditions you have. After this you will usually need to recover for 2 to 6 months and must avoid heavy lifting and stretching for three months. You will be given further information with a booklet explaining what to expect following discharge home from hospital.

Pelvic floor exercises

Pelvic floor exercises will improve pelvic muscles and will help to improve the outcome of your prolapse repair. Your physiotherapist will assess how and when to do these exercises after surgery.

If you have any problems, please contact the hospital on one of the following numbers:

Doncaster Royal Infirmary

Ward G5	01302 553163
Gynaecology Out-Patient Clinic	01302 381361

Bassetlaw Hospital

Ward B6	01909 500990 ext 2254
Gynaecology Out-Patient Clinic	01909 500990 ext 2214

Montagu Hospital

Rockingham Ward	01709 321107
Gynaecology Out-Patient Clinic	01709 321113