St Helens and Knowsley Teaching Hospitals NHS Trust

Vaginal Prolapse Repair

This leaflet can be made available
in alternative languages / formats on request.

如有需要，本传单可提供其他语言/版式

此單張的其他語言/格式版本可按要求提供

Na żądanie ta ulotka może zostać udostępniona
w innych językach/formatach.

Author: Consultant
Department: Gynaecology Services
Document Number: STHK1080
Version: 4
Review date: 31 / 12 / 2025

What is a vaginal prolapse?

A prolapse of the vagina occurs due to a weakness in the supporting tissues to the vagina. This weakness can cause symptoms of a bulge that appears from the vagina. It is usually worse on straining, walking and lifting. Commonly symptoms are worse in the evening.

What is a vaginal prolapse repair?

A vaginal repair is used in the treatment of vaginal wall prolapse. This can be either the front wall (anterior) and / or the back wall (posterior). Anterior wall prolapse can cause bladder symptoms, including frequency, urgency, incontinence and difficulty with bladder emptying. Urodynamic (bladder function) tests may be performed prior to surgery to ascertain the impact on bladder function, even if you have no symptoms.

Posterior wall prolapse may cause bowel symptoms, including constipation and difficulty in passing stool. For some women ano-rectal studies may be performed before surgery.

What are my options?

No treatment

Whilst vaginal prolapse can be uncomfortable and unpleasant, it is not life-threatening and having no treatment is a perfectly reasonable option, especially if you are not particularly aware of it and it is not causing any problems.

Vaginal oestrogens

These will not cure the prolapse, but if the tissues lack oestrogen it can help to reduce the symptoms.

Physiotherapy

If the prolapse is mild, physiotherapy (pelvic floor exercises) can help to reduce the symptoms. It will not cure the prolapse but can help to reduce the symptoms. In many cases, surgery can be avoided.

Vaginal Support Pessaries

There are a wide variety of pessaries which hold the prolapse in place. The pessary will need to be changed every 3-6 months, but they can avoid the need for surgery altogether or be used temporarily should you which to defer surgery.

Surgery

Surgical procedures will be offered if clinically indicated. The type of surgery will depend on the type of prolapse and whether you have had previous prolapse surgery.

Before the operation

Medications

You will be asked to stop any blood thinning medications such as aspirin, ibuprofen, diclofenac or clopidogrel 2 weeks before the operation.

If you are on warfarin or heparin, we will liaise with both you and the haematology department about a regime to come off these medications.

Please bring all your medications with you when you attend the hospital and only stop those medications you have been advised to.

Consent

You will be asked to sign a consent form which confirms you have agreed to the procedure. If you do not understand anything or would like someone with you, please let the consenting doctor know before you sign.

Eating and drinking

You will be advised when you need to stop eating and drinking prior to the procedure depending on the type of anaesthetic.

The anaesthetic and operation

The anaesthetic

The operation is usually done under either a local anaesthetic (awake) or general anesthetic (asleep). Occasionally it can be a spinal anaesthetic (awake but numb from waist down) if medical conditions mean this is safest for you.

The operation

- The operation takes about 30-40 minutes for each vaginal wall.
- Your legs will be raised into stirrups. Please let us know if you have any hip or back problems.
- Local anaesthetic and weak adrenaline (to reduce any bleeding) is injected into the vaginal wall.
- An incision (cut) is made on the wall of the vagina along the prolapse.

- The skin is gently folded back. The fibrous tissue underneath (called the fascia) is pulled and stitched together to tuck the bulge of the prolapse inwards.
- The excess skin is removed, and the remaining vaginal skin is closed with a row of dissolvable stitches.

After the operation

- Once you are ready you will be taken to recovery and on to the ward if staying overnight. This would be usual if you have had a spinal anaesthetic.
- You may experience some discomfort/pain for the first 24-48 hours. Painkillers will be provided but please ask if any pain is not relieved by the painkillers you are given.
- After a local anaesthetic you should be able to pass urine normally as soon as you feel the urge.
- After a spinal anaesthetic or possibly general anaesthetic you will have a catheter in place and possibly a vaginal swab to reduce any bleeding overnight. This is removed the following morning.
- Once you are awake you will be able to drink and eat normally. You should gradually increase your fluid intake to 1.5 to 2 litres a day.
- You will be able to go home once you are comfortable and passing urine normally.
- You may receive some take-home medication including painkillers and / or antibiotics.

Vaginal bleeding

- You should expect some bleeding for a couple of weeks. The initial bleeding should gradually tail off and become like a light period after a few days. If it becomes painful and / or heavy instead, you may have an infection and should go to see your GP straight away.
- You may also have some vaginal discharge for a few weeks. Providing it is not excessive, it is a normal part of the healing process.

What if I don’t pass urine?

- This is not uncommon but is usually temporary.
- If you cannot pass urine, you will have a catheter inserted to rest your bladder. You will be allowed home with the catheter, shown how to use it and change the bags.
- You will be seen back on the ward a week later to remove the catheter and try again to pass urine.

What are the risks?

No surgery is without its risks and whilst prolapse surgery is safe, there are some risks associated with this particular kind of surgery:

- Pain - Pain killers will be offered on a regular basis, but please let us know if they are not controlling any discomfort.
- Bleeding - This can occur from the wound site or be seen in the urine.
- Infection - Either wound, urine or chest. Antibiotics will be given if necessary.
- Difficulty in passing urine - If difficulty emptying your bladder persists a further catheter maybe inserted to rest the bladder for a longer period of time. Occasionally, a few women are taught self catheterisation. If you have any bladder emptying difficulty before the operation you may need to be taught this before going on the waiting list.
- Dyspareunia - Pain on sexual intercourse.
- Thrombosis - The risk of blood clots in the leg or lung is increased by immobility and if you are overweight or smoke. This risk will decrease by quick mobilisation and weight loss/ smoking cessation prior to your operation. You may be required to wear TED stockings.
- Stress incontinence (with anterior repair) - In some women this risk can be predicted by performing urodynamic studies prior to surgery.
- Recurrence of prolapse - For some this can be as high as 30%. Although the aim of any surgery is to repair the prolapse, we cannot cure the inherent weakness that resulted in the prolapse in the first place. Avoidance of heavy lifting and constipation may reduce this risk.

Recovery at home

Personal hygiene - It is better to shower than bathe for long periods of time for the first couple of weeks. It is advisable not to use tampons for around six weeks. Mild vaginal discharge is part of the normal healing process. If it becomes excessive or offensive, it may indicate an infection.

Bowels - Avoid constipation and straining when opening your bowels as this puts unnecessary pressure on the repair.

Stitches - All stitches are dissolvable. If you see any stitch material, it is better to leave it alone. If it is bothersome, it can be trimmed by your GP or nurse. Do **not** pull them.

Medication - Please finish the course of any antibiotics you may have been prescribed. If you have been previously prescribed medication (e.g. oxybutynin, Fesoterodine, Solifenacin) for an underlying overactive bladder you should continue to take these unless otherwise instructed. Any topical oestrogen cream or pessary (vagifem) should be continued as prescribed.

Sexual intercourse - avoid penetrative intercourse for 4 - 6 weeks. It may feel superficially tender to start but this should settle down with time.

Lifting - You should avoid heavy lifting as a long-term lifestyle change if you have had prolapse surgery.

Exercise – avoid vigorous sports and swimming for 6- 8 weeks. As a long-term rule avoid sit ups or heavy weight training. You can gradually introduce gentle exercise into your daily routine after 4 weeks. Pelvic floor exercise should resume once you feel comfortable.

Driving - you should avoid driving for at least 2 weeks to allow the wounds to heal. Once you are able to perform an emergency stop without discomfort after this time you should be able to resume driving. However, advise your insurance company and follow their advice and policy rules to ensure you are covered.

Return to work - 4 - 6 weeks. This will depend on what your work entails and whether it involves heavy manual work.

Contact your GP or call 111 if: -

You think you may have developed an infection (vaginal or urinary) and inform them that you have recently had a prolapse repair. Signs for this include one of more of the following symptoms:

- Offensive vaginal discharge.
- Bleeding from the vagina that starts again after any initial post-operative bleeding has stopped (called secondary bleeding).
- you have a fever.
- a worsening burning sensation on passing urine.
- the urine is cloudy and offensive.
- you notice some blood in the urine.
- The pain relief is not controlling your pain.

Attend an Emergency Department or call 111 if: -

- You feel unwell and need urgent medical care.
- You are unable to pass urine.
- You experience severe lower abdominal pain which is unmanageable.
- The bleeding in your urine/vagina becomes very heavy, and / or you are passing clots.

Follow-up appointment

- It is routine to have a face-to-face follow up appointment in around 3 months. The appointment will be organised by your surgeon's clinical co-ordinator and sent to you directly.
- If no appointment is needed, your surgeon will write to you accordingly regarding any results and a management plan.

Useful contact numbers:

- **Urogynaecology Clinical Co-Ordinator**
  Monday to Friday (excl. BH) - **0151 676 5619**

- **Day Surgery Unit St Helens Hospital (Sanderson Suite)**
  8am-9pm Monday to Friday – **01744 64 6089**

- **Pre-assessment Clinic - 01744 64 6395**
  9am-5pm Monday to Friday

- **Surgical Assessment Unit - 0151 430 1637**
  after 9pm, weekends and bank holidays

- **Outpatients Department, St Helens Hospital**
  9am-5pm Monday to Friday – **01744 64631 / 6300**

- **Main Switchboard – 0151 426 1600**

Further reading

- You can read any of the specific prolapse surgery leaflets available in clinic

- IUGA leaflets - https://www.yourpelvicfloor.org/leaflets/

- BSUG Patient leaflets - https://bsug.org.uk/pages/for-patients/bsug-patient-information-leaflets/154

- Bladder and Bowel organization UK - https://www.bbuk.org.uk/

- https://www.baus.org.uk

Whiston Hospital
Warrington Road,
Prescot, Merseyside, L35 5DR
Telephone: 0151 426 1600

www.sthk.nhs.uk