Patient Information for Consent

Ian Currie

OG24 Posterior Repair

Expires end of March 2021

Get more information and references at **www.aboutmyhealth.org**
Tell us how useful you found this document at **www.patientfeedback.org**

eidohealthcare.com

EIDO HEALTHCARE
UNITED KINGDOM

COVID-19 (Coronavirus)

On 11 March 2020 the World Health Organization confirmed COVID-19 (coronavirus) has now spread all over the world (this means it is a 'pandemic'). Hospitals have very robust infection control procedures. If you catch the coronavirus, this could affect your recovery and might increase your risk of pneumonia and even death. Talk to your healthcare team about the balance of risk between waiting until the pandemic is over (this could be many months) and going ahead with your procedure. If your procedure is routine (rather than urgent), your doctor may recommend a delay.

Please visit the World Health Organization website: https://www.who.int/ for up-to-date information.

What is a posterior prolapse?

A posterior prolapse is a bulge in the back wall of your vagina. It is caused by weakness of the support tissues between your vagina and your bowel (see figure 1).

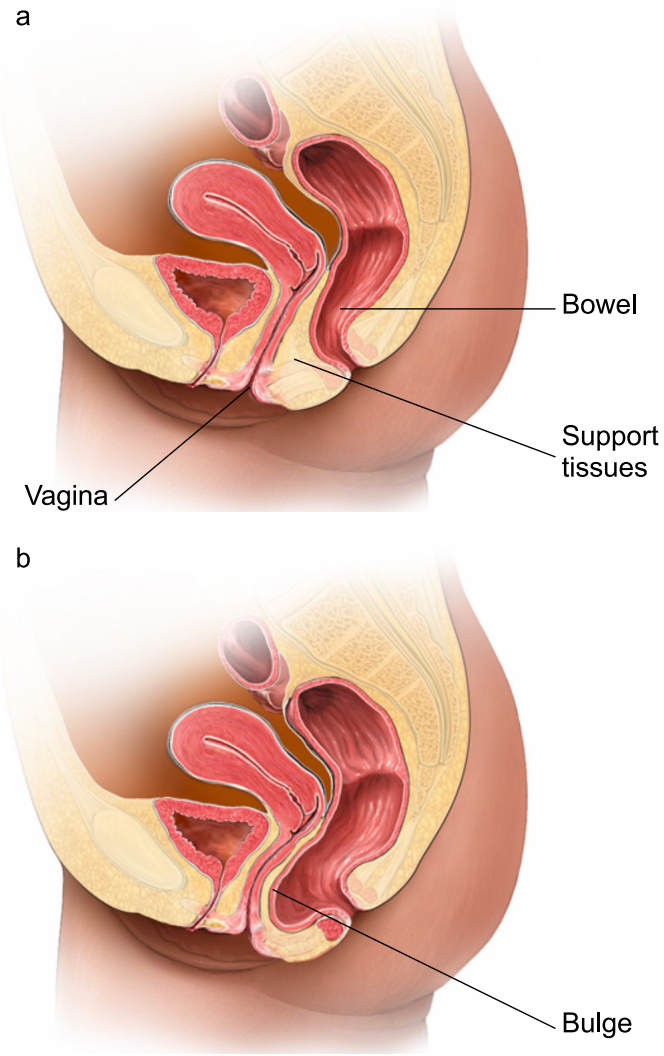

Figure 1
a A normal vagina
b A posterior prolapse

Your doctor has recommended a posterior repair, an operation to tighten the support tissues between your vagina and your bowel. However, it is your decision to go ahead with the operation or not.

This document will give you information about the benefits and risks to help you to make an informed decision. If you have any questions that this document does not answer, ask your doctor or the healthcare team.

What are the benefits of surgery?

A posterior prolapse can cause the following problems.

- A sensation of 'something coming down'.
- A bulge in your vagina, which can cause discomfort when having sex and difficulty keeping a tampon in.
- The feeling of not having fully emptied your bowel.
- The need to press on the back wall of your vagina to fully empty your bowel.

A posterior prolapse is usually caused by childbirth but sometimes the problem can happen in women who have never been pregnant. You will usually only notice the problem after menopause (about age 50 to 52). However, constipation, work that involves strenuous exercise, being overweight and having a long-term cough can make the problem more noticeable earlier.

The aim is to tighten the support tissues between your vagina and bowel, and remove any bulge in your vagina.

Are there any alternatives to a posterior repair?

If you have only a mild prolapse, your doctor will usually recommend that you have a posterior repair only after you have tried simple treatments.

- Pelvic-floor exercises – This is the most effective non-surgical treatment. The healthcare team can give you exercises and, if you do them properly over 3 to 6 months, your symptoms should improve.
- Treating any constipation – Drinking plenty of fluid and increasing the amount of fibre in your diet usually improves the way your bowels work. If this does not help, your doctor can give you medication to make your bowel movements soft so you do not strain while opening your bowels.

What will happen if I decide not to have the operation?

A prolapse can seriously affect your quality of life but is not life-threatening. A prolapse may slowly get larger, eventually appearing at the entrance of your vagina.

If you have only a mild prolapse, your doctor will be able to recommend an alternative treatment for you.

What happens before the operation?

It is possible to have more than one type of prolapse at the same time – the support tissues of your uterus (womb) or bladder may also be weak. Your doctor may be able to find out the full nature of your problem only when you are under the anaesthetic and they can perform a thorough examination. For this reason your doctor may plan for a number of different techniques (including a hysterectomy) before the operation and will discuss this with you.

Your doctor may arrange for you to have a pre-admission assessment. They will carry out several tests and checks to find out if you are fit enough for the operation. If you have any questions about the operation, you should ask the healthcare team at this visit.

Your doctor may ask you to have a pregnancy test. Sometimes the test does not show an early-stage pregnancy so let your doctor know if you could be pregnant.

What does the operation involve?

The healthcare team will carry out a number of checks to make sure you have the operation you came in for. You can help by confirming to your doctor and the healthcare team your name and the operation you are having.

The operation is usually performed under a general anaesthetic but various anaesthetic techniques are possible. Your anaesthetist will discuss the options with you. You may also have injections of local anaesthetic to help with the pain after the operation. You may be given antibiotics during the operation to reduce the risk of infection. The operation usually takes about 30 minutes.

Your doctor may examine your vagina. They will make a cut on the back (posterior) wall of your vagina so they can push your bowel back into place. If the support tissues in the upper, back wall are weak, your doctor will use stitches to tighten the support tissues (enterocoele repair). They will use stitches to tighten the support tissues along the length of the back wall of your vagina. Your doctor will need to cut away a small part of your vaginal wall so they can remove excess tissue.

Your doctor will assess the strength of the muscles on either side of the entrance to your vagina. If the muscles are weak, your doctor will use stitches to tighten them (perineal repair).

Your doctor will close the cut on your vaginal wall with dissolvable stitches and may place a pack (like a large tampon) in your vagina.

Your doctor may place a catheter (tube) in your bladder to help you to pass urine.

What should I do about my medication?

Let your doctor know about all the medication you take and follow their advice. This includes all blood-thinning medication as well as herbal and complementary remedies, dietary supplements, and medication you can buy over the counter.

What can I do to help make the operation a success?

If you smoke, stopping smoking now may reduce your risk of developing complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

You can reduce your risk of infection in a surgical wound.

- Try to have a bath or shower either the day before or on the day of the operation.
- Keep warm around the time of the operation. Let the healthcare team know if you feel cold.

What complications can happen?

The healthcare team will try to make the operation as safe as possible but complications can happen. Some of these can be serious and can even cause death. You should ask your doctor if there is anything you do not understand.

Any numbers which relate to risk are from studies of women who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

General complications of any operation

- Pain. The healthcare team will give you medication to control the pain and it is important that you take it as you are told so you can move about as advised.
- Feeling or being sick. Most women have only mild symptoms and feel better within 1 to 2 days without needing any medication.
- Infection of the surgical site (wound). It is usually safe to shower after 2 days but you should check with the healthcare team. Let the healthcare team know if you get a high temperature, an unpleasant-smelling discharge or increasing pain. An infection usually settles with antibiotics but you may need another operation.
- Unsightly scarring of the skin at the entrance to your vagina.
- Bleeding during or after the operation. Usually there is little bleeding.
- Blood clot in your leg (deep-vein thrombosis – DVT) (risk: 1 in 100). This can cause pain, swelling or redness in your leg, or the veins near the surface of your leg to appear larger than normal. The healthcare team will assess your risk. They will encourage you to get out of bed soon after the operation and may give you injections, medication, or special stockings to wear. Let the healthcare team know straightaway if you think you might have a DVT.
- Blood clot in your lung (pulmonary embolus), if a blood clot moves through your bloodstream to your lungs. Let the healthcare team know straightaway if you become short of breath, feel pain in your chest or upper back, or if you cough up blood. If you are at home, call an ambulance or go immediately to your nearest Emergency department.

Specific complications of this operation

- Damage to your bowel and surrounding structures (risk: 5 in 1,000). Your doctor will usually notice any damage and repair it during the operation. However, damage may not be obvious and this can cause an abnormal connection (a recto-vaginal fistula) to develop between your bowel and vagina, causing you to leak faeces (poo). You will need another operation.
- Difficulty opening your bowels, if your bowel and back wall of your vagina get swollen or bruised. Your doctor can give you medication to make your bowel movements soft. Do not strain while opening your bowels.
- Developing a collection of blood (haematoma) between your vagina and your bowel. Most haematomas are small and may cause only a mildly high temperature that may need treatment with antibiotics. If the haematoma is large and causing symptoms such as pain and difficulty passing urine or opening your bowels, your doctor may need to drain it under an anaesthetic (risk: less than 1 in 100). Sometimes a haematoma will drain through your vagina, usually causing bleeding similar to a period for up to 6 weeks.
- Difficulty having sex. Most women have some discomfort or pain, usually caused by scarring or narrowing of your vagina. Sometimes the problem can continue for a long time (risk: less than 3 in 10).

How soon will I recover?

In hospital

After the operation you will be transferred to the recovery area and then to the ward. Depending on how much surgery you needed, you may be given fluid through a drip (small tube) in a vein in your arm. You will probably feel some pain or discomfort when you wake. You may need strong painkillers or only simple painkillers such as paracetamol.

The drip, the pack in your vagina and the catheter are usually removed some time over the next day or so. The healthcare team will allow you to start drinking and to eat light meals.

The healthcare team may recommend exercises to help you to recover.

You should expect a slight discharge or bleeding from your vagina. Let the healthcare team know if this becomes heavy. Use sanitary pads, not tampons.

You will be able to go home when your doctor decides you are medically fit enough, which is usually after 1 to 3 days.

If you are worried about anything, in hospital or at home, contact the healthcare team. They should be able to reassure you or identify and treat any complications.

Returning to normal activities

To reduce the risk of a blood clot, make sure you follow carefully the instructions of the healthcare team if you have been given medication or need to wear special stockings.

Rest for 2 weeks and continue to do the exercises that you were shown in hospital. You should continue to improve. It is important to let your doctor know if you have heavy bleeding, increasing pain or shortness of breath.

The stitches in your vagina should dissolve but you may see the knots on your sanitary pads.

Try to take a short walk every day, eat healthily, drink plenty of fluid and rest when you need to.

Do not have sex for at least 6 weeks and until any bleeding or discharge has stopped. You may get some discomfort at first or need to use a lubricant.

Do not stand for too long or lift anything heavy. You can return to work once your doctor has said you are well enough to do so (usually after 6 to 8 weeks). You should be feeling more or less back to normal after 3 months.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

Do not drive until you are confident about controlling your vehicle and always check your insurance policy and with your doctor.

The future

The healthcare team will arrange for you to come back to the clinic after 1 to 2 months to check on your progress.

Continue your pelvic-floor exercises as soon as possible and keep doing them for life. Drink plenty of fluid and increase the amount of fibre in your diet to keep your bowel movements soft. This will help to prevent the prolapse from coming back (risk: less than 10 in 100) and reduce the risk of you becoming constipated.

Summary

A posterior repair is a major operation usually recommended after simpler treatments have failed. Your bowel should be better supported and you should no longer have a bulge in your vagina.

Surgery is usually safe and effective but complications can happen. You need to know about them to help you to make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Acknowledgements
Reviewer: Mr Jeremy Hawe MBChB MRCOG
Illustrator: Medical Illustration Copyright © Nucleus Medical Art. All rights reserved. www.nucleusinc.com