

Patient Information: Vaginal Hysterectomy (and Pelvic Floor Repair) for Prolapse

Vaginal hysterectomy is an operation that is performed for prolapse of the womb; it is often combined with a pelvic floor repair for associated prolapse of the vaginal walls. It is often performed under spinal anaesthesia; it can also be performed under general anaesthesia. These operations are performed through the vagina; there is no incision on the abdomen.

Prior to admission for surgery, you will be assessed in the Pre-operative Assessment Clinic by the anaesthetist; the majority of patients are admitted on the day of surgery (fasting from 12 midnight). The duration of stay in hospital is usually 5 - 6 days.

After the operation you will have a catheter inside your bladder for a few days; you may also have a bandage inserted into the vagina at the end of the operation – this will be removed the next day. You will also be given antibiotics to minimise the risk of infection associated with surgery and a once-daily injection of a special medication to minimise the risk of thrombosis (clot formation in the legs and lungs). The risks of surgery include:

- Failure - post-operative prolapse of the vagina
- Haemorrhage
- Infection (urine, pelvic tissues)
- Clots (legs and lungs)
- Trauma (bladder, bowel and other tissues/structures)
- Difficulty with bladder emptying may require the patient to stay in hospital for additional days; this may also require the patient to empty her bladder by passing a catheter into the bladder a few times per day for a period of days or weeks
- Pain
- Difficulty with intercourse
- Disimprovement in bladder control with stress incontinence (requiring further surgery) and/or bladder overactivity (frequency, urgency and urge incontinence)

Although the majority of patients who undergo this type of surgery are very satisfied with their outcomes, a small percentage are not and may regret having surgery as their post-operative symptoms are worse.

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