

Vaginal Repair (Pelvic Floor Repair) for Prolapse after Hysterectomy

Prolapse of the vagina may occur after hysterectomy. The front and back walls of the vagina may descend to and beyond the opening of the vagina; in addition the top (vault) of the vagina may descend; this is known as vault prolapse or vaginal eversion.

Conservative treatment with physiotherapy or ring pessaries are only of benefit in mild forms of this condition. Surgery is commonly indicated for more severe forms of prolapse. Urinary incontinence or bladder emptying problems may occur with this form of prolapse and these need to be evaluated before surgery.

Surgery is performed using general anaesthesia or spinal anaesthesia. 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).

Surgery involves making incisions in the vagina. Any bulges in the vaginal walls are corrected and strong sutures are used to strengthen the supporting tissues. If the top of the vagina is prolapsed, special sutures and/or synthetic meshes are used to repair the vagina.

The duration of stay in hospital is usually 5 – 6 days. After the operation you will have a catheter inside your bladder a few days; you may also have a bandage inserted into the vagina after 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 use of artificial meshes may be considered in cases of repeat surgery or very severe prolapse. Meshes are used to strengthen the repaired tissues and the vagina is closed over them. Meshes may give better long term results but are prone to problems in relation to healing; in 15 - 20 % of patients the vaginal skin does not heal over the mesh or over time the mesh 'erodes' into the vagina, causing an abnormal discharge, infection and pain; accordingly the use of meshes must be very carefully considered. The long-term results of mesh surgery are still under evaluation.

Complications of repair surgery include:

- Failure – with recurrence of prolapse
- Haemorrhage

- Infection (urinary, pelvic tissues) - antibiotics are given before surgery to prevent infection
- 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
- Injury to surrounding structures (rarely bladder and bowel injury)
- Clots (legs and lungs) - injections to thin out the blood are given before and after surgery to prevent
- Pain (particularly at intercourse)
- Constipation
- Deterioration in bladder control with stress incontinence (requiring further surgery) and/or bladder overactivity (frequency, urgency and urge incontinence)
- Mesh related complications (see above). Mesh erosion may be initially treated with the use of vaginal oestrogen cream; if this fails, surgical resection of the exposed tissue may be necessary.

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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