Anterior and Posterior Vaginal Wall Prolapse Repair and Tension-free Vaginal Tape

What is vaginal wall prolapse repair?
It is surgery that restores normal support of the vaginal walls. The procedure is done by folding and stitching together the stronger tissues that are underneath the top layer of tissue inside the vagina.

When is this surgery used?
An anterior vaginal wall repair is used to treat anterior (front) vaginal wall prolapse, also called a cystocele. Posterior repair treats posterior (back) vaginal wall prolapse, also called a rectocele. Your doctor will decide if you need one or both vaginal walls repaired. Sometimes this decision is best made during surgery.

What is a Tension free Vaginal Tape (TVT) surgery?
The doctor places a narrow ribbon of polypropylene mesh underneath the urethra. The urethra is the tube that allows urine to pass out of the body. It acts as a layer of support so that the urethra is closed off when you laugh, cough, sneeze or exercise. The mesh is put in through the vagina, passed behind the pubic bone and brought out through two very small (1/2 inch) incisions in the pubic hair skin. The ends are then trimmed so they are below the skin.

When is this surgery used?
It is used to treat stress urinary leakage, which is a loss of urine with coughing, sneezing, laughing or exercising.

How do I prepare for surgery?
- Before surgery, you will have a pre-op appointment with your doctor at their office or with a physician assistant at a Pre-op Clinic.
- To make sure you are healthy for surgery, we may ask you to see your primary doctor, a specialist, and/or an anesthesiologist before the
surgery. An anesthesiologist is a doctor who puts patients to sleep and controls their pain during surgery.)

- The lab work for your surgery must be done at least 3 days before surgery. It is usually done when you have your pre-op appointment at a Pre-op Clinic.
- Some medications need to be stopped before the surgery. You will find out which medications to stop at your pre-op appointment. If your pre-op appointment is less than a week before your surgery, please call your doctor and ask for instructions.
- Smoking can affect your surgery and recovery. Smokers may have difficulty breathing during the surgery and tend to heal more slowly after surgery. If you are a smoker, it is best to quit 6-8 weeks before surgery.
- If you need a bowel prep you will get instructions at your pre-op appointment.
- You will need to shower at home before surgery. Instructions will be provided at your pre-op appointment.
- Do not wear makeup, nail polish, lotion, powder, deodorant, or antiperspirant on the day of surgery.
- Remove all body piercings and acrylic nails.
- If you have a “Living Will” or an “Advance Directive”, bring a copy with you to the hospital on the day of surgery.
- **You need to plan ahead for a driver that will take you home after the surgery because you will not be able to drive yourself.** You will not be discharged without a driver present to pick you up. You will not be released to take public transportation, a taxicab, or even walk home without another responsible adult present to accompany you.
- You may need a family member or a friend to help with your day to day activities, especially shopping and laundry, for a few days after surgery. Most women are able to return to work and/or usual activities six (6) weeks after surgery.

**What can I expect during the surgery?**

- In the operating room, you will receive general anesthesia.
• Compression stockings will be placed on your legs to prevent blood clots in your legs during surgery. If you are at a high risk for blood clots, you will also receive a blood thinning medication (Heparin).

• After you are asleep and before the surgery starts we will place:
  o A tube in your throat to help you breath. It is removed before you wake up.
  o A tube through your nose to remove gas and fluid from your stomach. It is usually removed before you wake up.
  o A tube (catheter) in your bladder to drain urine and monitor the amount of urine coming out during surgery. The catheter will usually stay in until the next day.

What are possible risks from this surgery?
We work very hard to make sure your surgery is as safe as possible, but problems can occur, even when things go as planned. It is important that you are aware of these possible problems, how often they happen, and what will be done to correct them.

Possible risks during surgery include:

• **Bleeding:** If there is excessive bleeding, you will receive a blood transfusion. If you have personal or religious reasons for not wanting a transfusion, you must discuss this with your doctor prior to the surgery. The risk of having a blood transfusion is less than 1%.

• **Damage to the bladder, ureters** (the tubes that pass urine from the kidneys to the bladder), or **bowel:** Damage occurs in less than 1% of surgeries. If damage occurs, it will be repaired while you are in surgery if possible.

• **Conversion to an abdominal surgery requiring an up and down or Bikini incision:** If an abdominal incision is needed, you may need to stay in the hospital for two or three nights.

• **Death:** All surgeries have a risk of death. The chance of dying from this kind of surgery is less than 1 in 1,000.
Possible risks that can occur days to weeks after surgery:

- **Blood clot in the legs or lungs**: A blood clot in a vein blocks blood flow and can cause leg swelling and pain, shortness of breath, chest pain and death. The risk of getting a blood clot is about 2 in 1,000.

- **Exposed mesh**: The mesh used for the TVT can erode through the vaginal tissue or, rarely, into the bladder or urethra. This can cause pain or infection. The risk of mesh complications is about 2 in 100.

- **Infection**: This includes urinary tract infection and infection where the surgery was done. Infections are treated with antibiotics. Risk of getting a urinary tract infection is about 30 in a 100. The risk of other surgery-related infections is about 7 in 100.

- **Bowel obstruction**: A blockage in the bowel that causes abdominal pain, bloating, nausea and vomiting. The risk of bowel obstruction is less than 5 in a 1,000.

- **Urinary symptoms**:
  - Unable to empty your bladder normally when you urinate. If this happens, we will teach you to use a small tube to empty your bladder or leave the catheter in your bladder for a few more days. Within the first two weeks after surgery, the risk of incomplete bladder emptying is up to 30 in 100.
  - Continued leaking with laughing, coughing, sneezing or exercise. The risk of this is 10 to 15 in 100.
  - New or worse bothersome urgency or leaking with urgency. The risk of this is about 7 in 100.

- **Dyspareunia**: Discomfort during sexual activity. We will teach you some ways to reduce discomfort. The risk of this is less than 5 in 100.

- **Scar tissue**: Tissue thicker than normal skin forms where surgery was done. There may be pain at the scar tissue. Scar tissue rarely requires treatment.
What happens after the surgery?

- Right after the surgery you will be taken to the recovery room where we will monitor you for a short time before you go to a hospital room or the observation unit.
- You will stay in the hospital for one night. You may stay longer if your doctor decides this is needed. While you are at the hospital you will:
  - Start eating a liquid diet. This may happen later on the day of your surgery or on the day after surgery.
  - Take medications for pain and nausea if needed.
  - Still have the tube in your bladder. The tube will be left in until the day after your surgery.
  - Have the compression stockings on your legs to prevent blood clots. The stockings will stay on your legs until you are up and walking.
  - Take a blood thinning medication (Heparin) if you have a high risk of getting blood clots in your legs or lungs.
  - Re-start your routine medications.
  - Learn how to use a small plastic device to help expand your lungs after surgery.
  - Start walking as soon as possible after the surgery to help healing and recovery.

After I get home, when do I need to call my doctor? **Call your doctor right away if you have any of the following signs and symptoms:**

- A fever over 100.4°F (38°C)
- Heavy bleeding (soak a regular pad in an hour or less)
- Severe pain in your abdomen or pelvis that the pain medication is not helping
- Heavy vaginal discharge (spotting and light discharge are normal)
- Nausea and vomiting
- Chest pain or difficulty breathing
- Swelling, redness, or pain in your legs
- Rash
• Pain with urination
• Blood in your urine

When will I go home after surgery?
Most women spend one night in the hospital and are ready to go home around noon-time the day after surgery. You should plan for someone to be at the hospital by noon to drive you home.

How will I care for myself at home after surgery?

Caring for your incision:
• Your incisions will be closed with dissolvable stitches.
• After a bowel movement, wipe yourself from front to back.

Bleeding:
• Spotting blood is normal.
• Brown-colored discharge that gradually changes to a light yellow or cream color is also normal and can last for up to 8 weeks.
• The brownish discharge is old blood and often has a strong odor.

Bowel Movements: If you used a bowel prep before surgery, it is common not to have a bowel movement for several days.

Diet: You can eat your regular diet after you go home.

Energy level: It is normal to have a decreased energy level after surgery. Once you settle into a normal routine at home, you will find that you slowly begin to feel better. Walking around the house and taking short walks outside will help you get back to normal.

Medications:
• Pain: You will get a prescription for pain medication to use after you get home. Do not take it more frequently than instructed.
• Stool softener: You will get a prescription for Miralax® (polyethylene glycol) to prevent constipation after you get home.
• Nausea: Tell your doctor if you have a history of severe nausea with general anesthesia. You may need a prescription for anti-nausea medication.

Urination:
• It is normal for your urine stream to be slower than before surgery.
Before you go home, we will check to see if you can empty your bladder normally.

If you cannot empty normally, you may:
  o Keep the tube in your bladder for a few more days and then come to the clinic to have it removed, or
  o Learn to measure how well you empty until you get back to normal.

Activities:

Your doctor will give you instructions about the activities you will be allowed to do after surgery. What you can do will depend on the surgery you have.

- **Showers:** Showers are allowed within 24 hours after your surgery.
- **Baths:** Ask your doctor about taking tub baths. Your doctor may instruct you to soak in warm (not hot) water for 10 to 15 minutes soon after surgery. It depends on the surgery you have.
- **Climbing:** Climbing stairs is permitted, but you may need some assistance at first.
- **Lifting:** For 6 weeks after your surgery you will need to avoid lifting or pushing anything heavier than a gallon of milk.
- **Driving:** Do not drive while you are taking prescription pain medications. After you stop them, you may drive when you are sure you can move as quickly as you need to in an emergency without hurting yourself.
- **Exercise:** Exercise is important for a healthy lifestyle. You may begin normal physical activity within hours of surgery. Start with short walks and gradually increase the distance and length of time that you walk.

  Ask your doctor when you can start specific activities like bicycling, swimming or dancing.

  Allow your body time to heal. Do not restart a difficult exercise routine until you have had your post-operative exam and your doctor says it is allowed.

- **Sex:** Do not resume vaginal intercourse before your follow-up visit with your doctor. Start when your doctor says it is allowed.
• **Work:** Most patients can return to work 4 to 6 weeks after surgery. You may continue to feel tired for a couple of weeks.

**Follow-up with your doctor:**

It's important that you schedule a post-operative appointment with your doctor before you leave the hospital.