

Vaginal Surgery

What is Vaginal Surgery?

Vaginal surgery is surgery that takes place within your vagina. This may include:

- Lysis (opening) of adhesions in the vagina.
- Removal or burning of abnormal tissue.
- Removal and/or opening of vaginal cysts.
- Reconstruction of the vagina (vaginoplasty).

How do I prepare for surgery?

- Before surgery, a pre-op appointment will be scheduled with your doctor at their office or with a physician assistant at a Pre-op Clinic.
- Depending on your health, we may ask you to see your primary doctor, a specialist, and/or an anesthesiologist to make sure you are healthy for 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. A list of medications will be provided at your pre-op appointment.
- 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 are unable to stop smoking before surgery, your doctor can order a nicotine patch while you are in the hospital.
- At your pre-op visit you will find out whether you will need a bowel prep for your surgery and if you do, what type of bowel prep you will use. The prep to clean your bowel will have to be completed the night before your surgery.

- You will need to shower at home before surgery. Instructions will be provided at your pre-operative appointment.
- Do not wear makeup, nail polish, lotion, 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.

What can I expect during the surgery?

- In the operating room, you will receive sedation, a general anesthesia or a spinal anesthesia. The choice of anesthesia is a decision that will be made by the anesthesiologist based upon your history and your wishes.
- In order to prevent formation of blood clots in your legs during surgery, we will place compression stockings on your legs. The stockings will stay on until you are actively walking. If you are at a high risk for blood clots, you will receive a blood thinning medication (Heparin).
- In order to monitor the amount of urine coming out during the surgery, we may insert a tube into your bladder. The tube in your bladder will be removed shortly after your surgery in most cases.

What are possible risks from this surgery?

Although there can be problems that result from surgery, we work very hard to make sure it is as safe as possible. However, 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**.
- **Damage to the bladder, ureters** (the tubes that drain the kidneys into the bladder), **uterus, and bowel:** Damage occurs in less than 1% of surgeries. If there is damage to the bladder, ureters, uterus, or bowel it will be repaired while you are in surgery if possible.

- **Conversion to a laparoscopic surgery or to an open surgery requiring an up and down or Bikini incision:** It is unlikely that an abdominal incision will be needed, but if one is required, you will need to stay in the hospital for one or two nights.
- **Death:** All surgeries have a risk of death. Some surgeries have a high risk than others. There is a less than 1 in 1000 chance of dying from this kind of surgery.

Possible risks that can occur days to weeks after surgery:

- **A blood clot in the legs or lungs:** leg swelling or pain, shortness of breath, or chest pain are signs of blood clots. Call you doctor immediately if any of these occur.
- **Infection:** Pain or stinging when you pass urine and a nonstop urge to pass urine are signs of urinary tract infection. Fever, redness, swelling or pain are signs of infection where the surgery was done.
- **Scar tissue:** Tissue thicker than normal skin forms where surgery was done. There may be pain at the scar tissue.
- **Dyspareunia:** Discomfort during sexual activity.
- **Disease recurrence:** Return of your disease.

What happens after the surgery?

- You will be taken to the recovery room and monitored for a short time before going home or, in some cases, moved to a hospital room or observation unit.
- You will receive medications for pain and nausea.
- The tube in your bladder may already have been removed. If you stay in the hospital overnight, it may be left in until the next day, or longer if necessary. It is common for the bladder to be somewhat slow in returning to its normal function.
- If you stay in the hospital, the compression stockings will be left on your legs to improve circulation and prevent blood clots.

- If you stay in the hospital, you will receive a small plastic device to help you breathe deeply and expand your lungs.
- If you have vaginal reconstruction, or removal (lysis) of adhesions, a latex-covered foam obturator, or another sort of dilator, may be placed in the vagina to keep it open. If this happens, the tube in your bladder (catheter) may be left in longer than usual. The length of time the dilator is used in the vagina is different for each person. It may be used for several months or for a longer period of time following surgery.
- You will start taking your routine medications.
- You may have some spotting of bright red, brown, or black discharge.
- You may have cramping or feel bloated.
- We will encourage you to start walking as soon as possible after the surgery to help healing and recovery.

When will I go home after surgery?

Many women are able to go home the same day the surgery is done. However, depending on your medical history and the specific surgery being done, you may need to spend one night in the hospital. Check with your doctor to see what is expected.

If you go home the same day:

- You must arrange for someone to come with you, stay while you are having surgery and drive you home afterwards.
- If you do not know someone who can do this, please call the Guest Assistance Program at: (734)764-6893 or (800)888-9825.

You will not be able to have your surgery if there is no-one with you.

If you stay one night in the hospital:

- Most women 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.

At Home after Surgery

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

Call your doctor right away if you:

- develop a fever over 100.4°F (38°C)
- have heavy bleeding (soak a regular pad in an hour or less)
- have severe pain in your vagina or pelvis that the pain medication is not helping
- have heavy vaginal discharge with a bad odor
- have nausea and vomiting
- have chest pain or difficulty breathing
- develop swelling, redness, or pain in your legs
- develop a rash
- have pain with urination

Caring for your incision:

- Your incision will be closed with dissolvable stitches.
- After a bowel movement, wipe yourself from front to back.

Bleeding:

Spotting blood is normal. This discharge will then change to a brownish color followed by yellow cream color that may continue for up to four to eight weeks. It is common for the brownish discharge to have a strong odor because it is old blood.

Urination:

A few women may not be able to empty the bladder completely after surgery. If you are unable to empty your bladder after surgery we will teach you how to before you go home or you may go home with the catheter tube still in place.

Diet:

If you are not nauseous, you may eat whatever you like.

Medications:

- **Pain:** Medication for pain will be prescribed for you after surgery. Do not take it more frequently than instructed.
- **Stool softener:** Narcotic pain medications may cause constipation. A daily stool softener and/or Miralax (polyethylene glycol) may be needed while taking these medications.
- **Nausea:** Anti-nausea medication is not typically prescribed. Tell your doctor if you have a history of severe nausea with general anesthesia.

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.

- **Energy level:** It is normal to have a decreased energy level after surgery. After you are home, you should minimize any strenuous activity for the first day or two. It is important not to overdo, but 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 can help you get back to your normal energy level more quickly.
- **Showers:** Showers are allowed within 24 hours after your surgery.
- **Baths:** Ask your doctor about taking tub baths. You may be told to not take a bath soon after surgery. Or, you may be told to soak in warm (not hot) water for 10 to 15 minutes. It depends on the surgery you have.
- **Climbing:** Climbing stairs is permitted, but you may require some assistance initially.
- **Lifting:** Lifting may be restricted after surgery. If so, you should not lift anything heavier than a gallon of milk, push a heavy vacuum cleaner or exercise.
- **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.

To allow your body time to heal, you should not return to a more difficult exercise routine for 2-4 weeks after your surgery. Please talk to your doctor about when you can begin exercising again.

- **Intercourse:** Do not resume sexual activity before your follow-up visit with your doctor.
- **Work:** When you can return to work depends on your surgery and the type of work you do. Your doctor will make a recommendation. You may continue to feel tired for a couple of weeks.

Follow-up with your doctor:

You should have a post-operative appointment with your doctor 1-8 weeks after surgery scheduled before you leave the hospital.

Disclaimer: This document contains information and/or instructional materials developed by the University of Michigan Health System (UMHS) for the typical patient with your condition. It may include links to online content that was not created by UMHS and for which UMHS does not assume responsibility. It does not replace medical advice from your health care provider because your experience may differ from that of the typical patient. Talk to your health care provider if you have any questions about this document, your condition or your treatment plan.

Author: Diana Stetson, PA

Patient Education by [University of Michigan Health System](#) is licensed under a [Creative Commons Attribution-NonCommercial-ShareAlike 3.0 Unported License](#). Last Revised 10/14/2014