Total Vaginal Hysterectomy with a Sacrospinous Ligament Suspension and Possible Anterior/Posterior Repair

What is a total vaginal hysterectomy with a sacrospinous ligament suspension and possible anterior/posterior repair?

The hysterectomy is the removal of the uterus and cervix through the vagina. Removal of the ovaries and tubes depends on the patient. A sacrospinous ligament suspension is a type of surgery that is used to lift up the top of the vagina and hold it in place. Normally, the vagina is held in place by ligaments (tough bands of tissue) and muscles. Vaginal prolapse occurs when these tissues fail. Prolapse can mean that the vagina falls down toward, or out of, the opening. It can also mean that the wall of the vagina supporting the bladder falls down or that the wall of the vagina that is over the rectum falls.

An anterior/posterior repair is to correct vaginal prolapse. Normally, the vagina is held in place by ligaments (tough bands of tissue) and muscles. Vaginal prolapse occurs when these tissues fail. An incision is made on the anterior (top) or posterior (bottom). The muscular tissue underneath the vaginal skin are put together to better support the bladder or the rectum. Your doctor will talk with you regarding the need to have both repaired or you may only need one repaired.

Why are these surgeries used?

- Prolapse of the uterus
- Cystocele is a fallen bladder
- Rectocele is a fallen rectum
- Enterocele is a fallen small bowel
How do I prepare for surgery?

- Before surgery, a pre-op appointment will be scheduled with your doctor at their office or with a nurse practitioner or physician assistant at Domino Farms.
- 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.
- Some medications need to be stopped before the surgery. A list of medications will be provided at your pre-operative 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.
- You will be told at your pre-op visit whether you will need a bowel prep for your surgery and if you do, what type 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.
- Most women recover and are back to most activities in 6 weeks. You may need a family member or a friend to help with your day-to-day activities for a few days after surgery.
What can I expect during the surgery?

- In the operating room, you will receive general anesthesia.
- After you are asleep and before the surgery starts:
  - A tube to help you breathe will be placed in your throat.
  - Another tube will be placed in your stomach to remove any gas or other contents to reduce the likelihood of injury during the surgery. The tube is usually removed before you wake up.
  - A catheter will be inserted into your bladder to drain urine and to monitor the amount of urine coming out during surgery. The catheter will stay in until the next day.
  - Compression stockings will be placed on your legs to prevent blood clots in your legs and lungs during surgery.
- After you are asleep the doctor will remove the uterus, cervix, and possibly the ovaries and tubes through a vaginal incision. The vaginal opening is then closed with suture.
- During the operation the doctor will attach the vagina to the sacrospinous ligament through the vagina. An incision is made at the top of the vagina – not through the abdomen. The doctor then reaches up to the ligament, puts four stitches into it, and then uses these stitches to tie the top of the vagina to it. This pulls up the vagina to a normal position. If the vaginal support for the bladder and/or rectum is found the anterior/posterior repair will be done.
- The inside of the bladder is examined with a camera after the surgery, to be certain that there were no bladder injuries.

What are possible risks from this surgery?

Although there can be problems from surgery, we work very hard to make sure the procedure is as safe as possible. However, problems can occur, even when
things go as planned. You should be 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 surgery**.
- **Conversion to an open surgery requiring an up and down or Bikini
  incision:** If a bigger open incision is needed during your surgery, you
  may need to stay in the hospital for one or two nights.
- **Damage to the bladder, ureters** (the tubes that drain the kidneys into the
  bladder), **and to the bowel:** Damage occurs in less than 1% of surgeries. If
  there is damage to the bladder, ureters, or to the bowel they will be
  repaired while you are in surgery.
- **Death:** All surgeries have a risk of death. Some surgeries have a higher
  risk than others.

Possible risks that can occur days to weeks after surgery:

- **Blood clot in the legs or lungs:** Swelling or pain, shortness of breath, or
  chest pain are signs of blood clots.
- **Bowel obstruction:** A blockage in the bowel that causes abdominal pain,
  bloating, nausea and/or vomiting
- **Incision opens**
- **Infection:** Bladder or surgical site infection. This may cause fever,
  redness, swelling or pain.
- **Pain:** Right buttocks pain and pain with intercourse.
- **Scar tissue:** Tissue thicker than normal skin forms at the site of surgery
- **Urinary symptoms:** Failure to cure the bulge, develop urine leakage, and
  inability to urinate without a catheter.
What happens after the surgery?

- You will be taken to the recovery room and monitored for one hour before going to your hospital room.
- Depending on the length of your surgery, you may not be able to eat or drink anything until the next morning or you will be started on a liquid diet. When you are feeling better you may return to a regular diet.
- You may have cramping, or feel bloated.
- You will:
  - Be given medications for pain and nausea if needed.
  - Still have the tube in your bladder. The tube will be left in until the next morning.
  - Have the compression stockings on your legs to improve circulation. The stockings will stay on until you are actively walking.
  - If you are at a high risk for blood clots, a blood thinning medication (Heparin) may be given to you during your hospital stay.
  - Be restarted on your routine medications.
  - Be instructed to use a small plastic device at your bedside to help expand your lungs after surgery.
  - Start walking as soon as possible after the surgery to help healing and recovery.
  - Stay in the hospital for 1-2 days.

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.
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)
- start bleeding like a menstrual period or (and) are changing a pad every hour
- have severe pain in your abdomen 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
- leak fluid or blood from the incision or if the incision opens
- 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 (they do not need to be removed).

Bleeding:
- Spotting is normal.
  - Discharge will change to a brownish color followed by yellow cream color that will continue for up to four to eight weeks.
  - It is common for the brownish discharge to have a slight odor because it is old blood.
Urination:

- Your urine stream may be slower. Some women are temporarily unable to empty the bladder completely. If you are unable to empty your bladder after surgery we will teach you how to do so before you go home, or you may go home with a catheter tube in place. If the catheter is left in place, you will need to discuss with your doctor when the catheter can be removed.

Diet: You will return to your regular diet after discharge, unless advised differently by your doctor.

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 stool softener 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:

- **Energy level:** It is normal to have a decreased energy level after surgery. Once you settle into a normal routine at home, you will 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. Tub baths are encouraged 24 hours after surgery. Do not stay in the bath tub longer than 10-15 minutes.
- **Climbing:** Climbing stairs is permitted, but you may require some assistance when you first return home.
• **Lifting:** For 6 weeks after your surgery you should not lift anything heavier than a gallon of milk. This includes pushing objects such as a vacuum cleaner and vigorous exercise.

• **Driving:** The reason you are asked not to drive after surgery is because you may be given pain medications. Even after you stop taking pain medications; driving is restricted because you may not be able to make sudden movements due to discomforts from surgery.

• **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 4-6 weeks after your surgery. Please talk to your doctor about when you can start exercising again.

• **Intercourse:** No sexual activity for 8 weeks after surgery.

• **Work:** Most patients can return to work in 6 weeks after surgery. You may continue to feel tired for a couple of weeks.

**Follow-up with your doctor:**
You should have a post-operative appointment in 6 weeks after surgery made with your doctor before you leave the hospital.

**If you have any further questions or concerns about your surgery, please talk with your doctor.**