

Day-case Vaginal Hysterectomy and/or Pelvic Floor Repair

Families Division
Patient Information Leaflet



What is a pelvic floor prolapse?

This occurs when the pelvic organs, such as the uterus (womb) bladder (cystocele) or bowel (rectocele) protrude into the vagina due to weakness in the tissues that normally support them.

Type of Surgery

Anterior repair: If the front wall of your vagina has prolapsed (cystocele).

Posterior repair: If the back wall of your vagina has prolapsed (rectocele).

Vaginal Hysterectomy: A vaginal hysterectomy is when the uterus (womb) is removed via the vagina instead of through an incision in the abdomen. Pelvic floor repair may also be undertaken in conjunction with this procedure. It is possible for all three procedures to be performed at the same time

Why Surgery is Performed?

This is usually carried out to relieve distressing or painful symptoms such as:-

- A heaviness or dragging sensation.
- An uncomfortable bulge or a lump protruding from the vagina.
- Lower backache.
- Bladder problems - incomplete emptying of the bladder or slow urine flow.
- Bowel problems - evacuation of the bowel and incontinence of wind.

Before Surgery

You will attend the pre-operative assessment clinic where your fitness for surgery will be assessed and blood tests and possible ECG (heart trace), will be performed.

Admission

You will be admitted on the day of surgery. You will be asked not to eat or drink (nil by mouth) for some hours before surgery (written information will be given to you before admission). An anaesthetist will check you are fit for surgery and take note of any allergies/concerns you may have.

Your surgeon will also see you and confirm your consent for the procedure.

How Surgery is Performed

Repair - Involves removing a piece of vaginal skin then stitching the bladder and urethra, or the rectum, back into their normal positions and repairing the vagina.

Vaginal Hysterectomy - The uterus and cervix are removed through the vagina rather than through an abdominal incision. The ovaries are left intact.

After Surgery

- You may have an oxygen mask in place until you feel less drowsy.
- You may have a PCA (Patient Controlled Analgesia). This is left in place until you can tolerate oral pain relief, or you may be given an injection for pain and or sickness, as required.

- You will have had injections to numb your pelvic and upper thigh region to help with pain control.
- Your temperature, pulse, respiration, blood pressure and blood loss are carefully monitored.
- The nursing staff will assist you to get out of bed and encourage gentle mobilisation.
- You will be asked try and pass urine within the first 3 hours.
- If not able to, we may send you home with a small tube (catheter) in your urethra to help empty your bladder.
- You will be given advice on gentle leg exercises to reduce the risk of thrombosis (blood clots) and you may be asked to wear special stockings.
- It is important to keep the chest clear to prevent any post-operative chest infections. Try taking 2-3 deep breaths every hour to clear the lungs of any secretions.
- It would be preferable not to cough, but if you feel you need to bend your knees up and huff (as you would do to clean your glasses or a mirror).
- It is advisable to wear a nightdress and not pyjamas.

Pelvic floor muscle training

Once you return home you can restart your pelvic floor muscle training (do not perform these if you have a catheter in):

- **Tighten your pelvic floor muscles from the back passage (anus) towards the front passages (vagina and urethra) as well as you can for up to 10 seconds for 10 times in lying or sitting positions, 3 times a day.**
- **Also it is important to tighten your pelvic floor muscles before and during activities that increase abdominal pressure i.e. coughing, sneezing and lifting. This is known as the 'Knack' manoeuvre.**

Histology

After a vaginal hysterectomy the uterus (womb) is sent to the laboratory for pathological analysis, which is routine.

Discharge

We will aim to discharge you safely home on the day of your surgery.

You should rest for the first week at home, gently mobilising and continuing with your exercise.

You should be able to go up and down stairs with no problems once you are home, gradually increasing your mobility and introduce light housework. **Heavy lifting should be avoided.**

You may feel much more tired than usual after your operation, as your body is using a lot of energy to heal itself. You may need to take a nap. Sometimes this feeling can come upon you suddenly.

Start with short walks and build up slowly. Listen to your body and if the exercise you are doing is causing you pain, then stop and try something less active for a few days. Regular short walks will not harm you.

Accept support from your family and friends with shopping, housework or preparing meals. If you live alone then plan in advance to have someone stay with you for the first few days or arrange to stay with a relative.

Encourage visitors, as this can help to lift your mood and discuss how you are feeling.

Driving

Each insurance company will have its own conditions for when you are insured to start driving again. Check your policy. You should be able to comfortably look over your shoulder to manoeuvre and perform an emergency stop.

Returning to Work

Everyone recovers at a different rate, so when you are ready to return to work will depend on the type of work you do, the number of hours you work and how you get to and from work. Gradually phase your return to work if possible. Your Occupational Health Department will advise you regarding this.

You should not consider returning to work before four weeks. If you have any concerns discuss them with your own G.P.

Some occupations will need a longer recovery.

Sexual Relations

You should allow 4-6 weeks after your operation to allow scars to heal. It is then safe to have intercourse, as long as you feel comfortable. If you experience any discomfort or dryness you may wish to try a vaginal lubricant (available from your Pharmacy). If these symptoms persist contact your own G.P.

Complications

Whilst most women recover well after surgery complications can occur. You should seek medical advice from your own G.P., NHS Direct or the hospital Ward if you experience any of the following:-

- Burning and stinging when passing urine or passing urine frequently - this may be due to a urine infection and you may need treatment with antibiotics.
- Heavy or offensive vaginal bleeding or bleeding which starts again - if you are also feeling unwell and have a temperature (fever), this may be because of infection or a small collection of blood in the vagina. This is usually treated by a course of antibiotics.
- If you have a hysterectomy at the same time as your repair this could be due to a collection of blood at the top of your vagina, which is called a vault haematoma. Again, this is treated with antibiotics, although sometimes this may require further admission to hospital.

For further information on Recovering Well from Vaginal Hysterectomy see Royal College of Obstetricians and Recovering Well from Vaginal Hysterectomy:

<http://www.bfwh.nhs.uk/wp-content/uploads/2015/08/vaginal-hysterectomy.pdf>

Useful contact details

Gynaecology Nurse Practitioner
Telephone: 01253 955517

Hospital Switchboard: 01253 300000

Patient Relations Department

The Patient Relations Department offers impartial advice and deals with any concerns or complaints the Trust receives. You can contact them via tel: **01253 955588** or by email: **bfwh.patientrelations@nhs.net**

You can also write to us at: **Patient Relations Department, Blackpool Victoria Hospital, Whinney Heys Road, Blackpool FY3 8NR**

Further information is available on our website: **www.bfwh.nhs.uk**

References

Details of the references used in writing this leaflet are available on request from: **Procedural Document and Leaflet Coordinator 01253 953397** or **bfwh.trustpolicyteam@nhs.net**

Options available

If you'd like a large print, audio, Braille or a translated version of this leaflet then please call: **01253 955520**



Our Four Values:

