

Anterior and Posterior Repair of Your Vagina

Colporrhaphy/ Sacrospinous fixation Advice for women having surgery

Tena koutou katoa, Kia orana,
Talofa lava, Malo e lelei,
Fakaalofa lahi atu, Taloha Ni, Ni
Sa Bula Vinaka,

Greetings and Welcome to the
Women's Health Gynaecology
Service

Discharge advice

- Take 4 to 6 weeks off work (discuss with your doctor prior to surgery)
- Do not drive for 4 to 6 weeks.
- Take regular pain relief as prescribed to remain comfortable.
- No sexual intercourse for 5 to 6 weeks
- Expect some bleeding for up to 2 weeks. If this is heavy and you are concerned, see your GP.
- Use sanitary pads not tampons.
- See your GP promptly if you have flu like symptoms, a high temperature, or urinary problems.
- Avoid possible sources of infection, such as spa pools and swimming pools for 4 weeks. Shower, do not bath.
- It is very important to avoid constipation. A diet of fruit, vegetables and fibre will help maintain good bowel movement. We recommend taking kiwi crush daily to maintain regular and soft bowel movement. If your bowel has not opened for 2 days, this has to be managed actively with laxatives (suppositories can be bought over the counter at your pharmacy).
- In the early post-operative period you should avoid situations where excessive pressure is placed on the repair. i.e. lifting anything over 5kg, straining or coughing. For 6 weeks avoid heavy lifting and activities such as housework, hanging out washing and lifting children.

Returning to exercise

Gentle walking for 2 weeks and then gradually increase exercise as tolerated. No high impact sport such as running, gym workouts, netball etc. for 6 weeks. Aim to avoid lifting anything over 15kg ever again.

Follow up

You will have a follow up appointment in our Urogynaecology Clinic at Greenlane in approximately 6 weeks. If you have concerns after discharge please contact your GP. They will contact the hospital if required.

Further information

Requests for information can also be made by phone 307 4949 ext 25678, or email HIWS@adhb.govt.nz

Additional information about National Women's and its services can be found on our website

www.nwhealthinfo.co.nz

What is an anterior/posterior repair/sacrospinous fixation?

Some women experience prolapse of the back and/or front walls of their vaginas. 'Prolapse' means to slip out of place. Having an anterior/posterior repair means that the prolapse is repaired and supported.

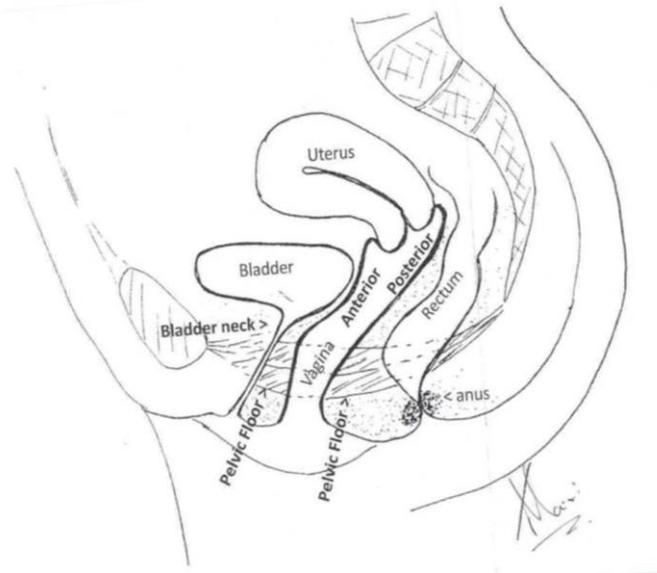
The full operation involves moving your bladder and rectum back into their normal positions. Sometimes only one area will be operated on, depending on the degree of the prolapse. The doctor who will carry out the surgery will discuss this with you.

Having 'sacrospinous fixation' offers support to the upper vagina, reducing the chance that prolapse will occur again at this site. Two permanent sutures (stitches) are placed through the strong sacrospinous ligament, and secured to the top of the vagina or posterior cervix.

- ❖ It is important to not be constipated before your surgery, so we recommend taking kiwi crush or similar, daily, during the week before your operation.

The operation is usually done under general anaesthetic and your hospital stay will be 2 to 3 days.

Your operation will be covered by an appropriate antibiotic in theatre, and blood thinner will be given to reduce the risk of clots after the operation.



Post-operative care

1. You will return to the ward with a vaginal pack and urinary catheter. These will be removed the following morning.

2. Following removal of your catheter we will ask you to drink water and other fluids, but please don't overdrink. We recommend that you have about one cup per hour.

- You will be encouraged to go to the toilet when you have the urge or 2-3 hours after your catheter is removed. After you have passed urine let your nurse know, she can check your bladder with a scan. The bladder scan measures the urine left behind in your bladder, called residual urine. The acceptable residual urine is up to 150ml.
- To make sure you are emptying your bladder properly, we will continue to check your bladder until residual urine is less than 150ml on three consecutive readings. If the measurement remains high you may need to have the catheter reinserted.

Occasionally women need to go home with a catheter. You will be given written information and this will be managed by the District Nursing Service.

3. After the operation, we will start giving you laxatives. It usually takes 2 to 3 days for your bowels to move, and the laxative will ensure they will be soft when they do. Often you will have gone home by this time as people usually find it easier to move their bowel in their own toilet.