

**Patient Information to be retained by patient**

# Vaginal hysterectomy and/or anterior and/or posterior repair

This information leaflet has been developed to help your understanding of what is involved with a vaginal hysterectomy and anterior or posterior repair.

## What is an anterior or posterior repair?

These operations correct prolapse of the womb (uterus) and vaginal walls. These repair operations may be performed separately or together and if the womb is also found to prolapse then this may need to be removed at the same time (vaginal hysterectomy).

### Anterior repair:

An anterior repair corrects prolapse or slipping forward of the front wall of the vagina. The bladder lies behind this and can be dragged down with it. This can cause symptoms such as discomfort and a feeling of a lump in the vagina. During the operation the vaginal wall is cut and the bladder pushed back to its normal position. It is held in place with a number of stitches, excess vaginal skin is trimmed and then closed.

### Posterior repair:

A posterior repair corrects prolapse or slipping forward of the back wall of the vagina. The rectum lies behind this and can be dragged down with it. This may cause a feeling of discomfort, lump in the vagina and problems with opening and controlling your bowels. This operation involves a cut in the back wall of the vagina to push the rectum back into its normal position.

### Vaginal hysterectomy:

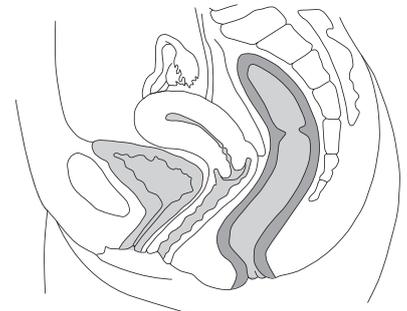
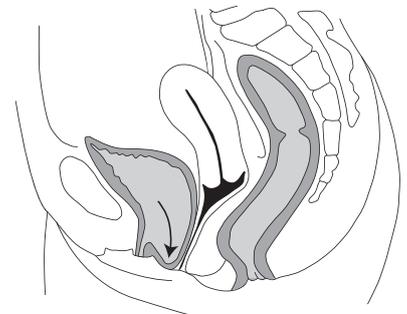
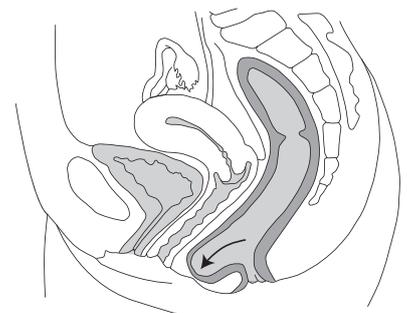
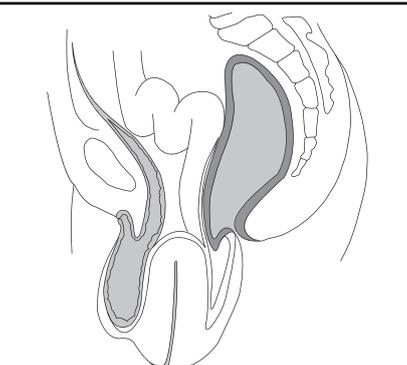
Vaginal hysterectomy is the removal of your womb and your cervix through the vagina. This may be advised for treating prolapse or heavy periods when medical treatments have failed or are inappropriate.

It may be performed separately or with an anterior and / or posterior repair. These operations may either be performed with you asleep under general anaesthetic or with you awake under spinal anaesthesia. This can be discussed with your anaesthetist. All stitches are dissolvable and may be noticed coming away from you a few weeks after the operation – this is normal.

## What are the benefits of this operation?

The benefits are to improve or resolve the symptoms of prolapse eg to remove the feeling of lump in the vagina.

affix patient label


**Normal**

**Bladder prolapse (Cystocele)**

**Bowel prolapse (Rectocele)**

**Uterine prolapse**

**What are the alternatives?**

Uterus conserving surgery using one of the following approaches:

- Sacrohysteropexy – suspending the uterus to the tailbone (sacrum) using synthetic mesh
- Sacrospinous hysteropexy – using a stitch to suspend the cervix to sacrospinus ligament of the pelvic floor
- Colpocleisis – vaginal closure in women who are not sexually active.

**Are there any risks associated with this operation?**

No surgery is without risk. The following risks are associated with this surgery:

Common risks:

- Bleeding (blood transfusion may be required in 5% of operations), wound problems (e.g. bruising, infection, slow healing), infection, pain.

Uncommon but more serious risks:

- Blood clots (in leg or lung), anaesthetic problems, surgical complications (e.g. damage to other internal organs which happens in 2 women in every 100 procedures, with 1 woman in every 4,000 procedures dying). If internal organs damaged (e.g. bladder, ureter, bowel), or severe bleeding we may need to perform a bigger open operation to repair any damage (this may not be obvious until later). Rarely this may necessitate prolonged use of a urinary catheter or bowel surgery. If the ovaries appear abnormal we may remove them.

Potential later issues:

- Bladder problems (irritability, leaking or inability to empty bladder properly), pain from scar tissue (especially with intercourse), recurrence of prolapse or a new one develop (in up to one third).

The pre-operative assessment: Before your visit, we will invite you to a pre-operative clinic where you will be assessed for surgery. This may be a telephone or face to face interview. You will be seen by a member of the nursing staff who will ask questions about your previous medical history and will arrange for some tests, such as a blood test. You may also have a chest X-ray. You will be given advice on whether or not you need to stop taking your medications on the day of the operation, and when to stop eating and drinking before your operation.

**How do I prepare for my operation?**

You need to have a bath or shower before you come into the hospital. Please leave any jewellery at home. If you are unable to remove any piece of jewellery, a protective tape will be placed over it.

**When will I be admitted to hospital?**

You will come in on the day of your operation. Please bring into hospital any tablets or medicines you may be taking.

**What should I bring to hospital?**

You will need to bring with you nightwear, loose day clothes, towels, sanitary towels, personal hygiene items, lip balm, tissues, slippers and loose fitting underwear. We also recommend that you bring in books, magazines to read and also a small amount of money to buy things such as a newspaper etc.

**What happens before the operation?**

When you arrive on the ward, you will be asked to sit in the waiting room. The nurse will call you through, check your details, help you to change into a gown and give you an identity wristband. Please remove nail varnish at home and do not wear makeup. If you wear acrylic nails please remove from both index fingers. We will take some basic tests such as pulse, temperature, blood pressure and a urine sample. You will also need to remove contact lenses, glasses and false teeth prior to going to theatre.

Visit by the surgical team: A doctor will come and see you and explain the operation to you. If you have not already signed a consent form in the clinic, we will ask you to sign one which gives us permission to perform the operation. If you have any questions, please ask.

For improving patient care, the team will also ask you to complete a questionnaire about your symptoms. This information and procedure-related data will be entered onto our local and a national database. All personal information is confidential and not shared outside of the hospital.

Visit by the anaesthetic team: One of the anaesthetists who will be giving you anaesthetic will come and see you. Please tell the anaesthetist about any allergies, chest problems, dental treatment and any previous anaesthetics you have had, and also any anaesthetic problems within the family.

Preparation for surgery: We will give you anti-embolic stockings to help reduce the possibility of blood clots during your stay in hospital. These should be pulled up at all times and not be allowed to roll down. We may give you a pre-medication drug a few hours before your operation, which may cause drowsiness and a dry mouth. A member of staff will go with you to the operating theatre and will hand you over to the care of a member of anaesthetic team.

### **What happens after the operation?**

After the operation you will be taken to the recovery room. Although you will be conscious a minute or two after the operation ends, you are unlikely to remember anything until you are back in your bed on the ward. You may find you have:

- mask supplying oxygen
- narrow tube into your vein to replace lost fluids
- a catheter (tube) draining the urine from your bladder
- length of material like a bandage rolled up and placed inside the vagina at the end of the operation to help prevent bleeding. This 'pack' is removed the following morning. However, not all gynaecologists will use vaginal packs.
- anti-embolic stockings – to prevent clots in the legs (thrombosis). We will ask you to wear these while you are in hospital. You will also be given an injection every day of a medicine to keep your blood thin.

You should be able to walk the day after your operation and we will encourage you to shower by the second or third day.

### **Will I have any pain or discomfort?**

Pain levels can vary from person to person and is more noticeable with a posterior repair. There are a variety of methods of pain relief that we can use so that you remain comfortable.

- You may be given a hand held device to control your pain. This is called a patient controlled analgesia system (PCA), which enables you to give to yourself appropriate levels of pain relief according to how you are feeling.
- Nurses can also give injections of strong pain relief and when you start eating you will be able to take tablets.
- You may feel sick especially in the first 24 hours and various medicines are available to control this.
- A drip will be used to give fluid to you while you are unable to drink.

### **How long will I stay in hospital?**

You will usually be able to go home after one or two days. A doctor may need to perform an internal examination before you go home, especially if you have had both anterior and a posterior repair.

### **When can I resume intercourse?**

To allow time for internal healing, we would advise that you wait for the review in the clinic before resuming sexual intercourse. This may be around 12 weeks.

**When can I drive?**

Please refrain from driving for 6-8 weeks or as advised by your consultant. After that once you are comfortable sitting in a car and able to perform an emergency stop safely without pain or discomfort it is safe to drive. We recommend travelling short distances initially, gradually building up to longer journeys. It is advisable to check with your insurance company regarding any restrictions.

**How can I help myself?****Do:**

- drink lots of fluids and eat fresh fruit and vegetables, to help prevent constipation
- take regular baths or showers
- light exercise – avoiding lifting, pulling or straining
- pelvic floor exercises after 4 weeks.

**Avoid:**

- vaginal douches
- using tampons for menstrual protection until after any pain and bleeding from the operation has stopped; until this has settled use sanitary towels
- heavy lifting or any sport that involves straining your pelvic muscles
- constipation and straining to open your bowels
- coughing, where possible. Any constant cough needs prompt treatment. Please see your GP as soon as possible.

**When will I have a follow up appointment?**

Our urogynaecology nurse specialist will contact you 2-3 weeks after surgery to check on your recovery and answer any questions or concerns you may have. You will be seen 12 weeks after the surgery in the gynaecology outpatients by the team who performed your surgery. A doctor will need to examine you. After this visit you may be able to return to work providing it does not involve heavy lifting. You may also resume sexual intercourse.

**What should I look out for?**

Following your discharge from hospital, if you are unable to pass urine or have severe vaginal bleeding, abdominal distension or pain in the first week after surgery contact Eden ward (gynaecology) immediately on 01872 252090.

Contact your GP if you have other problems such as:

- foul smelling discharge from the wound
- high fever
- pain when passing urine or blood in the urine
- difficulty opening your bowels
- pain or swelling of the legs.

**Contact us**

If you have any questions or need any further information, please contact the RCHT switchboard on 01872 250000 and ask for your consultant's secretary.

**Urogynaecology nurse specialist**

Mobile: 07824 836818

Office: 01872 252299

**Further information**

For further detailed information of recovery after this operation see:

[www.rcog.org.uk/recoveringwell](http://www.rcog.org.uk/recoveringwell)

<https://bsug.org.uk/pages/information-for-patients/111>

**Data protection**

During your visit you will be asked for some personal details. This is kept confidential and used to plan your care. It will only be used by staff who need to see it because they are involved in your care and we may send details to your GP. Information about you may be used for audit purposes and shared within the NHS. Your consent is required for this which you have a legal right to refuse.

**Smoking**

RCHT is a no smoking hospital. If you would like help to stop smoking before you come into the hospital, there is a smoking cessation help line that you can call. Visitors must not smoke at all in the hospital or in hospital grounds.

Patient copy

If you would like this leaflet in large print, Braille, audio version or in another language,  
please contact the General Office on 01872 252690



**CONSENT FORM 1**  
**PROCEDURE SPECIFIC PATIENT AGREEMENT**

# Vaginal hysterectomy and/or anterior and/or posterior repair

NHS number: .....

Name of patient: .....

Address: .....

Date of birth: .....

CR number: .....

**STATEMENT OF HEALTH PROFESSIONAL** (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)

**I have explained the procedure to the patient.** In particular, I have explained the intended benefits and summarised the risks, as below:

- *Improve or resolve the symptoms of prolapse.*

**Significant, unavoidable or frequently occurring risks:**

- *Bleeding, wound problems, infection, pain.*

**Uncommon but more serious risks:**

- *Blood clots, anaesthetic problems, surgical complications or severe bleeding requiring an open operation (happens in 2 in 100 procedures, with 1 woman in 4,000 procedures dying). Rarely prolonged use of a urinary catheter or bowel surgery is required.*

**Uncommon possible later issues:**

- *Bladder problems, pain from scar, recurrence of prolapse.*

**Any extra procedures which may become necessary during the procedure:**

- *Risk of blood transfusion*
- *Other (please specify):*

**I have also discussed what the procedure is likely to involve,** the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

**I have given and discussed the Trust's approved patient information leaflet for this procedure: Vaginal hysterectomy and/or anterior and/or posterior repair CHA3319 which forms part of this document.**

**I am satisfied that this patient has the capacity to consent to the procedure.**

This procedure will involve:  General and/or regional anaesthesia  Local anaesthesia  Sedation

Health Professional signature: ..... Date: .....

Name (PRINT): ..... Job title: .....

**STATEMENT OF INTERPRETER** (where appropriate)

I have interpreted the information above to the patient to the best of my ability and in a way in which I believe he/she can understand.

Interpreter signature: ..... Name (PRINT): ..... Date: .....

affix patient label

**STATEMENT OF PATIENT**

Please read this form carefully. If your treatment has been planned in advance, you should already have a copy of the patient information leaflet which describes the benefits and risks of the proposed treatment. If not, you will be given a copy now. If you have any further questions, do ask - we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

**I agree** to the procedure or course of treatment described on this form.

**I understand** that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

**I understand** that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia).

**I understand** that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

**I understand** that tissue samples will only be taken in relation to the procedure explained to me. No samples will be taken for quality control, clinical education or research purposes.

**I have been told** about additional procedures which may become necessary during my treatment. I have listed below any procedures **which I do not wish to be carried out** without further discussion.

**I have received a copy of the Consent Form and Patient Information leaflet: Vaginal hysterectomy and/or anterior and/or posterior repair CHA3319 which forms part of this document.**

Patient signature: ..... Name (PRINT): ..... Date: .....

A **witness** should sign below if this patient is unable to sign but has indicated his or her consent. Young people / children may also like a parent to sign here (see guidance notes).

Witness signature: ..... Name (PRINT): ..... Date: .....

**CONFIRMATION OF CONSENT** (to be completed by health professional when the patient is admitted for the procedure, if the patient has signed the form in advance).

On behalf of the team treating the patient, I have confirmed with the patient that they have no further questions and wish the procedure to go ahead.

Health Professional signature: ..... Date: .....

Name (PRINT): ..... Job title: .....

**Important notes** (tick if applicable):

See advance decision to refuse treatment  Patient has withdrawn consent (ask patient to sign/date here)

Patient signature: ..... Name (PRINT): ..... Date: .....

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