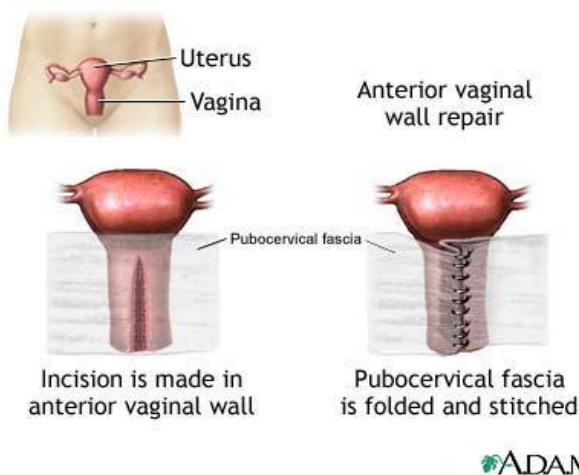


Anterior Vaginal Repair

What is an Anterior Vaginal Repair?

Anterior vaginal prolapse or cystocele is a form of prolapse of the front wall of the vagina, whereby the bladder descends or drops into the vaginal canal. Anterior Vaginal Repair is an operation performed to correct the prolapse by strengthening the supporting tissues between the vagina and the bladder, using self-absorbable or permanent stitches. The vaginal incision is then closed with self-absorbable sutures. These stitches do not need to be removed after the operation.



What is involved?

The operation is performed either under a general or spinal anaesthesia, and takes about 30 minutes. It may be done with other procedures like hysterectomy or incontinence surgery.

What can go wrong?

There is a 5-10% chance of difficulty-passing urine following surgery, and this may require the use of a catheter for 1 to 2 days. This is mainly related to the inflammation and irritation of the bladder wall and will almost always resolve with time. There is also a 3% chance of heavy bleeding requiring blood transfusion. Occasionally, wound infection can develop after the operation but you will be given antibiotics during the operation to reduce the chances of this occurring. Most infection cases can be treated with antibiotics alone. There is a small chance of making sexual intercourse painful after the operation but most patients improve with time. In very, very exceptional circumstances the bladder can be injured during the operation which may require prolonged catheterisation.

The Operation:

The success of the repair is usually around 80 - 90%. Weight loss if overweight, reducing or quitting smoking, improving pelvic muscle tone by doing pelvic muscle exercises and continu-

ing to do them after surgery will ensure that the operation is a success.

When you go home you must not lift heavy objects or do strenuous work for about 6 weeks. Avoid intercourse for the same period. You can return to work usually in ten to fourteen days. 5 days of antibiotics have to be taken to prevent infection.

After the Surgery

You will be seen in either the clinic or at urodynamics depending on what procedures you have had, 10 to 12 weeks after the operation. If everything is well the success of your operation should be permanent.

Pain should be relieved with Panadol or Panadeine (remember if you take Panadeine, this increases the risk of constipation so ensure you have an adequate intake of fibre and fluids in your diet). Do not use tampons, pads are a better option.

What to expect after surgery?

You will have some vaginal discharge for 4 to 6 weeks. This should be light bleeding or spotting only and this may vary during that period of time as healing occurs and your stitches dissolve. You may feel the vagina to be lumpy or raised; this is vaginal tissue, NOT the return of your prolapse and should improve within 6 months.

We recommend you are not to self examine or self assess your operative site till you have been examined by the doctor post operatively.

Do not drive an automatic car for	1 week
Do not drive a manual car for	2 weeks
Do not make a bed for	2 weeks
Do not hang out washing for	4 weeks
Do not use your vaginal oestrogen for	4 weeks
Do not stretch upward for	6 weeks
Do not do any lifting for	6 weeks
Do not have sexual intercourse for	6 weeks

Remember to **rest**. If you are tired and uncomfortable you have been doing too much and need to slow down.

When emptying your bladder, sit on the toilet, feet flat and lean forwards.

Drink 6-8 glasses of fluid per day; limit your caffeinated drinks to 3 per day. Ensure your fibre intake is 30g per day.

If constipation is a problem, Lactulose, which you can buy from the chemist, or another stool softener should be used

Contact your GP or Emergency Department if you experience any of the following:

- pain not relieved by painkillers

Anterior Vaginal Repair



urogynaecology patient
information

- burning or difficulty passing urine
- increased vaginal bleeding or passing clots
- smelly or offensive vaginal discharge
- fever or feeling unwell

Your doctor will be happy to discuss any concerns that you may have regarding this operation.

I have read this information leaflet and understand its contents.

Signed: _____

Name: _____

Date: _____

**PLEASE BRING THIS DOCUMENT WITH YOU AT THE
TIME OF ADMISSION FOR YOUR OPERATION**

*It is important to check with your insurance company, re driving your car as each company has different policies on driving and surgery.