

Perineoplasty



urogynaecology patient information

What is a perineoplasty?

This is a repair of the tissues between the vagina and anus that has been damaged or torn during childbirth. This usually causes vaginal looseness causing sexual dysfunction and occasionally vaginal flatus. This "plastic surgery" will restore your vaginal opening to near pre pregnancy condition.

What is involved?

This procedure is carried out under a general anaesthesia and usually as a day patient in hospital (you will arrive to the hospital in the morning, and be discharged later in the same day).

There is an incision made at the introitus (vaginal opening) and the tissues are brought back together and stitched in place with dissolvable sutures that will last for up to 4-6 weeks.

Do bring some pads, as some bleeding will occur post-operatively.

What can go wrong?

As with any operation there can be infection of the wound but this is usually treatable with antibiotics.

There is also a small risk of bleeding which is treatable. Anaesthesia is not without risks - these are outlined in the anaesthetic consent forms.

What to Expect

This procedure will decrease the feeling of vaginal looseness and improve sexual function.

Weight reduction if overweight, reducing or quitting smoking, improving pelvic muscle tone by doing pelvic floor exercises and continuing these regularly after the operation will help to ensure that the operation is a success.

After the Surgery

When you go home you must not lift heavy objects or do strenuous work for about four weeks. Avoid intercourse for the same period. You can return to work usually in 1 week.

You will be seen 10 to 12 weeks after the operation. If everything is well the success of our operation should be permanent.

Tips for Success

IT IS IMPORTANT TO USE ICE PACKS TO RELIEVE PAIN AND SWELLING. Pain is also 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). Some bleeding may occur during the first week or so, this is the stitch coming away. This is quite normal providing it is 'pinkish' coloured discharge. (If your loss becomes dark, clots or an odour develops then you must contact your local GP).

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 until 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
- burning or difficulty passing urine
- increased vaginal bleeding or passing clots
- smelly, offensive, or unusual genital 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.