



## Surgical Information Sheet for Women having Surgery for Vault Prolapse

### 1. Proposed operations:

Vaginal vault suspension

Abdominal vault suspension

Pelvic floor repair

Urinary incontinence operation

### 2. Why am I having this operation?

You and your gynaecologist have agreed that you need an operation to cure or improve symptoms you have been experiencing. These may include a feeling of a bulge in your vagina or something coming down from it, a dragging or heavy sensation, or problems with bladder, your bowel or with intercourse. Your medical team think your symptoms are caused by a prolapse of your vagina, where your womb used to be (vault prolapse, see Figure 1).

### 3. What will the operation involve?

There are two ways of treating a vault prolapse.

1. Working through your vagina, surgeons can put the prolapsed area back into its correct position. It can be held in place either by stitches or a special plastic mesh which will allow it to be attached to stronger tissues in the area.
2. Through your tummy or using a laparoscope (keyhole surgery), mesh can be stitched to the top of the vagina (vault) and then attached to part of your back bone (the sacrum) (see Figure 2) to support it.

If special mesh is used, it will be made of a man-made plastic netting-like material which is not absorbable.

### 4. How safe are these operations?

Both these operations have used by gynaecologists for many years. They have been approved by NICE (National Institute of Clinical Excellence) and are usually successful.

### 5. What type of anaesthetic will I have?

You will either have a general anaesthetic (be fully asleep) or have a spinal anaesthetic (an epidural) which will completely numb the lower half of your body. In

this case you will feel drowsy but remain awake. Your anaesthetist will discuss the options with you.

#### **6. What extra operations may be carried out at the same time?**

Surgery for a vault prolapse can also include a repair for a bladder or bowel prolapse. Both are done by replacing the organs in their correct positions and then repairing the weak vaginal walls.

The walls can be repaired using stitches, mesh or graft materials. Mesh includes man-made (plastic) materials, some of which dissolve over time and others which don't. Graft materials are made of natural fibres and eventually dissolve. Your gynaecologist will explain which of these materials and methods he or she normally uses.

If you have stress urinary incontinence, your gynaecologist may recommend having a bladder support procedure such as placing a sling under the urethra, or a colposuspension.

Any such extra operations will of course be discussed and agreed with you beforehand.

#### **7. Will everything in the operating theatre be as agreed?**

No matter what has been planned, your operation might need to be altered when you are examined under anaesthetic. Sometimes it becomes clear that the prolapse is more severe than was first thought. It may then be necessary to perform a different or extra procedure.

#### **8. What will I notice immediately after the operation?**

Your gynaecologist may have placed a catheter in your bladder (from below or via your abdomen) to help you pass urine. You may find your vagina has been 'packed' with absorbent material to help reduce bleeding. This may be removed a day or two after the operation. You may be advised to use vaginal oestrogen cream or tablets for some time before and/or after surgery.

Even if the surgery is done through the vagina, it is still a major operation and you should be just as careful as after an abdominal operation. You should not do any lifting or strenuous exercise for at least 3 months.

#### **9. What might go wrong during the operation?**

All operations carry a risk of complications such as bleeding, damage to other organs, or infection. Such events are rare and unlikely to happen. If you lose a lot of blood, you may require a blood transfusion. If your blood vessels, bladder or bowel are damaged, they will need to be repaired immediately. This sometimes means having an abdominal operation (laparotomy) to correct the problem, prevent serious harm to your future health or save your life.

#### **10. What problems might occur after the operation?**

Some problems occur frequently but are **not usually serious**. Normally, they can be treated easily. They include:

- Difficulty passing urine

- Vaginal bleeding or discharge
- Infections in the vagina or abdomen
- Urinary tract infection or passing urine more frequently than normal
- Pain in the abdomen, back or vagina
- Minor mesh exposure

Some more serious problems can occur. They are less common and are treated as and when they arise. They include:

- Damage to blood vessels or excessive bleeding requiring another operation or a blood transfusion
- Bleeding leading to severe internal bruising
- Damage to the bladder or urinary tract
- Damage to the bowel
- Blood clots in the legs or lungs
- Serious infections or pelvic abscess
- Serious mesh problems such as infection or extrusion into bladder or bowel

### **11. What may I expect in the long term?**

Your surgery is designed to improve your prolapse symptoms. Sometimes, symptoms can come back at a lesser level which may be treated without the need for another operation.

However, one in three women who have had prolapse surgery will need another prolapse operation at some time in the future: the average time is 12 years later. Some women may also start leaking urine for which they may need another operation.

Long term effects might include:

- Problems with the way your bladder works, such as leakage of urine, urgency, or being unable to pass urine
- Problems with the way your bowel works, such as leakage of stool, urgency or constipation
- Difficulty or pain with intercourse
- Buttock pain
- Menopausal symptoms
- The need to remove mesh or graft materials

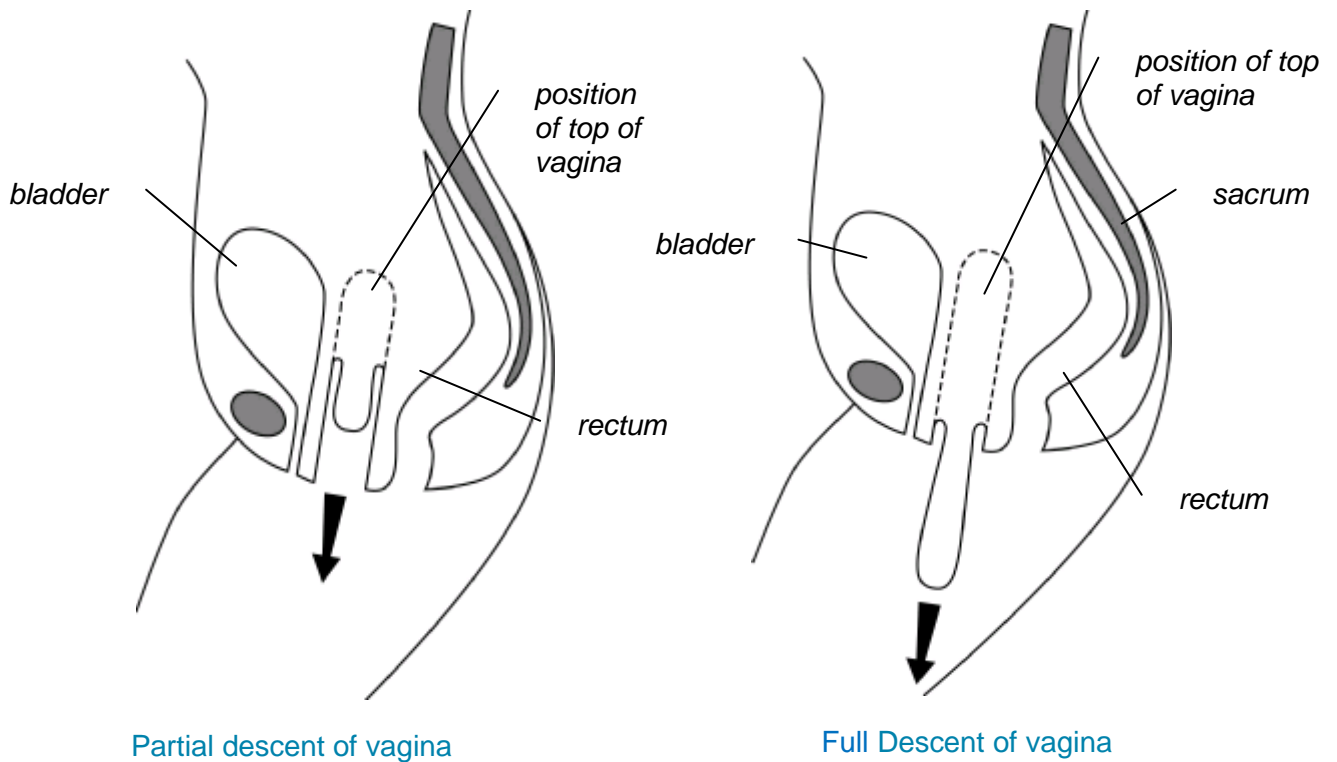
**In general terms, it is not possible to predict how much you personally will benefit from surgery or whether you will develop any new problems or need further treatment for them.**

## 12. What other prolapse treatments are available?

Women with prolapse may practise pelvic floor muscle exercises, use oestrogen cream, or use a ring or other type of plastic pessary. These treatments may also be used after prolapse surgery for women who still have symptoms.

### Pictures of Vault Prolapse

**Figure 1** Diagram of side view showing the top (vault) of the vagina collapsing partly or completely down the vaginal canal



**Figure 2** Diagram showing vault (top of vagina) and posterior vaginal wall supported by mesh.

