

## Gynaecology - Repair of Prolapse (Pelvic Floor Repair)

### Introduction

The COVID-19 pandemic has had a significant impact on the NHS ability to provide routine elective services. We recognise that patients are waiting longer than we would all like and it is not always possible to identify when treatment will take place. This document provides you with information on how you are able to support yourself while waiting to attend the hospital. The guidance has been written by clinicians who are responsible for your care.

When you are waiting for further treatment it can sometimes feel like a long wait. The information and advice here is aimed at helping you manage that wait so you arrive for your appointment in the best possible physical and mental health.

The NHS has limited resources which means that we are unable to treat you as quickly as we would like. Each healthcare provider has to consider the type of help you need, how quickly you need treatment, the best course of action to help you and when and where you can be seen.

The process of sorting patients based on their individual needs is called prioritisation. The system of prioritisation is applied consistently across the NHS to help us to decide the order in which patients receive their treatment. This is essential to ensure that we provide care based on need. The system means that care is delivered in the fairest way possible.

Once a referral has been made from primary care to secondary care, the specialist team conduct assessments and then agree with you on the right course of action. At this stage, the urgency will be assessed. If you have a long-term health condition, for example, you may need treatment faster than someone without.

Your gynaecologist has recommended repair of your prolapse, this is an operation to tighten the support tissues of your bladder or bowel.

There are two types of surgery, you will need an anaesthetic for these procedures. This will be a general anaesthetic or a regional anaesthetic (spinal or epidural).

- Anterior Repair (Cystocele repair): This is a repair of the front wall of the vagina, an incision is made inside vagina, the bladder reduced to its normal position and then held in place by strong slow dissolving stitches. The vaginal wall is then closed removing any excess skin and closed with dissolvable stitches.

- Posterior Repair (Rectocele repair): This is a repair of the back wall of the vagina, the process is the same as for the front wall but instead of the bladder being reduced to its normal position is it the the back wall of the vaginal and the rectum that is reduced.

## My Planned Care Patient Information Platform

If the prolapse is of the uterus then the recommended treatment would be a vaginal hysterectomy, the uterus is removed via the vagina with no external wounds. Sometimes the gynaecologist is unable to confirm if this procedure will be required prior to surgery as prolapse of the front and back wall of the vagina can make assessment difficult. This would be discussed with you prior to your surgery and a hysterectomy would not be performed without your consent.

For further information including the risks and complications of the procedure please see the UHD patient information leaflet on 'Pelvic floor repair'

## Guidance for Patients

Being in the best possible shape before your operation will help. Stopping smoking, losing weight, cutting the amount of alcohol you drink and increasing the amount of exercise you do every day will make your recovery faster and safer. It is important that medical conditions such as high blood pressure and asthma are controlled before your operation. Your GP will help you with this.

Before your operation, your health will be checked and a care plan for your stay in hospital and discharge home will be made. Usually women are discharged home the next day

While awaiting your surgery you may wish to try other treatment options:

- Lifestyle changes: Reduce heavy lifting and constipation
- Physiotherapy: Pelvic floor exercises
- A Pessary: A small device may be placed in the vagina to hold up the prolapsing vaginal walls, this is then replaced 6 monthly
- Local oestrogen preparations: Pessary or cream form inserted into the vagina. This is also recommended prior to surgery as this can improve the tissues and healing of the vagina.

## What should I do if my health is deteriorating?

If you feel your symptoms are worsening please speak to your GP in the first instance who may be able to commence non-surgical management as described above while you await your surgery.

## Urgent Health Advice

For urgent health advice about physical or mental health, when it's not an emergency, please call 111 from any landline or mobile phone. You can also visit [www.nhs.uk](http://www.nhs.uk). The NHS 111 service is available 24 hours a day, seven days a week.

## Life Threatening Emergencies

For something life threatening – severe bleeding, breathing difficulties or chest pains – please dial 999.

## Contact Us

If you have any questions please contact the Gynaecology admissions co-ordinator on 03000 194678