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# Treatment options for vaginal prolapse

Women's Services

Information for Patients

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## What is prolapse?

A prolapse is a bulge coming from the walls of the vagina or the womb dropping down through the vagina. It happens when the vagina and/ or womb are no longer held firmly in place by muscles and ligaments which are meant to support them. Prolapse can affect the front wall, back wall or top of the vagina or womb.

A prolapse of the front wall of the vagina (also called a cystocoele) pulls the bladder into it because the bladder sits just above the front wall of the vagina.

A prolapse of the back of the vagina (also called a rectocoele or enterocoele) pulls the back passage into it because the back passage sits just below the back wall of the vagina.

When there is a prolapse of the womb itself, the womb is pulled down into the vagina or even right outside the vagina. The top of the vagina can also be affected by prolapse even if you have previously had a hysterectomy. In such cases, just the top of the vagina (also called the vault of the vagina) bulges down into the vagina.

One, two or all three areas of the vagina can be affected by prolapse in any combination.

The main problems a prolapse causes are bulging and aching in the vagina, lower tummy of lower back. Many women with prolapse may also have urinary or bowel problems. They may also experience problems during sex. If the prolapse is exposed outside the vagina, the skin can become very sore, may turn into an ulcer and can bleed where it rubs on the underclothes.

Sometimes these problems may be caused by the prolapse but this is not always the case. It is possible for such problems to be completely unrelated to the prolapse.

## Treatment options for prolapse other than surgery

**Doing nothing** is an option if a prolapse is not causing any problems. However, a prolapse can start to cause problems in time. If it does, your GP can refer you back again to see us for treatment.

**Pelvic floor exercises** strengthen the muscles that support the vagina. They may not get rid of the prolapse but may make you feel more comfortable. Pelvic floor exercises can be supervised by a nurse or physiotherapist in our department. Pelvic floor exercises must be continued long-term or the symptoms will come back again.

**Vaginal pessaries** are plastic devices that are inserted into the vagina and help support the prolapse. They need to be changed every 4 to 9 months depending on the type of pessary. Pessaries may interfere with sex, cause a discharge and can occasionally cause bleeding.

## Surgery for prolapse

If you wish to have more children you will usually be advised to delay surgery until your family is complete. The treatments above are more suitable for you until then.

It is common to have a combination of operations to deal with all the affected areas. They are all carried out through the vagina.

The most accurate examination for prolapse is when you are asleep during your operation. Other areas of prolapse, not previously seen in clinic, may be found at this time. Because of this, when planning your operation we may need to ask for your consent for various alternative operations in order to deal with all the areas of prolapse.

### Common operations for vaginal prolapse are:

### 1. Pelvic floor repair

This involves a front and/ or back vaginal wall repair. These operations do not involve using mesh.

A front wall repair is also called an anterior vaginal wall repair. This involves making a cut along the front wall of the vagina, separating the bladder from the vagina and inserting supporting stitches to hold the prolapse back.

A back wall repair is also called a posterior vaginal wall repair. This involves making a cut along the back wall of the vagina, separating the back passage from the vagina and inserting supporting stitches to hold the prolapse back.

### 2. Vaginal hysterectomy

If you still have a womb, you may need to have a vaginal hysterectomy if it is coming too far down into the vagina. At the time of a vaginal hysterectomy, the neck of the womb (cervix) is also removed, but the tubes and ovaries are not usually removed.

### 3. Sacrospinous fixation

Sometimes you may also need an operation called a sacrospinous fixation. This operation lifts up the top of the vagina and may be needed if you have a large prolapse affecting this area. The top of the vagina is lifted and stitched to tough tissue (the sacrospinous ligament) higher up in the pelvis to hold the top of the vagina up.

## Risks of surgery

- **Anaesthetic problems:** These are extremely rare. The risk of a serious problem caused by the anaesthetic is 1 in 10,000; risk of death 1 in 100,000. This will be discussed with you.
- **Heavy bleeding:** There is a risk of bleeding with any operation. Heavy bleeding is uncommon (about 1 to 3 in 100 cases). If you bleed heavily you might need to be given a blood transfusion during or after prolapse surgery. Sometimes there can be bruising of the vagina or vulva.
- **Infection:** There is a risk of infection after any operation. A serious infection is rare. The risk of infection is reduced by routinely giving you antibiotics during your operation. An abscess can occur where the infection is more severe (1 in 3000).
- **Deep vein thrombosis (DVT):** This is a clot in the deep veins of the leg. It can occur in 4 to 5 out of 100 patients. A serious problem occasionally occurs when a clot in the leg travels up to the lungs. The risk of clots is reduced by using special stockings and injections to thin the blood, you will be given more information about this.
- **Damage to other organs nearby:** This can include bowel (5 in 1000), bladder or ureter (the urine tube between the kidney and bladder) (2 in 1000 or more often with repair of the front wall) and blood vessels. These complications are uncommon but can mean it takes longer for you to recover. These injuries are sometimes not found at the time of surgery and you may need to go back to theatre.
- **Your prolapse may come back (recurrence):** Prolapse operations are not 100% successful. About 1 in 5 women have another prolapse during their lifetime. This is because the vaginal tissue can weaken again or a different part of the vagina may prolapse. The prolapse can come back in the same part of the vagina, on the other side or at the top of the vagina.
- **Pain:** General pelvic or vaginal discomfort is common and usually settles with time. It can be managed with regular painkillers. You may have some pain during sex and this may be permanent (1 in 10 women). The sacrospinious fixation operation can occasionally cause pain in the buttock. It settles on its own with time in most cases. Long term pain after major surgery may happen in 2 out of 100 cases.
- **Reduced sensation or pain during sex:** Sometimes the sensation during sex may be less and occasionally the orgasm may be less intense. Some women may also experience pain in the vagina after surgery from scarring or narrowing of the vagina (15 in 100 women).
- **Change in bowel function:** Patients can have difficulty going to the toilet (constipated) after the operation and straining on the toilet should be avoided with the use of laxatives. Often bowel function is better in the longer term.
- **Change in bladder function:** Weeing too often or needing to rush to go to the toilet for a wee (overactive bladder symptoms) may get better after prolapse surgery. Such bladder problems can occasionally start or get worse after the operation, including some leakage of wee (urine) when you cough or sneeze. Overall about 1 in 10 women may experience worsening bladder function. If you experience this, please make us aware so that we can treat you for it.
- **Risk of death** in the first 6 weeks after surgery from all causes is rare (37 women out of every 100,000 women having prolapse surgery).

## What do I need to do before the operation?

It's important to be as fit and healthy as possible. Good health before your operation will help reduce your risk of developing complications and speed up your recovery.

- If you smoke, try to stop smoking. https://www.nhs.uk/live-well/quit-smoking/10-self-help-tips-to-stop-smoking/
- Eat a healthy, balanced diet and try to lose weight if you are overweight.
- Exercise regularly.
- You may be asked to use vaginal oestrogens (cream or pessaries) for at least 2 weeks before the operation to improve the strength of the tissues for better healing.

You will need to have a pre-assessment appointment in the weeks before your operation. This will involve having some blood tests and a general health check to make sure that you are fit for surgery. You can also discuss any concerns that you have and to ask questions.

**If you do not attend this appointment, your operation will be cancelled and you will be discharged back to the GP.**

## What happens during a vaginal hysterectomy?

Once you are fully asleep, a catheter (tube) will be inserted into the bladder to drain wee (urine) away and you will be examined. The cut in the vagina will run along the top of the vagina and around the cervix (neck of the womb) for a vaginal hysterectomy. The blood vessels and ligaments to the womb are cut and tied off releasing the womb from the tubes and ovaries. The tubes and ovaries are not usually removed during a vaginal hysterectomy. The womb is then removed from below and sent for routine tests. The top of the vagina is sewn together with dissolvable stitches. A pack (long strip of gauze) is often placed in the vagina like a big tampon. This helps to reduce bleeding and will usually be removed along with the catheter the next day by the nurses. Once the operation is finished you will wake up in the recovery area where you will stay for about 1 hour before being transferred to the ward.

## What happens during a vaginal repair?

Once you are fully asleep, a catheter (tube) will be inserted into the bladder to drain urine away and you will be examined. The cut in the vagina will run down the front or back of the vagina for a repair. The prolapsed bowel or bladder is pushed back into its correct position. Any tears in the deeper vaginal tissues where the bulge of the prolapse is, may be repaired before inserting strengthening stitches into the vagina to support the prolapsed bowel or bladder. The vagina is then closed up again with dissolvable stitches. Meshes are not used. A pack (long strip of gauze) is often placed in the vagina like a big tampon. This helps to reduce bleeding and will usually be removed along with the catheter the next day by the nurses. Once the operation is finished you will wake up in the recovery area where you will stay for about 1 hour before being transferred to the ward.

## After the operation - in hospital

After having a vaginal hysterectomy or repair, you may wake up feeling tired and in some pain. This is normal after this type of surgery.

You will be given painkillers to help reduce any pain and discomfort and anti-sickness medicines. You will have a drip in your arm, a catheter in the bladder and usually a pack in the vagina. These tubes will usually stay in place for 1 day or occasionally 2 days. After the pack and catheter have been removed you should be able to pass urine normally, although it may be a little slow at first. Occasionally, due to swelling around the bladder neck, the catheter may need to be replaced until the swelling has settled. Sometimes this can take a week or so but you will not need to stay in the hospital for that time.

You will be given injections to keep your blood thin and reduce the risk of blood clots. You normally have them once a day until you go home.

The day after your operation, you will be encouraged to take a short walk. This helps your blood to flow normally, reducing the risk of complications developing, such as blood clots in your legs (deep vein thrombosis).

A physiotherapist may show you how to do some exercises to help your mobility. They may also show you some pelvic floor muscle exercises to help with your recovery.

## Your recovery time

The length of time it will take before you are well enough to leave hospital will depend on your age and your general level of health and the support that you have at home. It will usually be between 1 to 2 days before you are discharged.

If you live by yourself, you may be able to get help from your local NHS authority while you are recovering from your operation. Your GP/ hospital staff should be able to advise you further about this.

## After the operation - at home

You are likely to feel tired and may need to rest in the daytime from time to time for a month or more. This will gradually improve.

Moving about is very important as using your leg muscles will reduce the risk of clots in the back of the legs (DVT), which can be very dangerous.

It is important to avoid putting pressure on the repair particularly in the first few weeks after surgery, so avoid any heavy lifting. You may need to take laxative medication to make sure your poo is soft and easy to pass. You may find it comfortable to hold your tummy to provide support the first few times you go to the toilet. The deep stitches dissolve during the first 3 months and the body will gradually lay down strong scar tissue over the next few months.

Your pelvic floor muscles lie across the base of your pelvis. They work to keep your pelvic organs in the correct position, tightly close your bladder and bowel and improve sexual satisfaction.

It is important for you to get these muscles working properly after your operation, even though you have stitches. Start with what is comfortable and then gradually increase, aiming for 10 long squeezes, up to 10 seconds each, followed by 10 short squeezes. You should do pelvic floor muscle exercise at least 3 times a day. Make these exercises part of your daily routine for the rest of your life.

Do not use tampons or have sex for 6 weeks as this could increase the risk of vaginal infection.

## Things to tell your doctor

While most women recover well after a vaginal hysterectomy or repair, complications can happen; as with any operation. You should seek medical advice from your GP, the hospital where you had your operation, or call 111 if you experience any of the following:

- **Burning and stinging when you wee or needing to wee too often:** This may be due to a urine infection which is usually treated with a course of antibiotics.
- **Heavy, fresh or smelly vaginal bleeding or bleeding which starts up again:** You may also be feeling unwell and have a temperature (fever). These symptoms may be because of an infection or a small collection of blood in the wall of the vagina after repair or at the top of the vagina, called a vault haematoma after hysterectomy. Treatment is usually with a course of antibiotics. Occasionally you may need to be admitted to hospital for the antibiotics to be given through your vein. Rarely, you may need to go back to theatre to have this drained.
- **Increasing tummy pain with a temperature (fever), not wanting to eat and being sick (vomiting):** This may be because of damage to your bowel or bladder, in which case you will need to be re-admitted to hospital for urgent investigations. You may need another operation.
- **A painful, red, swollen, hot leg** or difficulty bearing weight on one of your legs may be caused by a deep vein thrombosis (DVT). If you have **shortness of breath, chest pain or cough up blood**, it could be a sign that a blood clot has travelled to the lungs (pulmonary embolus). If you have these symptoms, you should seek medical help immediately - call 999 or go to the Emergency Department.

## Getting back to normal

**Returning to work**: How long it will take for you to return to work will depend on how you feel and what sort of work you do. If your job does not involve manual work or heavy lifting, it may be possible to return after 4 to 8 weeks.

**Driving:** Don't drive until you're comfortable wearing a seatbelt and can safely perform an emergency stop. This can be anything from between 3 and 8 weeks after your operation. You may want to check with your GP that you are fit to drive before you start. Some car insurance companies require a certificate from a GP stating that you are fit to drive. Check this with your car insurance company.

**Exercise and lifting:** After your operation the hospital where you were treated should give you information and advice about suitable forms of exercise while you recover.

Walking is always recommended, and you can swim after the bleeding has stopped. Don't try to do too much, because you will probably feel more tired than usual.

Don't lift any heavy objects during your recovery period. If you have to lift light objects, make sure that your knees are bent and your back is straight.

**Sex:** After your operation, it's generally recommended that you don't have sex until any vaginal discharge has stopped and you feel comfortable and relaxed and not before a minimum of 6 weeks. You may experience some vaginal dryness and should use lubricants if this is the case.

Many women also experience an initial loss of sexual desire (libido) after the operation, but this usually returns once they have fully recovered.

**Contraception:** You no longer need to use contraception to prevent pregnancy after having a hysterectomy. However, you will still need to use condoms to protect yourself against sexually transmitted infections (STIs).

## When will I get the results?

If you have had a hysterectomy, your consultant will write to you and your GP with the results of the analysis of the womb. No tests are done on the tissues removed after a vaginal repair.

## Follow up

Most patients are not seen for follow up in the hospital and you will be asked to make an appointment to see your GP for a check up. In some cases, you may be asked to see your consultant in the hospital between 6 weeks to 3 months after the operation.

## Contact details

**Leicester General Hospital** - Gwendolen Road, Leicester, LE5 4PW

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| **Ward 31** (open every day, 24 hours per day): | 0116 258 4843 |
| **Ward 11** (open Monday to Friday, 7.30am to 6pm): | 0116 258 4106 |
| **Pre-assessment Clinic** (open Monday to Friday, 8am to 4.30pm): | 0116 258 4839 |

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