**Prolapse Repair with Mesh - Information for patients**

**What is a prolapse?**

A prolapse is the collapse of the uterus (womb) and/or vaginal walls away from their normal position inside the body. Prolapse occurs over a period of time, to varying degrees, and is usually caused by damage to the supporting muscles of the pelvic floor during childbirth.

**What is a vaginal vault prolapse?**

A vaginal vault prolapse is the collapse of the top of the vagina and/or vaginal walls away from their normal position inside the body. Prolapse occurs over a period of time, to varying degrees, and occurs in 15% of women following hysterectomy for prolapse.

![Normal pelvic organs and pelvic floor muscles](image)

Being overweight, heavy lifting, chronic constipation and a lack of hormones after the menopause can produce further weakening of these muscles, creating a prolapse. Many women will have a prolapse of some degree following childbirth; it is not unusual and unless you have symptoms you do not need to seek treatment.
There are different levels of prolapse. In general symptoms include:

- A ‘dragging’ feeling or lump down below and a feeling of ‘fullness’.
- Backache.
- Frequency and/or an urgency to pass urine, and a feeling of not having completely emptied the bladder.
- Constipation or straining to open the bowels and a feeling of not having emptied properly.
- Discomfort or painful intercourse
- There may be no symptoms at all

## Prolapse Repair

There are different surgical options available for prolapse repair. The operation you will have is a form of pelvic floor repair. This operation is modified in each individual case to tighten the affected muscles and ligaments. It may or may not involve a vaginal hysterectomy.

A full discussion about which procedure will be required will take place between you and your doctor. It may not be known exactly which operation will be best for until you are examined under anaesthetic, although all possibilities and alternatives will be discussed and included on your consent form.

### Complications

The likelihood of complications increases in patients who are overweight or obese, heavy smokers and those with medical problems such as diabetes or chronic lung conditions that are not well controlled.

## Prolapse Repair with Mesh

There are some procedures where synthetic mesh is used to reinforce the tissues. Some examples are mentioned below.

## Vaginal Prolapse Repair with Mesh

The procedure involves using a strip of synthetic mesh to provide support for the vagina and restore the affected pelvic organs to their natural position and/or lift the uterus and hold it in place. The mesh is implanted through a cut in the vagina and the mesh is stitched over the repair site. It is then attached to a bone or ligaments at the back and/or at the side of the pelvis, using a special introducer device. The mesh is placed between the bladder and the front vaginal wall in case of prolapse of the anterior (front) vaginal wall or between the rectum and the back vaginal wall in case of prolapse of the posterior (rear) vaginal wall. In the case of prolapse of both anterior and posterior vaginal walls, the mesh may be used to surround the whole vagina (‘total mesh repair’). Some of the weakened vaginal tissue may be removed and the natural supporting tissues are tightened. The procedure takes around 60 minutes. It is usually done under general anaesthesia.
What are the risks of this operation?

All operations have risks; the following are associated with this operation (percentages are from a limited number of good-quality studies):

- The mesh may wear away (erode) (6%) the surrounding tissues or cause an inflammation. In severe cases, the mesh may need to be removed.
- If you are planning to have children after the procedure, a pregnancy may damage the repair and cause the prolapse to recur. To help prevent this, you may be advised to have a scheduled caesarean section rather than a vaginal birth.
- Injury to nearby areas (bladder or bowel).
- Excessive bleeding.
- Infection.
- Allergic reaction to drugs or anaesthetic.
- Recurrence of the problem (9% to 23% after 1 year, 1% to 9% require re-operation).
- Urinary incontinence (after anterior repair) (10%)
- Constipation (temporarily, after posterior repair).
- Pain or discomfort with sexual intercourse (10%)
- Narrowing of the vagina

### Laparoscopic Prolapse Repair with Mesh

What is Sacrohysteropexy?

The procedure involves using a strip of synthetic mesh to lift the uterus and hold it in place. One end of the mesh is attached to the cervix and top of the vagina and the other to a bone (sacrum or sacral bone), or the ligament next to this bone, at the back of the pelvis. Once in place, the mesh supports the uterus. It is either performed abdominally (through a cut just above the pubic hairline), laparoscopically (through keyhole cuts) or vaginally (through a cut in the vagina). The procedure usually takes about 40 minutes. Your doctor will advise which method is the most suitable for you. This operation is usually performed on women who do not wish to have a hysterectomy or those who may be planning to have children in the future.

What are the risks of this operation?

All operations have risks; the following are associated with this operation:
The mesh may wear away (erode) the surrounding tissues or cause an inflammation. In severe cases, the mesh may need to be removed.

If you are planning to have children after the procedure, a pregnancy may damage the repair and cause the prolapse to recur. To help prevent this, you may be advised to have a scheduled caesarean section rather than a vaginal birth.

- Injury to nearby areas (bladder and bowel).
- Excessive bleeding.
- Infection.
- Allergic reaction to drugs or anaesthetic.
- Recurrence of the problem.

**What is a Sacrocolpopexy?**

The procedure involves using a strip of synthetic mesh to lift the vagina and hold it in place. One end of the mesh is attached to the top of the vagina (vaul) and the other to a bone (sacrum or sacral bone), or the ligament next to this bone, at the back of the pelvis. Once in place, the mesh supports the vagina. It is either performed abdominally (through a cut just above the pubic hairline), laparoscopically (through keyhole cuts) or vaginally (through a cut in the vagina). The procedure usually takes about 40 minutes. Your doctor will advise which method is the most suitable for you. This operation is performed on women who have previously had a hysterectomy.

**What are the risks of this operation?**

All operations have risks; the following are associated with this operation:

- The mesh may wear away (erode) the surrounding tissues or cause an inflammation. In severe cases, the mesh may need to be removed.
- Injury to nearby areas (bladder and bowel).
- Excessive bleeding.
- Infection.
- Allergic reaction to drugs or anaesthetic.
- Recurrence of the problem.

**Preparation for Surgery**

You will be asked to attend a pre-admission clinic a week or two before your planned operation date in the Women’s Healthcare Department. Some simple investigations
including blood pressure, pulse and blood tests will be undertaken to ensure you are fit for surgery. If you have not already signed a consent form you will be asked to do so.

On the day of surgery you will be asked to attend the gynaecological ward where the nursing staff will admit you to the ward. The operation is usually performed under general anaesthetic. You will see the anaesthetist before your operation. You will be nil by mouth (nothing to eat or drink) for 6 hours prior to surgery. A member of the nursing staff will help you prepare for theatre and escort you to theatre.

After the operation

On return to the ward, the nursing staff will record your blood pressure, pulse, respirations and temperature and monitor any vaginal bleeding. It is important that you try to move onto alternate sides every 2 hours when you return from theatre. This is to prevent pressure sores developing on your back, bottom and heels. If you need to cough you can hold your stomach, as this will give extra support. It is important to take a deep breath every hour to prevent a chest infection developing.

You will have a drip (IVI) to keep you hydrated whilst you are nil by mouth and sleepy from the operation. Once you are more awake you will normally be able to start drinking and then move onto a light diet. When you are drinking fluids and eating a light diet the IVI will be removed. Some patients experience nausea after the anaesthetic. If you feel sick, we will give you medication and would suggest that you reduce the amount you are drinking until you feel better.

The anaesthetist will discuss your pain relief before the operation. You may have a PCA pump (patient controlled analgesia) or be given an injection as required. We commonly use painkilling suppositories that are inserted into the rectum (back passage), which work well without causing nausea or drowsiness. Not all patients can have these particular drugs; we will discuss this with you during your assessment appointment.

Once you are drinking, oral analgesia will be commenced. The nursing staff will encourage and assist you to become mobile. It is very important for you to sit out of bed and walk for short distances the day after your operation.

You may have a catheter (a tube into the bladder), which will drain your urine. This will normally stay in place overnight. You may have a pack inside the vagina, which will be removed the day after your operation. Stitches inside the vagina will be soluble, which means they do not need to be removed. There may be 2 to 4 stitches on the thighs or groin. It is important to keep wounds clean and dry during recovery period. These stitches can be removed at the after 5 days by the practice nurse at your GP’s surgery. Bathing or showering is perfectly acceptable and is encouraged to help prevent infection.

You might experience a small amount of bleeding from the vagina for the first few days after your operation. This is perfectly normal. Odd sensations in the vagina, such as pulling or tightening feelings, are very normal and are part of the healing process

Discharge home

You will usually be discharged 1 or 2 days after surgery. To prevent your surgery from failing you must avoid any heavy lifting, carrying (no more weight than a 2-litre bottle of water) or any strain on the abdomen (tummy) for 4 weeks. Housework must be modified to take this into account, so avoid heavy shopping trips, pushing vacuum cleaners, and carrying children. Walking and gentle exercise, such as stair-climbing, yoga, Pilates etc,
are perfectly acceptable and you can start when you feel ready. Do not allow yourself to get constipated. Drink plenty of water and follow a sensible diet high in fibre. Iron tablets and codeine painkillers can cause acute constipation and you may require laxatives if you are taking these medications.

Driving: Someone will need to collect and drive you home from hospital. You should refrain from driving for 2-4 weeks but please check with your insurers before beginning to drive.

Sexual activity: you should not place anything in the vagina for at least 4 weeks following your operation, to allow healing to take place. Initially it is advised to use plenty of lubrication. If you experience any difficulty or pain it may be advised to delay intercourse longer. Generally speaking, however sexual intercourse may resume as normal following this type of surgery.

Follow up

You will normally be given an appointment to be seen in the outpatients’ clinic in 4 weeks time.

In the meantime please contact your GP if:

- You develop a temperature.
- You experience severe lower abdominal pain.
- You experience heavy vaginal bleeding or an offensive vaginal discharge.
- You develop a stinging or burning sensation when you pass urine.

Alternatives to surgery

Not all women with prolapse symptoms opt for surgery, and because prolapse occurs at different degrees not all women need to have surgery as first-line treatment. The decision to proceed with surgery is taken on an individual basis. The alternatives offered depend on the type of symptoms you present with. Treatments include:

- Physiotherapy.
- Pelvic floor exercises.
- Vaginal pessary (a plastic device inserted into the vagina to hold the prolapse up).

If you have any further questions or wish to discuss things further please contact:-

Women’s Healthcare
Royal Bolton Hospital
Tel:-01204 390390 and ask for Women’s Health Clinic