Anterior Elevate

Pelvic Health

urogynaecology patient information

What is an Anterior Transverse Mesh Repair (Elevate)?

Anterior vaginal prolapse or cystocele is a form of prolapse of the front wall of the vagina, whereby the bladder descends or drops into the vaginal canal. Anterior ElevateTM is an operation performed to correct the prolapse by strengthening the supporting tissues between the vagina and the bladder by placing a piece of permanent mesh under the bladder which is then attached to the pelvic sidewall using a single cut in the vagina as opposed to older transobturator approach that involved additional cuts on either side of the labia on the inner thighs. It is equally effective in hitching up vaginal prolapses in women who have had a prior hysterectomy or have concomitant uterine prolapse that merit correction. The mesh is designed to provide long lasting support and to reduce recurrence of vaginal wall prolapse. This is an operation that Professor Rane helped design.

What is involved?

The procedure is usually performed under general anaesthesia. An incision is initially made in the front wall of the vagina; the bladder is then dissected away from the vaginal wall. Small tunnels are made on either side of the bladder and urethra to facilitate the passage of anchors that will help hold the InterPRO Lite mesh in place. The bladder comes to rest on the "hammock-like" arrangement created by the mesh.

What can go wrong?

A small number of women may develop difficulty-passing urine following surgery, and this may require the use of a catheter. There is a small chance of mesh rejection after the operation. This is usually in the form of a small piece of mesh coming out of the wound requiring trimming, which is usually done in the outpatient clinic. In very exceptional circumstances the mesh has to be removed if it is completely rejected. Other complications that are uncommon may include bleeding, infection whilst rarely injury to the urethra or bladder or exceptionally to the rectum or pelvic blood vessels may occur which is sorted out surgically at the same time. Anaesthesia itself is never without risks and the risks are greater for women, who smoke and are overweight.

The Operation:

This procedure is usually performed as day surgery. Remember to bring sanitary napkins into hospital, as you will some have vaginal bleeding post operatively.

The reported success rates of a standard anterior mesh repair ranged from 90-95% with follow-up of up to 1 year. We expect this new technique to be at least as efficacious as the transobturator Perigee procedure, with the added advantage of requiring less operating time. While anterior vaginal mesh repair continues to be evaluated, it is certainly starting to appear better than conventional surgery without mesh. Weight loss if overweight, reducing or quitting smoking, improving Pelvic Muscle tone by doing Pelvic Muscle exercises and continuing 40 per day even after surgery will help to ensure the operation is a success.

After the Surgery

When you go home you must not lift heavy objects or do strenuous work for a period of 6 weeks. Intercourse must also be abstained from for this period of time. 5 days of antibiotics have to be taken to prevent infection of the mesh. We strongly recommend taking anti-inflammatory medication (Nurofen) for 1 week, twice a day with food post operatively, unless you have a medical reason for not doing so or are already on anti-inflammatory medication

Afterwards:

You will be seen 10 to 12 weeks after the operation for further assessment. If everything is well, there is a good chance that the success of your operation will be permanent.

What to expect after surgery?

You will have some vaginal discharge for 4 to 6 weeks. This should be light bleeding or spotting only and this may vary during that period of time as healing occurs and your stitches dissolve. Please do not be alarmed when you see stitches falling out of the vagina during this period. It is a normal process. 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 till 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.

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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 or offensive vaginal 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.

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