



Posterior Vaginal Repair

urogynaecology patient
information

What is a posterior vaginal repair?

'Posterior Defect Specific Vaginal Repair' is an operation performed to correct prolapse of the back wall of the vagina. It involves the identification and repair of the supporting tissue (fascia) breakages between the vagina and the rectum (back passage) that had resulted in the prolapse. This is usually carried out by using 2 layers of self-absorbing stitches, which do not require removal after the operation. Occasionally, these stitches may be placed to attach the damaged fascia to other uninvolved robust tissue to foster a stronger repair (Ileococcygeus fixation).

What is involved?

The operation is done either under a general or spinal anaesthesia and takes about 20 minutes.

It may be done with other procedures like hysterectomy or incontinence operation.

What can go wrong?

There is a 3% chance of heavy bleeding requiring blood transfusion. Occasionally, wound infection can develop after the operation but you will be given antibiotics during the operation to reduce the chances of this happening. Most infection cases can be treated with antibiotics alone. There is a small chance of painful sexual intercourse after the operation, but in most patients, this is temporary and should improve with time. In very, very exceptional circumstances the rectum can be injured during the operation, which may require additional bowel surgery.

Anaesthesia required for this operation is not without risks - these are outlined in the Queensland Health consent forms.

What to Expect

The success of the repair is usually around 80 – 90% at 12 to 18 months. Weight loss if overweight, reducing or quitting smoking, improving pelvic muscle tone by doing pelvic muscle exercises and continuing to do these after surgery will increase the chances of a successful operation.

After the Surgery

When you go home you must not lift heavy objects or do strenuous work for about **6 weeks**. Avoid intercourse for the same period. You can return to work usually in **ten to fourteen days**.

You will be seen in either the clinic or at urodynamics depending on what procedures you have had, 10 to 12 weeks after the operation. If everything is well the success of your operation should be permanent.

You may experience 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. 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.

Tips for Success

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.

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.