

Prolapse surgery: posterior wall repair

In this brochure, you will learn more about prolapse surgery and admission to ward H5-South.

Introduction.

Soon you will be admitted to the Amsterdam UMC, location AMC in the Gynecology department (H5-South) for a prolapse operation (posterior wall plastic surgery). This brochure is intended to supplement the oral information provided by your doctor. If you have any questions, please do not hesitate to contact the outpatient clinic or the nursing department. We wish you good luck and a speedy recovery.

What is a posterior wall repair?

This surgery is performed when the back wall of the vulva/vagina is prolapsed. The gynecologist performs this surgery through the vulva. The prolapsed back wall of the vagina with the rectum behind it, which you sometimes see bulging like a ball in the opening of the vulva, is put back in place.

In the middle of the back wall of the vagina, the gynecologist detaches the wall from the rectum that lies underneath. The connective tissue between the vaginal wall and the rectum is strengthened with sutures. The rectum can now rest on this, and the prolapse disappears. Then the excess tissue of the vagina is removed. The wall of the vagina is sutured over the connective tissue and the rectum. In this way, the back wall of the vagina is returned to where it should be, and the bulge is gone. Only dissolvable sutures are used during the surgery; no mesh/mat will be used. At the end of the surgery, the doctor will insert a tampon into the vagina and a catheter into the bladder.

What is the result?

The success rate of this operation is around 80-90%. Some women will suffer a recurrence of prolapse in the short or long term. A new prolapse does not always result in complaints, so a new operation is not always necessary.

Half of the women who have symptoms of inability to defecate correctly or constipation, will notice improvement after surgery.

Possible complications

With any surgery, there is a chance of complications. The following common complications may occur:

- Bleeding
- Infection after surgery (for example, a bladder infection). You will usually be given antibiotics by IV before surgery. Around the operation, all operations are done as clean (sterile) as possible. Despite these precautions, there is still a small risk of inflammation around the vagina or pelvis. In the operating room, you will be given antibiotics through an IV once.
- Damage to intestine
- Constipation
- Pain symptoms will be treated with analgesia. Lasting pain symptoms, for example, pain with intercourse, are very rare.

Finally, even after successful surgery, prolapse symptoms can reoccur years later. This is because surgery does not eliminate the cause of the prolapse. Unfortunately, there are no treatments that will permanently prevent the problems from recurring. If you think you may have a new prolapse, be sure to discuss it.

Preparation for the outpatient clinic

Before you undergo surgery, you will have at least one video consultation with the outpatient clinic of the Amsterdam UMC, location AMC, for an intake interview with the doctor. Subsequently, an appointment with anesthesiology will be scheduled.

Anesthesiology Outpatient Clinic

You will have an appointment with the anesthesiologist to discuss the method of pain relief (anesthesia or epidural) during surgery. An anesthetist, a specialist in anesthesia and pain management, will ask you questions about your general health, previous operations, medication, past illnesses, any hypersensitivity to certain drugs, and experiences with previous anesthetics. Your blood pressure will be measured, and additional examinations may be scheduled.

Planning

You will receive a telephone call approximately 1-2 weeks before the scheduled admission.

Preparations for the nursing ward

You will be admitted to the nursing ward H5-South either on the day before surgery or the day of surgery. The total duration of hospitalization is 1-2 days on average.

Interviews and examinations on the day of admission

Several conversations take place on the day of admission.

The nurse will conduct an intake interview, in which she will ask about your medication use, among other things. It is important that you bring all your medications in the original packaging(s) when you are admitted. You will also be asked to make arrangements to take your own medication. In addition, you will be asked about any allergies, your general state of health and your home situation. The name and telephone number of your contact person will also be recorded. This is the person who will be called after surgery to confirm that the operation is over. You can name your partner, family member or close friend as your contact person. A medical assistant will go over a medical questionnaire with you and take blood. The gynecologist and/or resident will visit you to discuss the operation with you once more. In addition, you may have another internal gynecological examination.

Evening before the operation

The evening before the operation, you may eat whatever you want until midnight. On the day of surgery, you may not eat or drink anything for the last 6 hours before surgery. Up to 6 hours before the operation, you may eat something light like a biscuit or crackers. Up to 2 hours before the operation, you may drink clear liquids. Keep in mind that the operating schedule may change, so you may have to come earlier.

The operation

Before the operation

- The nurse will provide you with surgical clothing. Jewelry, piercings, make-up, and headgear should be removed. If you have glasses, contact lenses, or dentures, they must be removed before going to the operating room.
- In preparation for the anesthetic, you will be given medication for the operation. The anesthesiologist will determine these drugs, which include painkillers and/or tablets for relaxation/rest.
- The nurse will take you and your bed to the waiting area of the operating room, the recovery room. A specialist nurse will take over your care here temporarily.
- You will be picked up from the recovery room by the anesthetist and their assistant. Then, a team of doctors and operating assistants are ready to take you into surgery.

During the operation

- In the operating room, the latest safety procedures are checked. You will be asked for your name, date of birth, what you are allergic to, when you last ate, and finally, your wristband will be checked. Your surgery will also be confirmed.
- In the operating room, you will be given an IV to administer fluids and medication.
- During surgery, you will receive an epidural or general anesthesia. If you receive anesthesia, you will be unconscious and connected to a monitor that checks vital signs. A breathing tube will also be inserted into your throat for ventilation during surgery. As a result, you may have discomfort in your throat for several days. An epidural does not require a tube to be inserted into the throat.

After the operation

- After surgery, you will be returned to the recovery room. Here you will stay some time for observation. You are connected to monitoring equipment, and if necessary, you will receive extra oxygen through a tube to the nose. A large gauze is left in the vagina (vaginal tampon).

In addition, a catheter is inserted into the bladder that provides for the drainage of urine. A specialized nurse takes care of you here.

- The recovery nurse will contact the first contact person to inform that person that the operation is finished. There will be no substantive information told.
- As soon as your physical condition permits, you will be returned to H5-South.
- You may usually eat immediately after surgery.

First day after the operation and discharge from the hospital

In principle, it is possible to go home the first day after surgery. The IV will be removed. After surgery, it is important to start mobilizing as soon as possible. The nurse will instruct you in this. The morning after surgery, the catheter and vaginal tampon will be removed. A routine check will be made to see if you are urinating sufficiently. If not, you will be taught how to empty your bladder yourself (catheterization), or you will be given a catheter to take home for a few more days. After this surgery, this is only rarely needed and is almost always transient.

Discharge

Upon discharge, you will have a discharge interview with the ward physician. You will be given a letter for your General Practitioner and any prescription(s) for medication. In addition, the doctor and nurse will provide you with instructions on living and when you should contact the hospital.

Recovery

Recovery from surgery may take 4-6 weeks.

You will receive advice from the hospital about pain relief and laxatives.

For the first six weeks, the following rules of life apply no heavy lifting, no swimming or bathing, no using tampons, and no sexual intercourse. After about four weeks, you may start cycling again, provided your condition allows for it. Vaginal bleeding may occur up to about six weeks after surgery. You should not use tampons at this time. The blood loss will slowly decrease and often turn into brownish or yellowish discharge. Any stitches in the vulva will dissolve on their own. They may come out on their own for more than six weeks after surgery.

It may be that the rules you are given from the hospital are different from those above. If so, please keep to the rules you were given from the hospital.

As long as you are not in good condition and cannot lift heavy objects, household help may be desirable. If you do not have a partner or adult children living at home, you can apply for this before your operation at the Social Support Act desk. However, this does involve a personal payment. Of course, you can also arrange for domestic help yourself.

You will receive advice from the hospital about painkillers and laxatives.

Aftercare

You will have an appointment at the gynecology outpatient clinic 6 weeks after surgery. However, if there are any symptoms, you can always contact us earlier.

When should you contact us?

In case of unexpected events in the period after surgery, such as fever, severe pain, heavy blood loss, or inability to urinate properly, contact the gynecology department of the Amsterdam UMC, location AMC 020-5663665 immediately.

To conclude

If you have any questions or complaints, please do not hesitate to contact your treating physician.

Source

IUGA, www.iuga.org/patientinfo, and www.NVOG.nl.