

Department of Gynecology

# Surgical removal of implant from previous prolapse surgery or surgery due to urinary incontinence (mesh resection)

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

## Introduction.

Soon you will be admitted to Amsterdam UMC, location AMC, in the Gynecology department (H5-South) for an operation to remove an implant from a previous prolapse or surgery for urinary incontinence. This brochure provides information about this operation. It is intended to supplement the verbal information provided by your doctor. If you have any questions, please get in touch with the nurses at the outpatient clinic or the nursing department. We wish you good luck and a speedy recovery.

## What is a mesh resection?

A mesh resection is an operation to (partially) remove an implant previously placed because of prolapse or urinary incontinence due to symptoms caused by this implant.

The gynecologist performs this surgery through the abdomen or through the vagina. Sometimes the surgery through the vagina is combined with surgery through the abdomen. In this operation, the previously placed implant because of prolapse or urinary incontinence is searched and gone through to take the tension off or partially removed.

At the end of the surgery, the doctor generally inserts a mesh tampon into the vagina and a catheter into the bladder.

## What is the result?

The chance of reducing symptoms with this operation is around 75%. About a third of women need more than 1 operation to reduce symptoms. After this surgery, there is a small risk of developing a prolapse (when an implant is removed because of prolapse) or recurrence of urinary incontinence (when an implant is removed that was placed because of urinary incontinence).

## Possible complications

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

- Bleeding
- Infection after surgery (e.g., a bladder infection)
- Damage to bladder, bowel, ureter
- Thrombosis

## 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 get an appointment with the anesthesiologist to discuss the anesthesia during surgery. The anesthesiologist is a specialist in the field of anesthesia and pain management. The anesthesiologist will ask you questions about your health now, about diseases you have had, about medications you use, and about allergies and drug sensitivity. The anesthetist will also ask whether you have had surgery before and your experiences with previous anesthetics. Your blood pressure will be measured, and sometimes an additional examination will be requested.

## Planning

You will be contacted approximately 1-2 weeks before the scheduled admission by phone.

## Preparation in the nursing ward

You will be admitted to nursing ward H5-South either the day before surgery or the day of surgery. Total hospitalization time averages 1-2 days.

## 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 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 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 surgery and discharge from 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.

## **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.