

Gynecology Department

Modified Manchester-Fothergill operation

This brochure tells you more about the Modified Manchester-Fothergill operation and admission to ward H5-South.

Introduction

You will soon be admitted to the AMC in the Gynecology department (H5-South) for a Modified Manchester-Fothergill operation. In this brochure, you will find information about this operation. The brochure is intended to supplement what the doctor has told you. If you have any questions, please get in touch with the outpatient clinic nurses or the nursing department. We wish you a successful operation and a speedy recovery.

What is a modified Manchester Fothergill operation?

Modified Manchester-Fothergill surgery is an operation for a prolapsed uterus. In this operation, part of the cervix is removed, and the ligaments of the surrounding uterus are stitched together. This pulls the uterus upwards. The operation is done through the vagina. A Manchester-Fothergill operation often includes frontal wall surgery. The bladder is retracted during a frontal wall surgery. (See brochure anterior wall folder). Sometimes an intestinal prolapse is also corrected at the same time. (See posterior wall folder.)

You are not meant to become pregnant again if you have had Manchester-Fothergill surgery. Your desire to have children must therefore be complete.

Any complications with or after modified Manchester-Fothergill surgery:

- **Bleeding:** Blood loss during Manchester surgery is usually not very bad. A blood transfusion is not often required. Sometimes you may experience bleeding at home. This is generally from the rest of the cervix and almost always goes away on its own.
- **Infection:** You may have a bladder infection after surgery. Inflammation in the surgical area can occur, but this is not often the case.
- **At surgery:** There may be damage to the bladder, bowel, or ureter. This may mean that you need to stay hospitalized for longer and keep the bladder catheter longer. In addition, the ureter may be pinched off during surgery without this being immediately obvious. You will then experience pain in your left or right flank over a few days. Don't hesitate to get in touch with the hospital in such a case. Complications due to damage to the bladder, bowel, or urinary tract are rare.

- Urinary problems: After surgery, you may have difficulty holding up your urine or, on the contrary, urinating properly. The urinary symptoms usually go away by themselves.
- If you still menstruate, menstrual blood can sometimes accumulate in the uterus after surgery. The opening from the uterus to the vagina is then closed. You may notice this by not having your periods or by the fact that you suffer more and more from abdominal pain over the course of a few months. The opening of the uterus to the vagina must then be reopened. This can be done with a small procedure in the outpatient clinic or the operating room.

Preparation for the outpatient clinic

You have been referred because of a prolapse. At the outpatient visit, the doctor will ask you questions, and you can ask questions yourself. A physical examination will take place. If the doctor proposes to perform surgery, you will be informed about the operation during the outpatient visit. Before surgery, you will visit the AMC outpatient clinic at least once more for;

- Appointment at the polyclinic for anesthesiology
- Possible blood test

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.

Multidisciplinary consultation

We discuss biweekly within our team who will be operated on and what the best treatment is. We will also do this for you. Sometimes we also discuss the results of tests. You will be called about 1 to 2 weeks before your surgery about the surgery date and when you will be admitted.

Preparations for the nursing ward

You will be admitted to nursing ward H5-South either the day before surgery or the day of surgery. You can usually go home the day after surgery.

Discussions and examinations on the day of admission

On the day you are admitted, 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. The nurse will discuss with you which medicines you should take. The nurse will also ask whether you are allergic to any medication and what your health is like. The nurse will also discuss your home situation and your contact person. A contact person is a person who can be called after the operation to be informed that the operation is over. You can name your partner, family member or close friend as your contact person. The phone number of the contact person will be documented.

A medical assistant will go through a medical questionnaire with you and take your 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.