

INFORMATION SHEET AND CONSENT FORM

Anterior Vaginal Wall Repair and cystoscopy

Indications:

- Treatment of bladder or urethral prolapse (bulging of anterior vaginal wall)
- Symptoms often include feeling of bulge, difficulty emptying bladder, sometimes requiring digital reduction, discomfort during intercourse.

Aim:

- To restore support to anterior vaginal wall by repairing fascial layer between vagina and bladder.
- Restore bladder and sexual function.

Surgical technique:

- The operation is usually performed under general anaesthetic (you are asleep) and antibiotics are given through a drip.
- The front wall of the vagina is opened and the bladder is dissected away from the vagina.
- The bladder is pushed back into place and strong absorbable sutures are used to repair the fascial layer and keep the bladder in position.
- As these sutures resorb, your own tissue replaces the sutures, and reforms the fascial support between the vagina and the bladder.
- The vagina is then closed with stitches, a vaginal pack and catheter are placed overnight.

Complications:

- Serious complications are rare however your symptoms must be severe enough to accept the risks listed below
- Return of prolapse 10%
- New urinary symptoms like leakage or urgency 5%
- Return to theatre for pain or bleeding 1%
- Painful intercourse 2%
- Blood loss requiring transfusion 1%
- Problems emptying bladder needing to self-catheterise 10% (temporary in majority)
- Injury to bladder, urethra or ureter requiring longer use of catheter or reoperation later 1%. If this is not recognised during the operation a fistula (connection between urinary tract and vagina) may develop and need further surgery (1-2/1000)
- Urinary tract infection 5%
- Clot in legs or lung <1%

In hospital and recovery:

- Hospital stay is usually between 2-3 days
- When you wake up from your operation you will have a vaginal pack and bladder catheter. These are usually removed the following day and we will assess whether you are emptying your bladder properly. If you are not, the nurses will teach you to self-catheterise and you will go home doing this while your bladder function recovers which is most often within 2 weeks. The risk of this is around 10%.
- You will be given pain medicine to manage post-operative pain and you should take aperients to avoid constipation
- You will require a needle for at least 5 days to minimise risk of blood clots
- A small amount of vaginal bleeding is to be expected for 2 weeks
- It is crucial to avoid constipation, heavy lifting, running or any other stress to your pelvic floor over the first 3 months postoperatively while healing takes place. Sexual intercourse should wait until after review at 6 weeks.
- Time off work is usually 4-6 weeks depending on your occupation
- Worsening pain or urinary symptoms like burning or pain are not normal and you should see your local doctor.
- Dr Mowat will review you around the 6-week mark, but if you have any concerns before this, please ring the rooms
- As a long-term lifestyle measure we recommend avoiding lifting over 15 kgs, excessive exercise, weight gain, constipation and smoking to optimise the chance of a long lasting repair.