

INFORMATION SHEET AND CONSENT FORM

## Posterior Repair and Perineorrhaphy

Indications:

- Treatment of posterior vaginal wall bulge
- Symptoms often include feeling of bulge and difficulty emptying bowels, sometimes requiring digitation

Aim:

- To repair the defect in the strong fascial layer between the rectum and the vagina
- Restore bowel function and sexual function

Surgical Technique:

- The operation is usually performed under general anaesthetic (you are asleep) and antibiotics are given through a drip
- The back wall of the vagina is opened and the rectum is dissected away from the vagina
- The rectum is pushed back into place and strong absorbable sutures are used to repair the fascial layer and keep the rectum in position
- As these sutures resorb, your own tissue replaces the sutures, and reforms the fascial support between the vagina and the rectum
- The perineum is rebuilt with absorbable sutures to help support the back-wall repair
- 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%
- Persistence of symptoms like problems emptying bowels, constipation
- Return to theatre for pain or bleeding 1%
- Painful intercourse 2%
- Blood loss requiring transfusion 1%
- Bowel injury requiring reoperation for fistula (connection between bowel and vagina) or persistent sinus <1%
- Urinary tract infection 1%
- 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 to avoid lifting over 15 kgs, excessive exercise, weight gain, constipation and smoking to optimise the chance of a long lasting repair.