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Overview

There are many types of pelvic floor repair that may have been called:

- Vaginal Repair
- Anterior and Posterior (Back and Front) Repair
- Pelvic Floor Repair
- Manchester Repair
- or even by the technical term Colpoperineorrhaphy.

The operation was designed initially to cure a prolapse (tissues are bulging downwards in the vagina).

The objective is to tighten up the muscles but gynaecologists quickly realised that it helped women who leaked urine.

If childbearing days are over, the repair operation is often combined with Vaginal Hysterectomy (hyster-=womb, -ectomy=removing).
Your admission date

You will normally be asked to come into hospital the day before your operation so that your fitness can be checked and any necessary blood tests or x-rays taken.

Having a period normally makes no difference to your admission date.

The anaesthetic

Before your operation an anaesthetist will see you to assess and explain to you what sort of anaesthetic you will need.

About an hour before your operation, while you are still in the ward you may be given an antibiotic tablet to reduce the risk of infection.

You may also be given an injection or tablet to make you relaxed and drowsy. This can increase the safety of some anaesthetics and help to prevent sickness.

A repair operation is normally done under general anaesthetic but it can be done with a local anaesthetic.

The operation usually begins in the operating theatre with an injection in the vein at the back of your hand. You will fall asleep within seconds and by the time you become conscious again the operation is safely over.

The repair operation

For almost all repair operations the incisions (cuts) are made in the front passage. This allows the surgeon to see the pelvic floor muscles and bring them under the bladder to provide support.

Some surgeons remove a small piece of skin but unless you are also having a vaginal hysterectomy nothing else gets removed.

After the operation

When you wake up you may have a tube with fluid or blood (a transfusion) running into a vein in your arm. This ‘drip’ is not usually needed for any longer than about 24 hours after the operation.

You may also have a tube (a catheter) so that your urine can go directly from your bladder into a bag. Sometimes this tube is taken out after 2 days and sometimes it needs to stay in for up to 10 days.
You may also have a pack (firm dressing) in the vagina that will be removed a day after your operation.

Some women get wind in their bowels for three or four days after the operation and this can make your tummy look blown up and be quite uncomfortable. Colicky wind pains are normal and can last for a few days. Medicines can be given to help this and it usually does not last long.

Constipation is usual because of the change in your diet, effects of pain relief medicine and the anaesthetic but this should resolve with mild laxatives.

Many women become weepy on the 3-5th day after surgery. This is a normal emotional response to surgery (and sometimes even happens after childbirth). It goes as quickly as it came.

**Going home**

Although a repair is a major operation, you are normally well on the way to recovery within a week and will usually be able to leave hospital two to six days after your operation.

A slight brown, yellow or green discharge from the vagina often occurs during the first few weeks. It is normal but if it has not cleared up by the time of the follow up visit mention this to the doctor.

Episodes of bleeding in the first month are also common but get in touch with your doctor if the loss is more than your period use to be.

**Getting back to normal**

About four weeks after the operation you will want to get back to doing light work. This type of gentle activity encourages the muscles, particularly the back muscles, to get back to normal quickly.

Vacuum cleaning, lifting heavy items and more energetic activities like sports will probably still be uncomfortable and you will want to wait for six to eight weeks.

A little gentle swimming may be started sooner, as long as there is no discomfort. However you should not swim in a public pool if you have a discharge or any bleeding.

Frequent rests will be necessary because will find exertion tires you. If you find that you have tried to do too much too soon, then take things more easily the next day.

See that you get plenty of sleep and do be ready to accept offers of help from friends or family.
A lot of concern is shown about the 'strength' of the scar but this is rarely a cause for any problem. The back muscles are the most important part of the body to be concerned with. Too much or too little activity can result in backache.

Moderate activity is best and remember to bend your knees when lifting. Tampons are probably best avoided until any discharge has settled.

**Work, driving and sex**

You should be able to start work again around six to eight weeks after the operation but people vary and some are ready sooner, some later, so it is difficult to be exact as to when you can take up your full duties again.

It is a case of pacing yourself wisely.

You may be advised not to drive a car too soon but there is no real evidence that it is harmful if you do not drive too far. However do not drive if your concentration is less than 100% and make sure you can slam your foot on the emergency brake with no discomfort.

In most cases it is safe to have sexual intercourse after your six weeks check-up and it should actually help your tissues become supple again.

Lovemaking should be gentle and if much discomfort is felt you should be prepared to wait a little longer. A little lubricating jelly can sometimes be helpful at first.

After the operation there will be at least one narrow scar in the vagina where the stitching has been done and this can occasionally cause problems for a short time. Often lovemaking is improved by the operation because the overstretched vagina will be made tighter.

Sometimes, the operation is designed to minimise the risk of further parts of the vagina prolapsing in the future by deliberately narrowing the vagina still more. It is therefore important that you tell your doctor if you are still having sex so that you can discuss this so that it can be taken into account when operating.

**Complications**

The advantage of the technique is its simplicity and safety. Occasionally you can bleed from the cut in the vagina and this develops to a bruise. Like any surgery the bruise can become infected but this is not common. Occasionally the bleeding is troublesome and an abdominal operation may be necessary to solve this.

The main disadvantage of the operation is that it can fail. Your operation is needed because your tissues have become overstretched. This can happen again. To prevent this you should try to avoid the following:
• **Obesity**
  If at all possible you should try to reach your ideal weight before the operation. Sometimes this may even make the operation unnecessary.

• **Cough**
  If you have a bad cough all the time this will put a great strain on the stitches. The most common reason for a cough is smoking and you must, if at all possible, stop smoking several months before your operation if you do not want your problem to return.

• **Constipation**
  Again this puts a strain on your repair and must, if possible, be avoided. A good diet with plenty of roughage (fibre) is helpful. If in doubt do talk to your family doctor.

• **Childbirth**
  If you are still able and might wish to have more children make sure that you discuss this with your doctor before the operation.

### Questions and support

Well-meaning friends and relatives, or even other patients, may tell you things that can be alarming and often inaccurate. Try instead to get your advice from the doctors, nurses or other people who have seen many women who have had this operation.

Do not hesitate to keep asking questions until you understand all you want to know.

We suggest that you also show this information to your partner, or maybe a relative who lives with you, so that they can also understand what to expect.

[www.bladderandbowelfoundation.org](http://www.bladderandbowelfoundation.org)
[www.rcog.org.uk](http://www.rcog.org.uk)