

Pelvic Organ Prolapse

Surgical Treatment



What is a pelvic organ prolapse (POP)?

The vagina is usually supported by pelvic floor muscles and strong connective tissues but over many years these supporting tissues can weaken allowing a bulge (prolapse) to form. Common causes are child bearing, obesity, genetic makeup, chronic cough, constipation and heavy manual work. POP also tends to get worse after menopause.

There are several different types of prolapse:

- Cystocele: the bladder bulges into the front of the vagina.
- Rectocele: the bowel bulges into the back of the vagina.
- Uterine prolapse: the womb bulges downwards into or out of the vagina
- Vault prolapse: After a hysterectomy the top of the vagina can bulge downwards.

All the above can occur in any combination and to varying degrees.

Pelvic organ prolapse is not dangerous but can cause discomfort. You may feel a lump at the vagina. This may get larger during the day. Some women also describe backache, discomfort with sexual intercourse or problems with their bladder or bowel.

Over a lifetime approximately 1 in 10 women will have pelvic floor surgery to correct their prolapse. Unfortunately, due to weakness in the pelvic supports up to 1 in 3 of these women will develop a further prolapse in the future.

Do I need an operation?

Surgery is just one way to treat the symptoms of POP and is not the right choice for everybody. You have several options:

Do nothing – POP is not dangerous. You may wish to monitor your symptoms and can reconsider treatment at any time.

Lifestyle changes - If you are overweight you should try to lose weight as this significantly improves the symptoms of prolapse. Avoiding constipation will minimise stress on the pelvic floor. Stopping smoking makes you less prone to chest infections and reduces the stress on the pelvic floor caused by coughing.

Pelvic floor exercises are the first treatment for pelvic floor problems. They improve the symptoms of prolapse by toning the pelvic floor muscles and lessen the chance of the prolapse getting worse. They are unlikely to cure the prolapse, but have additional benefits like improved continence and sexual satisfaction. Your doctor may refer you to see a physiotherapist to teach you these.

Pessaries (rings/shelves) are plastic devices that sit inside the vagina and hold the prolapse in position. They can be fitted by a gynaecologist or GP. Pessaries come in different sizes and shapes, and you may need to try several to find the best fit. The pessary is changed every 6 months by your doctor. Having a ring pessary should not cause problems with sexual intercourse but some women prefer to remove it before intercourse and replace it after. Shelf pessaries will prevent sexual intercourse and your doctor will discuss this with you prior to fitting one.

Sometimes vaginal oestrogen cream is recommended to help prevent discharge and keep vaginal skin healthy. If you develop offensive discharge you should contact your doctor.

What operation may I be offered for prolapse?

This will depend upon the type of prolapse and your general health. Your gynaecologist will advise the best treatment for you. Sometimes it will not be clear what is the best operation until you are under anaesthetic, in which case this will be discussed too.

You will not usually be offered an operation until you are certain your family is complete.

Anterior or posterior vaginal repair: A cut is made inside the vagina over the bulge and absorbable stitches are placed to tighten up the walls of the vagina and reduce the size of the bulge.

Vaginal Hysterectomy: If the uterus (womb) is bulging into the vagina then it may be removed along with the cervix (womb neck) through a cut in the vagina. The ovaries are not usually removed and will continue to produce hormones if the menopause has not taken place. Premenstrual symptoms, if previously experienced, may therefore continue but periods will cease. If the ovaries are removed symptoms of menopause may be experienced.

Sacrospinous Fixation: If the top of the vagina is bulging downwards it can be held up by stitching the vagina to strong ligaments (attachments) in the pelvis.

Sacrocolpopexy or Sacrohysteropexy: Another way to support the uterus or the top of the vagina from bulging downwards is to attach the vagina to the base of the backbone, either with strong stitches or a special plastic net (mesh). This is sometimes done through keyhole surgery, but often involves a cut in your tummy so recovery may take longer.

Colpocleisis: this is where the vagina is stitched closed. It will only be recommended if you are not planning on being sexually active again, and you are either in poor physical health or have had several previous unsuccessful operations.

What is 'mesh' and when would it be used?

Mesh is a special material that can be stitched under the skin or into the pelvis at the time of surgery to add extra support.

There are two main types in use:

- Polypropylene mesh: sophisticated plastic netting, which remains in place permanently to support the tissues.
- Biological mesh: derived from purified animal products that dissolve over time.

Mesh has been used for many years in hernia repairs, sacrocolpopexy and incontinence operations with great success. Its use in vaginal operations is less well established and it will only be performed by surgeons with special expertise in its use.

Advantages of mesh

- May provide a longer-lasting repair
- May support tissues without narrowing the vagina, restoring better function.
- Might be required when other operations have been unsuccessful, or where a repair is more likely to fail.

Disadvantages of mesh

- Infection around the mesh can occur and can be difficult to treat.
- Contraction during healing can cause the vagina to narrow, giving pain and problems with intercourse, which might be permanent.
- If skin healing is poor the mesh can become exposed (mesh erosion) either into the vagina or pelvic organs. This requires repeat operations and may be difficult to resolve.
- Once in place mesh is difficult or impossible to remove completely.

Risks related to mesh

The long-term outcomes of using mesh for vaginal surgery are still being evaluated. Current best evidence suggests that with polypropylene mesh around 5-7 in 100 women will experience vaginal pain for at least six months, mesh erosion or require further

surgery for complications. Damage to the pelvic organs by the mesh is less common (2 in 100) however deterioration in sexual function at 6 months may affect 15 in 100 women. If your surgeon recommends mesh they will carefully counsel you on the risks.

Intercourse is often easier after surgery, but discomfort, difficulty or reduced sensation can sometimes occur due to scarring or tightening of the vagina. While every effort is made to prevent this happening, it is sometimes unavoidable.

Having a hysterectomy?

There are several reasons why you may be advised to have a hysterectomy (removal of womb). The common ones are heavy or painful periods not responding to other treatments, or uterine prolapse.

Getting back to normal after a hysterectomy

Recovery is time-consuming and can leave you feeling tired, emotionally low or tearful. This is particularly true after a hysterectomy and is an expected reaction. The body needs time to repair itself. You may feel tired for up to 6 to 8 weeks. Rest when you need to but do not take to your bed as keeping mobile will maintain your muscle strength, protect you from deep vein thrombosis and reduce the risk of chest infection.

Vaginal bleeding: You may have some vaginal bleeding, like the end of a period, for up to 4 weeks. If you have any new pain, heavy bleeding or bad smelling discharge you should contact your GP.

If I decide to have surgery, what should I expect?

Pre-operative assessment clinic: You will normally have an appointment in assessment clinic prior to your operation. This will assess your general health, screen for MRSA and perform some baseline investigations. This is an opportunity to ask questions or raise concerns.

Preparing for coming to hospital: If you smoke, try to stop before your operation as this will make the anaesthetic safer, reduce the risk of complications after the operation, speed up your tissue healing and reduce the chance of your prolapse coming back in future. If you are not able to stop completely, stopping for a few days will be helpful. You will not be able to smoke whilst in hospital. Smoking puts you at higher risk of chest infections and coughing will put a strain on your pelvic floor repair.

Find support on stopping smoking at:
www.nhs.uk/livewell/smoking

- **How long will I be in hospital?** You will stay in hospital 2-3 days depending on your general health, the type of operation you have and your rate of recovery. You should warn your family and employer that you will have to avoid heavy housework and lifting for 3 months.

Constipation can be a problem in hospital. Avoiding this before surgery will reduce postoperative discomfort, protect your vaginal repair and even reduce your hospital stay. Drinking plenty of fluid and eating fruit, vegetables and high fibre foods may be sufficient but laxatives (medicines) are available via a pharmacist or GP.

What to bring to hospital: You should bring nightwear, a dressing gown, slippers, toiletries and your usual medications. You may wish to bring magazines or books to pass the time. Please have a bath/shower on the day of the procedure. Remove all your make-up, nail varnish and jewellery before coming to the hospital.

What happens on the day of the operation? You will be advised where and what time to come to hospital on the day of the operation. You should not eat anything from midnight the night before your operation. You can drink clear, non-fizzy fluids until 6am the morning of surgery. This may vary if your operation is scheduled for the afternoon. The anaesthetist and a senior member of the surgical team will see you. You will be asked to sign a consent form if you have not already done so. This is another opportunity for you to ask any further questions.

What will happen after the procedure?

After the operation you will wake up in the recovery room. From there we will take you back to the ward. You may have:

- A mask supplying oxygen.
- A narrow tube in your vein to replace lost fluid.
- A catheter (tube) draining urine from the bladder, which will usually be removed sometime in the next 24hrs.
- A vaginal pack (sterile bandage) or vaginal drain to reduce bruising. This will be removed the morning after surgery.

Most women experience some discomfort in the first few days after an operation. We will offer you painkillers to help with this.

Eating, drinking and getting mobile will all aid your recovery and the nursing staff will support you in safely resuming these normal activities in the first 1-2 days after the operation. Whilst in bed try to maintain your muscles and circulation by circling your ankles and bending and straightening your knees.

What are the risks of surgery?

Since POP is not a dangerous condition, it is particularly important that you weigh the benefits and risks of surgery, giving consideration to alternative treatments, before deciding to go ahead. Whilst prolapse surgery is relatively safe, like all operations it carries some risks, which are higher if you are obese or have pre-existing medical conditions or previous vaginal surgery.

Anaesthetic: This is generally very safe unless you have specific health problems. The anaesthetist will discuss these with you beforehand.

Infection can affect the wound, bladder, lungs or around the operation site internally. This risk is reduced by an antibiotic injection given during surgery. Most infections are easily treated with a course of antibiotics. Pelvic abscess is uncommon (3:1000).

Deep venous thrombosis is the formation of a blood clot in the leg veins and occurs in 4-5 in 100 women after pelvic surgery. Rarely the clot can travel to the lungs causing a pulmonary embolus which is serious, or rarely fatal. We therefore recommend protection with stockings and/or heparin injections to reduce the risk of DVT.

Injury to urinary system or bowel: Occurs in less than 1 in 200 women. If this happens the injury will be repaired but it may be necessary to have a catheter for 7-14 days. In instances of bowel injury, very rarely a temporary colostomy is needed.

Bladder Dysfunction: Urinary retention is relatively common and is treated with a catheter for 24-48 hours. A burning sensation on passing urine may indicate urine infection, which is treated with antibiotics. While bladder symptoms often improve after surgery, about 15 in 100 women experience bladder irritability or urinary frequency that will generally improve over a few weeks. Additionally, a prolapse can 'kink' the bladder neck. Treating the prolapse may remove this partial blockage and about 5 in 100 women will develop stress incontinence (leaking with coughing, sneezing etc) as a result. This may require further surgery.

Further prolapse: occurs in 1 in 3 women over a lifetime.

If you have a hysterectomy:

- You will NOT be able to become pregnant.
- You will NOT need to use contraception.
- You will NOT have periods.
- You will NOT undergo premature ageing.
- You will NOT require cervical smears unless your previous smears have been abnormal.
- You will NOT lose your sex drive.

Healthcare Associated Infections

How can I help to reduce Healthcare Associated Infections?

Infection control is important to the wellbeing of our patients, and for that reason we have infection control procedures in place.

Keeping your hands clean is an effective way of preventing the spread of infections. We ask that you, and anyone visiting you, use the hand rub (special gel) available at the main entrance of the hospital and at the entrance of every ward before coming into and leaving the ward or hospital. In some situations hands may need to be washed at a sink using soap and water rather than using the hand rub. Staff will let you know if this is the case.

Please keep visitors to a minimum and avoid young children and elderly relatives from visiting you in the hospital as they are vulnerable to infection.

Contact after leaving hospital

If you have any problems you should contact your GP in the first instance. If it is urgent contact your local Emergency Department. Nursing staff on the ward will be able to answer many queries that you may have within the first seven days of the operation.

Follow up

We will arrange to check your progress 2-3 months after surgery by either a postal questionnaire, a telephone call or a follow up clinic appointment at the hospital or with your doctor.

Your vaginal stitches will dissolve but threads may come away for up to three months. This is normal. Avoid tampons for 6 weeks.

Physical activity: You should be fit enough to do light activities when you leave hospital, but avoid strenuous exertion. Gradually build up physical activity, such as walking, to ensure you do not exhaust yourself. Swimming is another good form of exercise. Start from 4 weeks after surgery. Be careful to avoid lifting and straining for at least 3 months, but ideally lifelong.

Getting back to work – most women are ready to resume light work after 6 weeks, and a busy job after 12 weeks, but avoid heavy lifting.

Sexual intercourse - You should wait 6 to 8 weeks before sexual intercourse. You may find a vaginal lubricant helpful. You can buy this at your chemist. Talk to your partner, as you will need extra gentleness and understanding in the early days.

Driving - Provided you are comfortable sitting in a car, are not taking any sedative medications and can perform an emergency stop without pain or discomfort, it is safe to

drive. This is usually after 4-6 weeks. Please check with your insurance company as they might have strict guidelines with regards to driving and liability after surgery.

Pelvic floor exercises: Pelvic-floor muscles support your pelvic organs (prevent prolapse), tightly close your bladder and bowel (preventing incontinence) and improve sexual satisfaction.

How to do pelvic floor exercises - Identify your pelvic-floor muscles by imagining you are trying to stop yourself from passing wind and urine, whilst also squeezing tightly inside your vagina. You should feel your muscles 'lift and squeeze'. You can start these exercises immediately after surgery and build up gradually, aiming for ten long squeezes, up to 10 seconds each, followed by ten short squeezes. Try to repeat this 3 times a day and make it a lifetime habit. Some women remember by always doing their exercises during another activity, like cleaning teeth or washing up.

Further information

NHS Choices

<http://www.nhs.uk/Conditions/Prolapse-of-the-uterus>

Patient UK

<http://www.patient.co.uk/health/genitourinary-prolapse-leaflet>

Royal College of Obstetricians & Gynaecologists

27 Sussex Place, Regent's Park, London, NW1 4RG.

Website: <http://www.rcog.org.uk/patients>

Tel: 020 7772 6200

British Society of Urogynaecology

Website: <http://www.bsug.org.uk/patient-information.php>

Email: BSUG@rcog.org.uk, Tel: 020 7772 6211

Womens' Health Concern

4-6 Eton Place, Marlow, Bucks SL7 2QA

Website: www.womens-health-concern.org

Tel: 0845 123 2319

Hysterectomy Association

Website: www.hysterectomy-association.org.uk

2 Princes Court, Puddletown, Dorchester, Dorset DT2 8UE

Email: info@hysterectomy-association.org.uk

Useful Contact Numbers

Charlotte Ward **Mrs Qureshi's Secretary** **Mr Porter's Secretary**
01225 824434 01225 824655 01225 824657

This leaflet seeks to give the most important information about prolapse surgery but it is not comprehensive. We continually strive to improve the quality of information given to patients. If you have any comments regarding this information leaflet please contact Mrs Qureshi's secretary. If you need an interpreter or the document in another language, large print, Braille or an audio version please let us know.

Sources of information in this leaflet

British Society of Urogynaecology
www.bsug.org.uk/patient-information.php

Vaginal Surgery for Prolapse (Consent Advice 5)
Royal College of Obstetricians & Gynaecologists,
Oct 2009.

The Use of Mesh in Gynaecological Surgery (Scientific Impact Paper 19)
Royal College of Obstetricians & Gynaecologists, May 2010.

Summaries of the Safety/Adverse Effects of Vaginal Tapes/ Slings/Meshes for Stress Urinary Incontinence and Prolapse,
MHRA & York Health Economics Consortium, Nov 2012.

Things I want to ask before my operation:

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