

Advice after prolapse surgery in the vagina

Patient Information

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Obstetrics and
Gynaecology

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Post operative advice after prolapse surgery

Please read this leaflet so you know what to expect after your surgery. As we are all different, it is not possible to personalise this information, so there may be differences between your individual case and the information given here.

If you have any queries regarding the information please discuss them with the consultant or a member of his/her team (doctors or nursing staff).

How will I manage my pain?

After the operation you will get some pain. You can control the pain using simple painkillers, such as paracetamol, taken regularly until you feel more comfortable. Please ensure that your painkillers do not cause constipation. To avoid this you may need to take laxatives (medicine to soften the bowel motion).

Specific information regarding pain after sacrospinous

fixation: You may get buttock pain after a sacrospinous fixation, this can ache for a few weeks and this is normal but should improve with time. Rarely this ache can continue long term after this operation. If after three months this pain continues and stops you doing your normal activities, please contact your consultant's secretary for further advice. There are contact numbers at the end of this leaflet.

Specific information regarding pain after perineorrhaphy:

For a few months after this operation you are likely to feel discomfort when sitting. This is because there are stitches deep in the wound which can take up to five months to dissolve. We advise that you take painkillers and persevere with the pain as once the stitches have dissolved the pain will settle. We do not advise early removal of the stitches as this may put you at risk of wound breakdown.

Will I have any vaginal bleeding?

You may have a vaginal pack after your surgery and this may be removed three to four hours after your operation or the following morning. After the pack is removed you may notice some vaginal bleeding. The bleeding should be no heavier than a period. It will start off as fresh blood (bright red) then reduce down to old blood (brown), then stop. You may also get some bleeding when the stitches start to come away at around three to four weeks after the operation. If you get any heavy vaginal bleeding after three to four weeks please check if it is your monthly period. If it is not, then please seek advice from your GP as soon as possible. If you have not had a hysterectomy or gone through the menopause your normal monthly period may be delayed by a few weeks, but once it starts you should continue your normal monthly cycle. We do not advise the use of tampons until after five months, until all your stitches have dissolved.

Will I have any vaginal discharge?

We expect you to have some bleeding as mentioned above but you should not have smelly vaginal discharge. If there is an offensive smelling vaginal discharge within the first six weeks of your surgery please see your GP as soon as possible so they can **gently and without a speculum** (the instrument used to widen the vagina) take a high vaginal swab.

If they think you need antibiotics they will provide you with them, please ensure you complete the full course of antibiotics. If the GP is worried they will contact your consultants' secretary to arrange for you to be seen.

What about the stitches?

There are usually two types of stitches used:

- Quickly absorbable stitches to the vaginal skin, dissolving after three to four weeks. You might see them when they come away and they may be white or black in colour.
- Long acting dissolvable stitches deep within the vagina, designed to last for around three to five months. When these deeper stitches start to dissolve and break away, the vagina may become irritated and uncomfortable and you may feel a pricking sensation. You may see the stitches and these look like clear plastic fishing line. You may see an increased amount of vaginal discharge, usually cream in colour with no smell. If there is no smell, this is unlikely to be an infection and does not need any treatment.

What do I do about bathing?

If you have a shower in your home we would recommend showering rather than baths. If you do not have a shower, please do not have a bath for four weeks. Just have a wash whilst standing at the sink. It is important to wash around the outside of the vagina but not inside. After four weeks you may use the bath but avoid soaking for long periods of time.

Avoid using perfumed products in the bath water for three months. It is recommended you do not go swimming for six weeks after your surgery. After three months you may go back to your normal bathing routine.

Vaginal care

If you were using vaginal oestrogen (as a pessary or as cream) and want to restart this you can restart six weeks after surgery.

What about sex?

Immediately after surgery: You should not insert any objects into the vagina for at least six weeks.

After six weeks: You may resume sex if you feel ready but be aware the stitches deep in the vagina will still be inside. You won't feel them until they start to break away, when they will poke through the vaginal wall. While this is happening you should avoid sex as your partner may get scratched by the stitches. We would advise gently feeling if these deep stitches are gone before sex.

The first few times you have sex it will feel different and you may experience some slight discomfort. This will hopefully improve as you become more confident. In rare circumstances the vagina may become too narrow so that intercourse cannot take place. If you are experiencing severe discomfort with sex or are unable to have sex due to your operation and this persists for more than four months after your surgery, please contact your consultant's secretary for more advice. Corrective surgery may be complex but could be an option in this circumstance.

If you have had a colpocleisis (an operation to close the vagina) you will be unable to have sex after the operation and this should not be attempted.

What about physical activity?

After prolapse surgery we advise that you avoid heavy lifting in the long term. Straight after surgery, you need to take things easy but keep moving. You should aim to keep mobile and gradually build up the amount of activity until you are back to your normal levels. During the first six weeks avoid

lifting any objects that are heavier than two to three kilograms (about the weight of a half full kettle). Do not do too much and avoid any strenuous exercise. After six weeks you may restart exercise but gradually. If going back to the gym or exercise classes start off gently and build up until you are back to your normal routine.

Strenuous activity such as gardening, lifting furniture, heavy shopping or straining to empty your bowels will greatly increase the risk of the prolapse reoccurring, you should try and avoid these activities wherever possible.

Also we advise you do not smoke as this increases the risk of a long term cough which has a very high risk of making the prolapse reoccur.

When can I start driving again?

You may drive once you can perform an emergency stop without this causing you pain. This is usually around six weeks after your operation. You may want to speak to your insurance company to make sure they are happy for you to drive.

Will I get a change in bladder or bowel function?

Often patients experience constipation after their operation; you need to make sure you do not strain to open your bowels as you may put pressure on your stitches. If constipation is a problem we would advise you to take laxatives (medicine to soften the bowel motion) for at least six weeks after the operation. Take enough laxatives to ensure the bowel motion is soft but formed. If constipation is a long term problem you may need to take laxatives long term. We advise you to try and keep your bowel habit regular. If you need laxatives please see your GP.

Often after prolapse surgery the bladder or bowel function can change. We hope that any change will be an improvement but occasionally things can get worse.

If you do have problems with bladder or bowel function or you get a new symptom of incontinence (leakage) from the bladder or the bowel, you will need to wait three months after your surgery to see if these symptoms settle.

Will I need a follow up appointment?

You will get a follow up appointment about three to four months after your operation.

However, if you have a problem that is not mentioned in this leaflet and you are worried please speak to your GP for further advice, if your GP is worried they will arrange for you to be seen sooner.

What do I do if I feel the prolapse has come back?

If it is less than six weeks since your operation and you feel like the prolapse is still there, please be patient it is most likely the healing process and it can take up to six months before the vagina feels back to normal.

If it has been more than six weeks but less than four months since your operation and you can see a prolapse coming out from the vagina which is giving you bothersome symptoms please contact your consultant's secretary for advice. If it is more than four months after your operation and the vaginal prolapse feels like it has come back please see your GP for further advice.

If you have any other issues that are not covered by this leaflet and want further non urgent advice please feel free to contact gynaecology outpatient department at The James Cook University Hospital on the following number and ask to speak to the urogynaecology sister.

Gynaecology outpatients: 01642 854243

Contact number for the urogynaecology secretary at the Friarage hospital: 01609 763075

Contact number for the urogynaecology secretary at the James Cook: 01642 854681

Comments, compliments, concerns or complaints

South Tees Hospitals NHS Foundation Trust is concerned about the quality of care you receive and strives to maintain high standards of health care.

However we do appreciate that there may be an occasion where you, or your family, feel dissatisfied with the standard of service you receive. Please do not hesitate to tell us about your concerns as this helps us to learn from your experience and to improve services for future patients.

Patient Advice and Liaison Service (PALS)

This service aims to advise and support patients, families and carers and help sort out problems quickly on your behalf.

This service is available, and based, at The James Cook University Hospital but also covers the Friarage Hospital in Northallerton, our community hospitals and community health services. Please ask a member of staff for further information.

If you require this information in a different format please contact Freephone 0800 0282451

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Version 1, Issue Date: December 2018, Revision Date: December 2020