

Vaginal Hysterectomy for Prolapse A Guide for Women

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What is a prolapse?

Prolapse of the uterus (womb) and/or vaginal walls is a common condition with up to 11% of women requiring surgery during their lifetime. Prolapse generally occurs due to damage to the supporting structures of the uterus or vagina. Weakening of the supports can occur during childbirth, as a result of chronic heavy lifting or straining e.g. with constipation, chronic cough, obesity and as part of the ageing process. In some cases there may be a genetic weakness of the supportive tissues.

Prolapse of the uterus can cause an uncomfortable dragging sensation or feeling of fullness in the vagina. In more advanced prolapse the cervix can extend beyond the entrance to the vagina.

What is a vaginal hysterectomy?

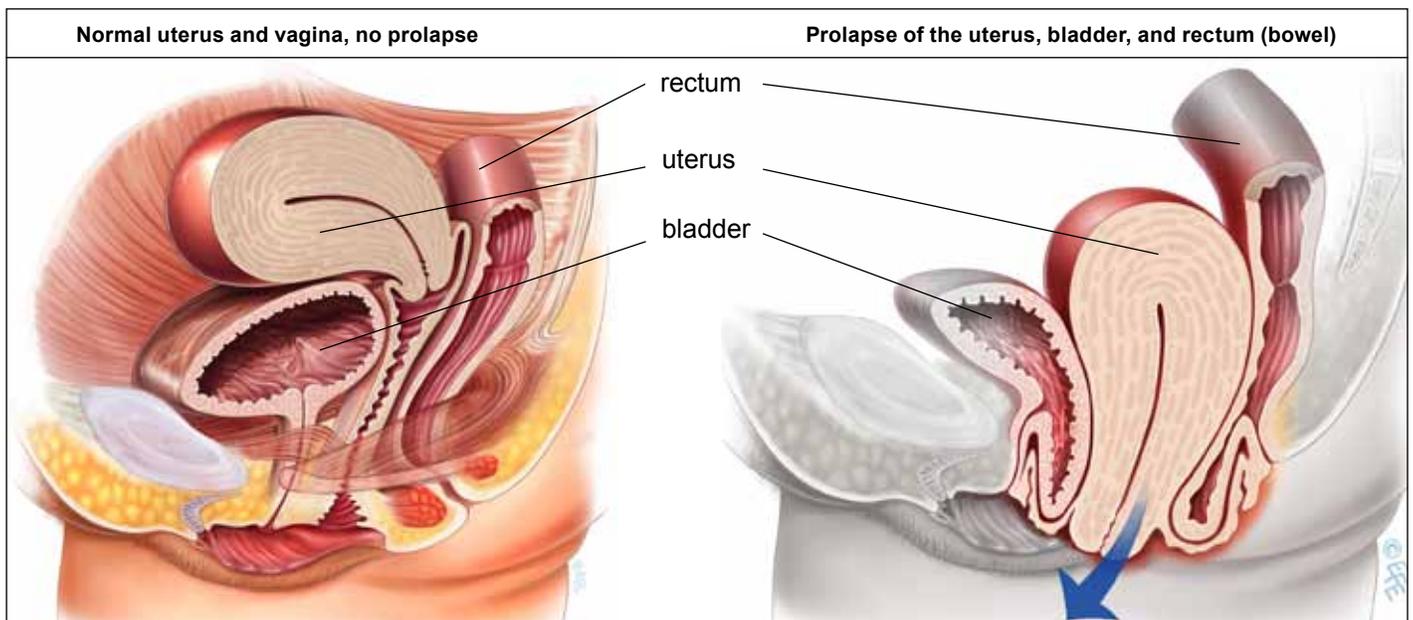
This is a procedure in which the uterus is surgically removed through the vagina. The operation is frequently combined with prolapse repairs of the bladder and/or bowel and sling procedures for urinary incontinence.

How is a vaginal hysterectomy performed?

The operation is performed in a hospital setting and can be performed under general or spinal anesthesia (with or without sedation). A cut is made around the cervix. The surgeon then carefully pushes the bowel and bladder away from the uterus. The blood vessels supplying the uterus and surrounding tissue are then clamped, cut and tied. After checking there is no bleeding the surgeon then removes the uterus and closes the top of the vagina, now known as the vaginal vault. Many surgeons will choose to add additional support stitches to the vaginal vault at the time of surgery either to the uterosacral ligaments that support the uterus (this is called a uterosacral ligament suspension) or to support structures to the side of the uterus, (sacrospinous ligament suspension or ileococcygeus suspension.) [Please see leaflet](#) on this subject. Your doctor can explain what they plan to do. The ovaries can be removed during a vaginal hysterectomy if needed.

What will happen to me before the operation?

You will be asked about your general health, past medical history and medication that you are taking. Any necessary investigations (for example blood tests, ECG, chest X-ray) will be organized. You will also receive information about your admission, hospital stay, operation and pre- as well as postoperative care. Mention to your doctor if you are on blood thinning agents such as aspirin, as these can lead to an increased risk of bleeding and bruising during and after



surgery. Your doctor may ask you to stop the blood thinning medications 7 to 10 days prior to surgery. Some surgeons recommend bowel preparation prior to surgery.

What will happen to me after the operation?

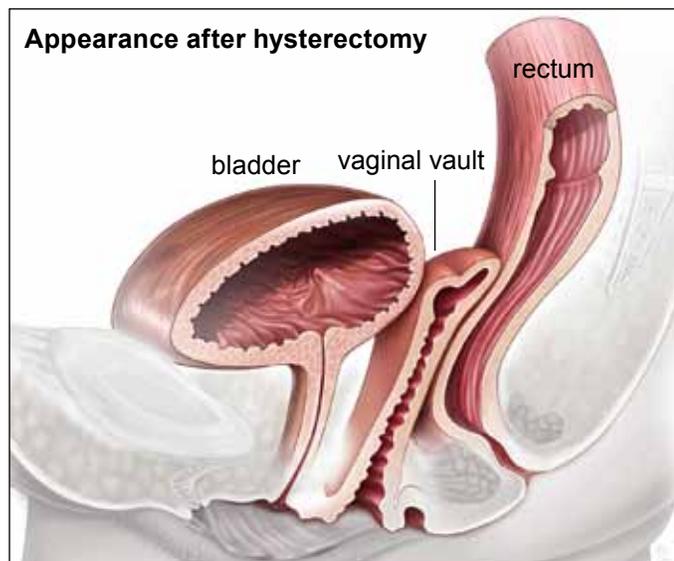
When you wake up you will have a drip to give you fluids and you may have a catheter in your bladder. Often the surgeon will also have placed a vaginal pack to reduce the chance of bleeding. Generally the pack, catheter and drip are removed in the first 24 to 48 hours. In most cases you will be able to eat and drink almost immediately after surgery. Pain and anti nausea medication is given when needed either intravenously or by intramuscular (IM) injection or pill.

Keeping mobile after surgery is important to reduce complications such as clots in the legs. Walking and light household duties are fine however heavy lifting (more than 10kgs/25lbs) is not advisable in the first 6 weeks postoperatively. It is normal to feel tired following surgery so make sure you schedule rest times in the first few weeks after surgery.

You can expect to stay in the hospital between 1-3 days. It is normal to get a creamy/brownish or bloody discharge for 4 - 6 weeks after surgery. This is due to the presence of stitches in the vagina. As the stitches absorb, the discharge will gradually reduce.

What are the chances of success?

85% of women having a vaginal hysterectomy for uterine prolapse are cured permanently. About 15% of women develop a further prolapse of the vaginal vault months or years after their first surgery. These figures may vary depending on the severity of your original prolapse.



Are there any complications?

With any operation there is always a risk of complications:

- **Anesthetic problems** with modern anesthetics and monitoring equipment complications due to anesthesia are very rare.
- **Clots (embolism).** After any pelvic surgery clots can form in the legs or lungs. This is a rare complication which is minimised by using support stockings and blood thinning agents.
- **Severe blood loss and hematoma.** The risk of blood loss requiring blood transfusion is small (0-10%) and will in part vary on what other surgery you are having. About 10% of women develop a small collection of blood at the vaginal vault (a haematoma) this usually drains spontaneously after 7 to 10 days. Occasionally it will require surgical drainage.
- **Infections.** Although antibiotics are given just before surgery and all attempts are made to keep surgery sterile there is a small chance of developing a vaginal or pelvic infection. This will usually present with an unpleasant smelling vaginal discharge and or fever. 6-20% of women having vaginal surgery develop a urinary tract infection, The risk is highest if you have had a catheter. Symptoms include burning and stinging when passing urine and frequency. If you think you have an infection after surgery contact your doctor.
- **Injury to adjacent organs.** Up till to 2% of vaginal hysterectomies are complicated by either damage to the bladder, the ureters or rectum. A very rare complication is the occurrence of a vaginal fistula.
- **Urinary retention.** In the first few days after surgery difficulty passing urine can occur in up to 10-15% of cases. You may need to have a catheter or catheterise for a few days after surgery until you are able to easily pass urine.

When can I return to my usual routine?

You should be able to drive and be fit enough for light activities such as short walks within a few weeks of surgery. We advise you to avoid heavy lifting and sport for at least 6 weeks to allow the wounds to heal. It is usually advisable to plan to take 2 to 6 weeks off work (depending on the type of surgery you have had and the type of work you do).

Sexual activity can usually be safely resumed after 6 weeks.