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OPERATIVE LAPAROSCOPY – PELVIC FLOOR REPAIR

Definition

The operation you have been booked to undergo is a laparoscopic (telescope) procedure to repair pelvic floor problems from above, through the abdomen. There are some situations where this approach may have advantages over the vaginal route. The exact treatment may need to be decided at the time of operation.

Description

The abdomen is inflated with carbon dioxide gas to assist the surgeon's view and reduce the risk of injury to surrounding organs. A laparoscope (telescope with a camera attached) and surgical instruments are inserted into the abdomen via 3 or 4 small incisions in the skin. The operation is viewed on a TV screen. Along with the planned operation, it may be necessary to divide adhesions (scar tissue), which has formed as a result of previous operations or other medical conditions. This diagnosis can sometimes only be made at the time of operation.

The potential advantages of Laparoscopic or Minimal Access Surgery are:

- Less pain
- Faster Recovery
- Minimal Scarring
- Early Return to normal activity

Suturing and tightening of the ligaments and structures that support the pelvic organs, such as the bladder, the bowel and the uterus, can be performed from above. This approach may particularly be applicable to younger patients and in those women who do not wish to have a hysterectomy. It will often still be necessary to have a small amount of work performed vaginally to maximise the long term success rates of this procedure.

Expected outcome

Expect full recovery without complications. You may have aches in your shoulders and chest from the carbon dioxide that was used to inflate your abdomen. No treatment is necessary. Post-operative symptoms vary considerably depending on the patient. The effect of anaesthesia and surgery results in general tiredness and discomfort, most return to active duties in two weeks. Allow up to 4 weeks for full recovery from surgery.

No prolapse operation has a 100% guarantee of success and all may fail in time as the aging process occurs. Some stitches may pull through and lead to a short term failure of the procedure within the first few months afterwards. New types of prolapse may develop.

Prior to Surgery

Bowel preparation will be required prior to this surgery. This will be discussed with you before hand.

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Following your Surgery

Your procedure may be performed as day surgery or may require a 1-3 day stay in hospital. This will depend on your operation. You will be given an indication of this before your admission to hospital

You may have an intravenous drip to replenish fluids lost during the operation. It may be necessary to remain on a diet of fluids only until wind is passed. Normally you may eat a light diet after this time.

You may have a thin drain tube into your abdomen, depending on your operation. The small incisions may be closed with dissolvable stitches under the skin or stitches to be removed in the days following your operation.

With some operations there may be a small amount of vaginal bleeding or discharge for up to 4-6 weeks. You will need sanitary pads, not tampons in that time to reduce the risk of infection. Methods of pain relief vary. Initially it may be given via your drip (patient controlled analgesia), injections and or rectal suppositories. Again this will depend on the actual operation performed. Prescription pain medication may be required for up to 7 days following the procedure.

You may use non-prescription drugs such as paracetamol for minor pain. Hot packs applied to your abdomen may help with wind discomfort. You will begin mobilizing by the following day.

Bathe and shower as usual, initially under the supervision of nursing staff. You may wash the incision site gently with mild soap, and leave uncovered after the first day.

Post Operative-Expectations At Home

To help recovery and aid your wellbeing, resume daily activities, including a gradual return to work, as soon as you are able. In most cases you may return to light work within 2 weeks.

Get plenty of rest in the first few days following surgery

Exercise is of benefit in the weeks following surgery. Commence activity gradually beginning with short walks close to home.

No special diet, just drink 1-2 litres of fluid a day and increase fibre intake to prevent constipation.

The recovery process is characterised by ups and downs. Some days will be good, others will not be so. This is very normal.

Driving can be resumed when you feel ready, generally after 7-10 days.

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Possible Risks and Complications

Very rarely the procedure cannot be completed laparoscopically (via the keyhole incisions), and this will not be known until laparoscopy is attempted. In such cases the procedure is completed via an incision across the abdomen. Risk increases with obesity, smoking, heart and lung disease, diabetes, previous abdominal surgery and bowel surgery.

The overall instance of complications following laparoscopic surgery are uncommon but occasionally life threatening. You do need to know the following risks.

1. General risks associated with any surgery are : excessive bleeding (haemorrhage) during or after surgery. Blood transfusion is required in generally less than 1: 100 cases,
2. Infection (rates are very low)
3. Ileus (temporary lazy bowel)
4. Thromboembolism (blood clots which may spread to other areas such as the lungs).
5. Anaesthetic risks.
6. The risk of causing accidental injury to the bowel, bladder, ureters (tubes leading from the kidneys to the bladder) or blood vessels in the pelvis is between 1:500-1:1000 cases. This may require further, or occasionally, open surgery to correct. In very rare circumstances a temporary colostomy may be required if a bowel injury occurs. Injury to the bladder may occasionally require a urinary catheter for some days.
7. Fistula formation (an injury that may link the vaginal wall to either the bowel or bladder) is possible but rare.
8. Minor complications include infection of the umbilicus or urinary tract which would require antibiotics.

Although these complications are uncommon, every precaution is taken to both prevent and correctly diagnose and treat them if they occur. It is possible to miss these events even with the best of care and attention such that further surgery is required within one to two weeks of the procedure.