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## **TOTAL VAGINAL MESH REPAIR (“TOTAL PROLIFT”)**

In cases of severe vaginal prolapse a total vaginal mesh repair may be advised. During this procedure both the front and back walls of the vagina need to be supported, together with additional support for the top of the vagina (or the womb if a hysterectomy has not been previously performed). This support is produced by using non-absorbable mesh attached to the pelvic side wall. The mesh is used to try and provide long-lasting support and to reduce the possibility of failure of the repair in the future. You are not aware of the mesh after the operation – it remains completely hidden. These procedures also mean that a hysterectomy does NOT always have to be performed. Dr Frazer will discuss these options with you. “Prolift” is the manufacturer’s name of the mesh kit which is used in these procedures.

### **What is involved?**

The procedure is usually performed under a general anaesthetic. Firstly a vaginal hysterectomy is performed if required (see vaginal hysterectomy information). An incision is made in the vagina and the bladder peeled off the skin of the vaginal wall. Four small incisions (two on each side) are made outside the vaginal lips and the mesh is drawn through these incisions to support the bladder. An incision is made into the back (posterior) wall of the vagina and 2 small incisions by the side of the anus. The defect in the support of the back of the vagina is identified and the mesh is sutured to healthy vaginal support tissues to create a special bridge to fix the vagina/prolapse back into its correct anatomical position.

### **Complications**

There is a small chance of mesh infection or rejection after the operation. This usually takes the form of a small piece of mesh becoming exposed through the vaginal incision. This would require to be trimmed which is a simple day case procedure in hospital. It is possible that in very exceptional circumstances it may have to be removed if it is infected. But this complication has NEVER been reported since the technique was first described. Other complications that are rare include excessive bleeding which may take the form of a collection of blood beneath the mesh (haematoma). This may have to be drained away surgically – although in most cases it disappears spontaneously over time without any need for surgery. Damage to the bowel or bladder or ureters (tubes from the kidneys to h bladder) is rare but may require further surgery to repair.

### **Hospital stay**

The procedure usually requires 1 or 2 nights in hospital. You will have some vaginal bleeding post operatively for up to 7 days. This bleeding will not usually be heavy.

### **Results**

This procedure is relatively new and long term information is not available. These types of mesh repair were developed because the older, more standard prolapse repairs (using stitches alone) have a 20% chance of failure in the first 2 – 3 years. This is a particular problem in a younger and more active group of patients. Standard mesh repairs have 75 – 100% success rates reported after 3 years. We expect the results of the new repair to



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be at least as good. While mesh repair continues to be evaluated it is certainly starting to appear better than a standard repair without mesh and currently can be described as the best, most durable option we have in our current state of knowledge.

### **Recovery**

Once at home it is important not to lift heavy objects or undergo strenuous activities for 6 weeks. 5 days of antibiotics have to be taken after the operation to help prevent any possibility of mesh infection.

### **FOLLOWING YOUR SURGERY**

When you go home you must lift objects heavier than 5kgs or do strenuous work for about 6 weeks. You can usually return to work in 10-14 days. Use pads not tampons to reduce risk of infection.

Do not drive an automatic car for	1 week*
Do not drive a manual car for	2 weeks*
Do not make a bed for	2 weeks
Do not use your vaginal oestrogen for	4 weeks
Do not stretch upward for	6 weeks
Do not do any lifting for	6 weeks
Do not have sexual intercourse for	6 weeks

\*It is important to check with our insurance company, re driving your car as each company has different policies on driving and surgery.

These guidelines are minimum time before recommencing these activities. Remember to rest, if you are tired and uncomfortable you have been doing too much and need to slow down. Remember when emptying your bladder, sit on the toilet, feet flat and lean forwards. Drink 6-8 glasses of fluid pre day; limit your caffeinated drinks to 3 per day. Ensure your fibre intake is adequate.

### **NOTIFY DR FRAZER:**

If any of the following occurs:

- Pain that is not relieved by Panadol or Panadeine.
- Increased vaginal bleeding or passing clots
- Smelly offensive vaginal discharge
- You develop a temperature or become unwell
- Burning or difficulty passing urine

**You may contact Dr Frazer on 55649300 if you have any problems.**