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## **VAGINAL MESH REPAIR**

### **Definition**

Vaginal mesh repairs are done in patients with vaginal prolapse. A layer of artificial mesh is inserted underneath the vaginal skin to support it and to prevent recurrence of the prolapse. The mesh is generally made of foreign material like Prolene and Vicryl or a combination of the two. These are materials that have been widely used in various forms of stitches, and are well tolerated by the body. Mesh repairs can be performed to fix various types of prolapse including the front wall (cystocele), back wall (rectocele), and the top of the vagina (enterocele/vault prolapse).

### **Why use mesh?**

Mesh may be advised to help improve the long-term results of prolapse operations. No prolapse operation can be guaranteed to last forever and symptoms may return after a period of time. The idea of using mesh is to try and give extra strength to the repair so that failures are reduced in the long term. It is often recommended in those patients who have had previous failed procedures for prolapse. If you are unclear why this approach is being advised for you, please discuss this with Dr Frazer.

### **Possible risks and complications**

There is a small chance of mesh "rejection" after the operation. This is often in the form of a small piece of mesh coming out of the wound, requiring trimming, which is usually done in the outpatient clinic. It is only under very unusual circumstances that the entire mesh needs to be removed.

Occasionally, pain with sexual intercourse can follow such an operation (just like any other prolapse operation), but most cases will improve with time.

Other rare complications include bleeding that may require blood transfusion and injury to the bladder or bowel.

Thromboembolism (blood clots) in the deep veins of the legs which may spread around the body.

### **Following Your Surgery**

Your expected hospital stay will be 1-2 nights, depending on the extent of the repair and whether further surgery such as hysterectomy is being performed.

On return to the ward your observations will be monitored.

You may have an intravenous therapy (drip) for fluid replacement.

You may have an indwelling catheter into the bladder but this is not routine.

### **Results**

The success of the repair is usually around 80 % at 1 to 3 years. Weight loss if overweight, reducing or quitting smoking, improving pelvic muscle tone by doing pelvic

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muscle exercises and continuing to do them after surgery will ensure that the operation is a success.

### **Post Operative Instructions**

You will have some vaginal discharge or bleeding for 4 to 6 weeks. This should be light bleeding or spotting only and this may vary during that period of time as healing occurs and your stitches dissolve.

Pain should be relieved with Panadol, Nurofen or Panadeine (remember if you take Panadeine, this increases the risk of constipation so ensure you have an adequate intake of fibre and fluids in your diet).

Recovery from surgery is characterised by up and down days, both physically and emotionally. Some days will be good; others will not be so. This is to be expected.

### **Following Your Surgery**

When you go home you must not 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.**

### **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.**