



MALCOLM FRAZER
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POSTERIOR VAGINAL MESH REPAIR

Definition

Weakness in the pelvic supporting structures allow the pelvic organs to descend into the vagina. Posterior prolapse or rectocele is a protrusion of the rectum through the vaginal wall.

Posterior vaginal repair is an operation performed to correct a prolapse of the back wall of the vagina. It involves the identification and repair of the supporting tissue breakages between the vagina and the rectum that has resulted in the prolapse.

This is usually carried out by using two layers of self absorbing sutures. In a mesh repair another layer of artificial material is inserted to further strengthen the repair. Using mesh helps to give a longer lasting repair.

The procedure is usually performed under a general anaesthetic but can also be performed using a spinal block. It takes about 30 minutes and may be done with other procedures such as a hysterectomy or incontinence operation.

Expected Outcome

With small or moderate size prolapse, conservative therapy may be sufficient to relieve symptoms. In more severe cases, surgery is indicated.

The success of the repair is usually around 80-90%. Weight loss if overweight, reducing or stopping smoking, improving pelvic tone by doing pelvic muscle exercises and continuing to do them after the surgery will improve the operation success rate.

Following your surgery

Your expected hospital stay will be 1-3 nights, depending on the extent of the repair and whether additional surgery such as a hysterectomy is being performed.

On return to the ward your observations will be monitored.

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

You may have an indwelling catheter into the bladder, which will be removed the next day.

Post Operative instructions

You will have some vaginal discharge for 4-6 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.

Website: <http://www.malcolmfrazer.com.au>



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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.