MALCOLM FRAZER
GYNAECOLOGIST
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ANTERIOR VAGINAL REPAIR

Definition

Weakness in the pelvic supporting structures allows the pelvic organs to descend into the vagina. Anterior (front) prolapse or cystocoele is a protrusion of the bladder through the vaginal wall.

Anterior vaginal repair is an operation performed to correct a prolapse of the front wall of the vagina. It involves the identification and repair of the supporting tissue breakages between the vagina and the bladder that have resulted in the prolapse.

What is involved in the operation?

A cut is made on the front wall of the vagina and the bladder is dissected free of the vaginal skin. The bladder is held back using stitches. This is usually carried out by using two layers of absorbable sutures.

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

No operation for prolapse can have a 100% guarantee of success; stitches may tear out and tissue may re-stretch with time. The success of the repair is usually around 80% in the long term (over 5 years). 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 1-2 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.
A catheter in the bladder is NOT routinely placed.

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 f 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.

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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.**

Remember to rest, if you are tired and uncomfortable you have been doing too much and need to slow down.

NOTIFY Dr Frazer if any of the following occurs:

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