



MALCOLM FRAZER
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MANCHESTER REPAIR FOR PROLAPSE

Definition of prolapse

Weakness in the pelvic supporting structures that allow the pelvic organs to descend into the vagina. One or more of the following may also accompany a prolapse of the womb (uterus).

Cystocele; prolapse of the bladder into the vagina.

Enterocoele; is a protrusion of the intestine through the back of the vaginal wall.

Rectocele; is prolapse of the rectum through the vaginal wall.

Why is the operation performed?

Operations for prolapse may be recommended when the sensation of the prolapse is troublesome. A prolapse which is not bothersome to the patient probably does not require any surgical intervention. Symptoms which can be caused by prolapse include: incomplete emptying of the bladder; a sensation of vaginal fullness, pressure, dragging or "falling out"; increased urinary frequency; discomfort during sexual intercourse; difficulty emptying the lower bowel caused by material becoming trapped with the rectal bulge.

Description of Procedure

The Manchester method of prolapse repair is performed to correct a prolapsed or 'dropped' uterus, caused by weakness in the muscles of the pelvic floor. Only the cervix is removed. The weakened pelvic support structures are then strengthened and repaired using stitches which dissolve. When the ligaments of the "sling" that holds your pelvic structures are shortened, the prolapsing organs return to their correct position.

Expected Outcome

No operation for prolapse can be guaranteed to cure prolapse forever. Stitches can come loose, structures can tear and, over time, ligaments can stretch again.

Following your Surgery

Expect to stay in hospital 2 nights. You will have an intravenous drip for 24 hours. The degree of pain experienced is not usually severe after this form of surgery. You may have a catheter in your bladder after returning from the operating theatre but this is not routine. Drink plenty of fluids to flush your bladder and assist return to normal bowel actions. Expect a small amount of vaginal bleeding and possibly some spotting for up to 4-6 weeks after the operation.

Do not use tampons, pads are better.

Do not drive an automatic car for:	1 week*
Do not drive a manual car for:	2 weeks*
Do not make a bed for:	4 weeks
Do not hang out washing for:	4 weeks
Do not use your Vaginal Oestrogen for	6 weeks

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



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Do not stretch upward for:	4 weeks
Do not do any lifting for:	6 weeks
Do not have sexual intercourse for:	6 weeks

Possible Risks and Complications

Risks increase with obesity, smoking, heart or lung disease, or diabetes.

Complications which may occur include excessive bleeding (haemorrhage) during and after surgery. Blood transfusion may be required (approx. 1:100)

Post operative infections.

Thromboembolism (blood clots) of the deep veins of the leg which may spread around the body. Accidental injury to the blood vessels, bowel, bladder or ureters (the tubes leading from the kidneys to the bladder).

The incidence of a fistula (an injury that creates a link between the vaginal wall and the bowel or bladder) is rare.

Severe complications are extremely rare, and very rarely life threatening. These events are managed according to their severity.

Discharge Planning

Pain relief may be required for approximately 7 days post surgery. You may use simple analgesics such as paracetamol. Commence gentle exercise on your return home. Start with short walks twice daily.

If you have any concerns please contact Dr Frazer on 55649300.