INFORMATION FOR PATIENTS

Posterior repair

We advise you to take your time to read this leaflet, any questions you have please write them down on the sheet provided (towards the back) and this can be discussed at your next appointment. It is your right to know about the operations being proposed, why they are being proposed, what alternatives there are and what the risks are. These should be covered in this leaflet.

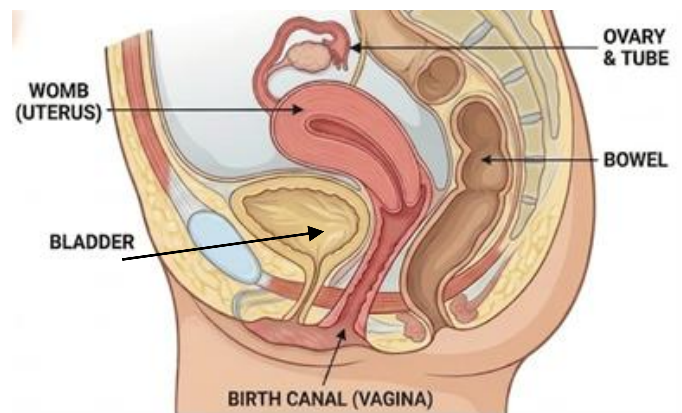
This leaflet details what a posterior vaginal wall prolapse is, what alternatives are available within our Trust, the risks volved in surgery and what operations we can offer.

What is a posterior vaginal wall prolapse?

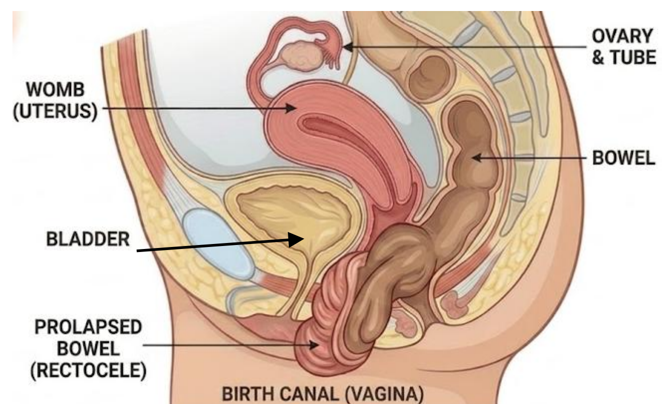
Prolapse occurs when the pelvic floor muscles, their attachments or the vagina have become weak. The pelvic floor muscles form a ‘sling’ or ‘hammock’ across the opening of the pelvis. These muscles, together with their surrounding tissue, are responsible for keeping all the pelvic organs (bladder, uterus, vagina, and rectum) in place.

‘Posterior’ means towards the back, so a posterior vaginal wall prolapse is a prolapse of the back wall of the vagina. Posterior vaginal wall prolapse is called a rectocele, which describes the structure bulging into the vagina - the bowel.

Normal female pelvic organs



Posterior wall prolapse



What is a posterior repair?

A posterior vaginal repair is an operation performed within the vagina to treat a posterior vaginal wall prolapse. Surgery is performed vaginally. A cut will be made in the back wall, the prolapse repaired and stitched back into place. The stitches eventually dissolve and leave a wall of scarring which supports the vaginal wall.

It is often combined with a repair of the area between the vagina and back passage, the perineum (perineorrhaphy).

Benefits to having a posterior repair

The primary aim of this operation is to reduce the bulge within your vagina. Therefore, following the procedure, you are more likely to feel more comfortable, your bladder may empty more effectively, and intercourse may be more comfortable.

General risks of surgery

There is risk associated with any type of surgery, below are general risks all surgery pose:

- Anaesthetic risk.
- Haemorrhage.
- Infection.
- Deep vein thrombosis (DVT).

If you are at significant risk of any of the problems listed above, you may require a review before the operation. If you are worried about any of the risks, please discuss these with your doctor.

Specific risks of a posterior repair:

- **Damage to the bowel**

This is a rare complication but if happens must be repaired and this can delay recovery. Your surgeon will likely notice any damage and repair it during the procedure however damage may not be obvious, and this can create a gap between your bladder and vagina (a recto-vaginal fistula).

- **Dyspareunia**

Pain in the vagina for the first six weeks can be common as the wound heals. Sexual intercourse can also be painful; this usually get better over time but can be long-term.

- **Stress incontinence**

If the prolapse is very large it can kink the water pipe. Once the prolapse is corrected the kink gets straightened out and leaks are no longer prevented.

- **Difficulty moving bowels**

Immediately after the operation the vagina may be swollen or bruised which can make going to the toilet more difficult. Avoiding straining or constipation can help.

- **Haematoma**

Developing a collection of blood. Depending on the severity it may resolve on its own or require a further operation to drain it.

- **Recurrent prolapse**

There is a 10% chance of the prolapse returning and a 30% chance of another prolapse occurring in a different part of the vagina.

Alternative options available:

- **Lifestyle changes**

If the prolapse is not bothersome you may not need any treatment. Losing weight if you are overweight and avoiding risk factors that may make the prolapse worse such as heavy lifting, smoking (leading to long term cough) and constipation may help control your symptoms.

- **Pelvic floor exercises**

Strong pelvic floor muscles can help prevent prolapse dropping further. Nevertheless, pelvic floor exercises are unlikely to help if the prolapse is outside of the vagina. A pelvic health physiotherapist can help make sure you are doing the exercises correctly.

- **Colpocleisis**

The only alternative to correcting a posterior wall prolapse is a colpocleisis, which is closing the vagina.

If you would like more information on this operation, please ask your clinician.

What will happen before the operation?

You will be invited to a pre-operative appointment before the operation. At this appointment a nurse will assess your suitability for the operation and essentially make sure you are well enough to go ahead. You may sign the consent form at this point, or this could be done on the day of the operation.

The operation can be done with a spinal or general anaesthetic. You may have a choice of which anaesthetic is used.

After the operation - in hospital

You should go home on the same day of the operation.

You will have a catheter inserted during the operation; this will be removed afterwards. It is important that the amount of urine is measured the first couple of times you pass urine after the removal of the catheter. An ultrasound scan for your bladder may be done on the ward to make sure that you are emptying your bladder properly.

You may have a bandage in the vagina, called a ‘pack’ and a sanitary pad in place. This is to apply pressure to the wound to stop it oozing. There will be slight vaginal bleeding (like the end of a period) after the operation. This may last for a few weeks.

You will be encouraged to get out of bed and take short walks around the ward. This improves general wellbeing and reduces the risk of clots on the legs. You may be given injections to keep your blood thin and reduce the risk of blood clots - normally once a day until you go home or longer in some cases. If you require a sick note, please ask for one before leaving hospital.

After the operation - at home

Mobilisation is very important; using your leg muscles will reduce the risk of clots in the back of the legs (DVT), which can be very dangerous. You are likely to feel tired and may need to rest in the daytime from time to time for a month or more; this will gradually improve. The wound is not normally very painful, but you may require simple pain relief like paracetamol.

It is important to avoid heavy lifting becoming constipated after your surgery, particularly in the first weeks. After six weeks gradually build up your level of activity, by three months you can return to normal levels of activity as the deep stitches will have dissolved and scar tissues will have begun to form.

You should be able to return to a light job after around six weeks, and a busy job after 12 weeks.

You can drive as soon as you feel able to do so, perform an emergency stop and be able to twist comfortably- check with your insurance company before driving as some have set criteria and you may not be insured to drive.

Following the operation, you will be seen back in clinic 12 weeks after the operation. You will have stitches however these will dissolve on their own and not require removing. Do not use tampons or have sexual intercourse for the first six weeks after surgery. You may be prescribed vaginal oestrogen to insert into the vagina twice a week after the surgery, this is safe to do so.

When to seek advice

If you have any of the following symptoms after your operation, please contact your GP or gynaecology specialist nurse for advice:

- Heavy vaginal bleeding.

- Smelly vaginal discharge.
- Severe pain.
- Pain or discomfort when passing urine.
- Constipation.
- A warm, painful and swollen leg.

In an emergency always call 999 if you have any difficulty breathing or chest pain.

More information about a posterior repair

If you would like to know more about prolapse repairs and treatments, you can try the following sources of information:

- Ask your GP.
- Ask the doctor or nurse at the hospital.
- Speak to your local continence nurse advisor (the receptionist at your GP surgery should know who this is).
- Visit the British Society of Urogynaecologists website https://bsug.org.uk/pages/information-for-patients/111

Contact details:

- **Holly West** (Urogynaecology Clinical Nurse Specialist:) 07770835302

- **Urogynaecology patient pathway coordinator**: 01623 622515, extension 3520 (Mr Habeeb) or extension 3514 (for Mr Morgan, Miss Gupta and Mr Samuels).

If you feel you need urgent advice, please call ward 14 on 01623 622515, extension 2314.

Things I need to know before I have my operation

Please list below any questions you may have, having read this leaflet.

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Please describe what your expectations are from surgery

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Further sources of information

NHS Choices: www.nhs.uk/conditions
Our website: www.sfh-tr.nhs.uk

Patient Experience Team (PET)
PET is available to help with any of your compliments, concerns, or complaints, and will ensure a prompt and efficient service:
King's Mill Hospital: 01623 672222
Newark Hospital: 01636 685692
Email: sfh-tr.PET@nhs.net

If you would like this information in an alternative format, for example large print or easy read, or if you need help with communicating with us, for example because you use British Sign Language, please let us know. You can call the Patient Experience Team on 01623 672222 or email sfh-tr.PET@nhs.net.

This document is intended for information purposes only and should not replace advice that your relevant health professional would give you. External websites may be referred to in specific cases. Any external websites are provided for your information and convenience. We cannot accept responsibility for the information found on them.
If you require a full list of references for this leaflet, please email sfh-tr.patientinformation@nhs.net or telephone 01623 622515, extension 6927.

To be completed by the Communications office
Leaflet code: PIL202604-05-PVWPRP
Created: January 2017 / Revised: April 2024 / Review Date: April 2028