Gloucestershire Hospitals
NHS Foundation Trust

Patient Information

Vaginal hysterectomy and pelvic floor repair

Introduction

This leaflet gives you information about vaginal hysterectomy and pelvic floor repair, including information about the benefits and risks of the procedure.

What is vaginal hysterectomy and pelvic floor repair?

A vaginal hysterectomy is an operation to remove the uterus (womb) and cervix (neck of the womb) through the vagina. One or both ovaries and fallopian tubes may also be removed during the operation which may involve performing laparoscopic (keyhole) surgery.

Vaginal hysterectomy is carried out when there is a prolapse of the uterus. When there is no prolapse, surgery will be carried out through a cut in the abdomen (open surgery). Your surgeon will talk about this with you.

Studies have shown that a vaginal hysterectomy has fewer complications, a shorter stay in hospital and a faster recovery than abdominal hysterectomy.

A pelvic floor repair is an operation to help women when a part of the vagina is prolapsing and causing symptoms that can affect the quality of their life. A cut is made in the front and/or back wall of the vagina so that the supporting tissue can be reached.

This tissue is then stitched to strengthen the support and prevent the prolapse from coming back.

Sometimes a patch of dissolvable tissue is sewn in to strengthen the repair. This will help to lessen the risk of the repair failing and to reduce the risk of problems with sexual intercourse after the operation. Your surgeon will discuss this with you if they think it is needed.

More details about prolapse and its alternative management can be found in leaflet GHPI1334 ‘Pelvic organ prolapse’.

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GHPI0714_12_24
Department
Urogynaecology
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December 2027

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What are the benefits of surgery?

If you have a uterine or vaginal wall prolapse then the feeling of a dragging sensation or lump in the vagina should disappear after surgery. Sometimes any bladder or bowel symptoms can also improve.

If you have heavy or painful periods these will stop with the removal of the uterus. However, pelvic pain for other causes not related to your periods may carry on.

What will happen if I decide not to have the operation?

A prolapse can affect quality of life but it is not life threatening. It is difficult to predict what will happen to your prolapse but it can get worse with time. You can always try other options such as pessaries or physiotherapy treatments before you have surgery. As long as you are medically fit, you can have the operation at any stage.

If you are still having your periods they will continue until you have reached the menopause. For other treatments of period problems, please discuss with your surgeon.

What will happen before the operation?

Before your admission for surgery, you will be asked to attend a pre-admission clinic to find out if you are fit and well for surgery. You will be seen by a nurse practitioner or a doctor who will ask about your general health, past medical history and any medication that you are currently taking. Any necessary investigations (for example, blood tests, ECG, chest X-ray) will be arranged. You will be given information about your admission, hospital stay, the operation, pre-operative and post-operative care. You will also be given the opportunity to ask any further questions that you may have.

Please take a bath or shower before you come in for surgery. Shaving your pubic hair is not necessary; but we advise you to trim it.

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What happens on the day of the operation?

When you are in hospital you will be seen by the anaesthetist and the surgeon (or a senior member of the team) who will explain what will happen during the operation. The possible risks associated with the operation will also be discussed.

You will have the opportunity to ask any questions you may have before being asked to sign a consent form if you have not already done so.

The operation is usually carried out under a general anaesthetic (while you are asleep), but sometimes a spinal or epidural anaesthetic may be used. You will be given antibiotics during the operation to reduce the risk of infection.

Your gynaecologist may temporarily place a pack (like a large tampon) in your vagina. They may also place a catheter (tube) in your bladder to help you to pass urine. These are usually removed the day after the operation.

You will be given anti-embolic stockings to wear to help reduce the chance of blood clots developing in your legs. The stockings need to be worn at all times during your hospital stay. You may also be given injections to keep your blood thin and reduce the risk of blood clots; normally once a day until you go home.

What should I do about my medication?

Let your doctor and the nurse at your pre-admission clinic know about all the medication you currently take and follow any advice they give you. This includes all blood-thinning medications as well as herbal and complimentary remedies.

What are the chances of success?

This operation is thought to be the best way to fix your prolapse. There is a chance that the prolapse might come back in the future, or another part of the vagina may prolapse, for which you may need further surgery.

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What complications can happen?

The following general complications can happen after any surgery:

- **Anaesthetic problems** - with modern anaesthetics and monitoring equipment, these are very rare. The anaesthetist will discuss these with you.
- **Bleeding/haematoma** - sometimes, it is difficult to control bleeding and very rarely you might need a blood transfusion.
- **Thrombosis** - any period of inactivity will make it more likely that you develop a blood clot in the leg (Deep Venous Thrombosis - DVT). This can be a dangerous condition, but as already mentioned, we will reduce the risks of this happening to you by giving you anti-embolic stockings to wear and injections to 'thin' your blood while you are in hospital.
- **Wound infection** - we will give you antibiotics during the operation to reduce the risk of infection but sometimes an infection can develop. Any infection will be treated with antibiotics but you may need to be in hospital for longer than expected.
- **Cystitis** - sometimes you can get a burning sensation when passing urine. This is caused by a bladder infection and may happen while you are in hospital or after you have gone home.

The following complications are can happen when having a hysterectomy and pelvic floor repair:

- **Urinary retention/voiding difficulty** (the inability to pass urine) – if this happens, urine will be drained using a catheter until you are able to pass urine independently, usually within 24 to 48 hours. If the problem carries on, you will be taught Intermittent Self Catheterisation (ISC), which is a procedure where you will empty your bladder using a small tube or catheter.
- **Painful intercourse** - some women have problems with sexual relations after any vaginal surgery because the vagina becomes very tight. While every effort is made to prevent this happening, it is sometimes unavoidable.

- **Damage to surrounding organs** - this can include the blood vessels in the bowel and bladder. This is rare but requires repair and will result in a delay in your recovery. Damage to the bladder or ureter is low (2 in 1000). Sometimes an injury is not found at the time of surgery and would mean a to return to theatre. If the rectum is damaged a temporary colostomy may be required but we must stress that this is rare.
- **Urinary incontinence** - unfortunately a small percentage of women develop stress incontinence after this operation. This means that urine is leaked when sneezing, coughing or laughing. You may find that you need physiotherapy treatment or surgery at a later time.
- **Recurrence of prolapse** - if you have had a prolapse there is an increased risk of having another prolapse sometime in your life. This is due to a weakness of the vaginal tissue and means that the repair could fail or may not work.
- **Pelvic pain** - this can be related to adhesions from previous surgery of infection formed around the pelvis.
- **Laparotomy** - after surgery has begun, the surgeon very occasionally finds conditions, such as extensive scar tissue. When this happens, the surgeon will change from the vaginal procedure to abdominal surgery to complete your operation. These conditions are not always known about before surgery.

What will happen after the operation?

After the operation you will be taken to the recovery area and then onto the ward where you will be staying. You will have a drip in the back of your hand (a small tube) to allow fluids to be given and a catheter (tube) inserted into your bladder to allow urine to drain. Sometimes the surgeon will leave a pack inside the vagina to stop any bleeding into the tissues.

The drip, the pack in your vagina and the catheter are usually removed on the day after the operation. Once the catheter is removed it is important that the amount of urine you manage to pass is measured.

This is done by asking you to urinate into a disposable bedpan which will then be measured.

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If we are concerned about your urine output, we will carry out several bladder scans to check the amount of urine left in your bladder. We want to make sure that you can empty your bladder properly. If you are keeping a significant amount of urine, we will teach you how to drain this by passing a small tube into the bladder or we may need to re-catheterise you.

You will be encouraged to get out of bed and take short walks the day after your operation. This is to reduce the risk of DVT or any other complications. You will experience some pain or discomfort following the operation, but we will try to make you more comfortable by giving you pain relief either by injection, tablets or suppositories.

When can I return to my usual routine?

You should be fit enough for light activities within a month of your surgery. We advise you to avoid very heavy lifting, heavy household chores, driving and sport for at least 6 to 8 weeks following your surgery. This will allow your surgery wounds to heal. Most people need 6 to 8 weeks off work and we advise you to wait for 3 months before returning to your normal activities.

You should also wait 6 weeks before attempting sexual intercourse and are advised to use a vaginal lubricant such as K-Y jelly® or vaginal moisturiser such as Sylk™ or Replens™ for greater ease. These are available to buy over the counter at your local chemist.

Some women may also benefit from vaginal oestrogen therapy. Please ask your doctor about this.

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Contact information

If you have any problems or concerns after going home, please contact your GP who will be able to give you advice. If your GP is not available you can contact your Urogynaecology Nurse Practitioner.

Urogynaecology Nurse Practitioner
Women's Centre
Gloucestershire Royal Hospital
Tel: 0300 422 6246 or
Tel: 0300 422 6278 (answerphone)
Monday to Friday, 8:00am to 4:00pm

Gloucestershire Domestic Abuse Support Service (GDASS)
This is a county-wide service offering a variety of support programmes for women and men over 16 years old who are experiencing domestic abuse.
Tel: 01452 726 570
Monday to Friday, 9:00am to 5:00pm

Domestic Violence Helpline
Tel: 0808 2000 247 (24 hours)
Email: support@gdass.org.uk
Website: www.gdass.org.uk

Further information

Royal College of Obstetricians & Gynaecologists
10-18 Union Street, London SE1 1SZ
Website: www.rcog.org.uk/for-the-public/browse-all-patient-information-leaflets/

Bladder and Bowel Foundation
SATRA Innovation Park Rockingham Road, Kettering
Northants, NN16 9JH

Helpline: 0845 345 0165
Email: info@bladderandbowelfoundation.org
Website: www.bladderandbowelfoundation.org

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Patient.info
Website: www.patient.info/health/genitourinary-prolapse-leaflet

British Society of Urogynaecology
C/O 10-18 Union Street, London SE1 1SZ
Email: bsug@rcog.org.uk
Website:
www.bsug.org.uk/budcms/includes/kcfinder/upload/files/info-leaflets/Vaginal-hysterectomy-for-uterine-prolapse-BSUG-Jan-2021.pdf

We hope that you have found this leaflet helpful. If you have any further questions, please feel free to ask your surgeon.

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Making a choice