



Patient Information: Laparoscopic Pelvic Floor Repair

What will be done?

This procedure will repair prolapse of the vagina and/or uterus using "keyhole" (laparoscopic) surgery from "above". Sometimes we also perform some vaginal surgery from "below" to assist with the repair. We will use Mesh (a strong weave of permanent suture material) or individual permanent sutures to re-support the vagina and/or uterus to more solid structures in the pelvis. We can preserve the uterus or remove it at the same operation depending on the type of prolapse, any other problems and your age. Sometimes we may also perform an operation to repair urine leakage.

Why is this done?

Common reasons for performing prolapse surgery are; prolapse causing discomfort or pain, difficulty emptying your bladder or bowel, prolapse not reduced by pessaries, prolapse interfering with sexual activity.

What are the alternatives to this treatment?

A number of other conservative interventions may be appropriate for your particular condition and will normally have been considered prior to your surgery. These include pelvic floor exercises and vaginal pessaries. Pelvic Floor Repair may be performed vaginally, abdominally, laparoscopically or in a combination of the above, each with their specific advantages and risks. Laparoscopic Pelvic Floor Repair may reduce your recovery period (including hospital stay), reduce postoperative pain, and reduce vaginal scarring and painful intercourse. It may be associated with a higher risk of complications, particularly urinary tract injury. Sometimes we have to perform the procedure vaginally (from below) because access laparoscopically (from above) is limited or to risky.

How is this done?

The procedure is normally performed under a general anaesthetic. A drip is inserted into your arm. A catheter (a tube for urine drainage) is inserted after you have been anaesthetised. A small incision is made in your belly button. The abdomen is filled with gas and an optical instrument, called a laparoscope (similar to a telescope) is inserted to visualise the internal organs. Three further small holes will be made on your abdomen. The front and back of the vagina are freed from the bladder and bowel. The vagina and/or uterus is suspended using mesh or sutures in the pelvis. The wounds are closed in layers. The procedure itself takes approximately one to two hours, but you can expect to be in theatre and recovery for a number of hours.

What should I do before the procedure?

Any investigations or consultations arranged at the preoperative consultation should have been completed. You should have only fluids (soups, jellies, juices or similar drinks) in the 24 hours prior to the surgery. The bowel preparation medication should be taken as ordered. You should continue your regular medications, unless advised otherwise. Stop smoking. Should you develop an illness prior to your surgery or have any questions, please contact our rooms on 07 333 21 999.

What should I do on the day of the procedure?

Unless otherwise specified, you should stop eating and drinking on the midnight before your operation.

You should continue all your usual medications, unless otherwise specified.

You should bring:
toothbrush / paste / toiletries
nightgown
slippers
underwear
sanitary pads
all usual medications

What should I expect after the procedure?

When you wake from the anaesthetic, you will be in the recovery room. A drip will be maintained for one to two days and the catheter in your bladder will normally be removed the following day. You should expect a stay of one to two days in hospital. You will be given specific discharge medication if required, but you may use paracetamol as required (one to two tablets every four hours up to a maximum of eight tablets per day).

After discharge from hospital, you should:
eat and drink normally
remain mobile
shower normally
empty your bowels regularly

You should not:
have intercourse for 6 weeks
undertake any heavy lifting or straining for 6 weeks.

You should expect some vaginal discharge for several days after the procedure. It is normal to experience some depression after this procedure. You should visit the nurse at your GP to have the sutures removed from your abdominal wounds seven days after the operation. You may require up to six weeks off work. You should have returned to normal activity by three months, but full recovery may take longer. Pelvic Floor Repair may result in variable bladder and bowel dysfunction. Once the vaginal prolapse has been corrected you may develop leakage of urine. This resolves in most women after six months, others may require an operation to correct the leakage. You may have difficulty in emptying your bowel, it is important not to get constipated or strain on the toilet. A balanced diet with fruit and fibre will reduce this happening. Any prolapse surgery can change how your vagina functions with sexual activity, you may experience reduced sensation or pain, this usually resolves.

What are the complications of this procedure?

Every surgical procedure has associated risks. Complications include, but are not limited to

1. the anaesthetic
2. the surgery

injuries to bladder, ureters (connection between the bladder and the kidney), bowel or blood vessels, requiring further surgery, blood transfusion or longer admission; the procedure may not be able to be completed laparoscopically, and you may require an "open" operation with an increased hospital stay

3. the recovery period

infections of the bladder, wound (internal and external), abdomen or lungs; bloodclots that may form in the leg or pelvis and travel to the lung; unpredictable wound healing; variable postoperative pain and recovery

4. Difficulty passing urine

There is a small risk that you may have difficulty passing urine after the operation. You may need to go home with a catheter in your bladder or passing a small catheter to empty your bladder intermittently. This usually settles within one to two weeks.

5. Mesh Erosion

There is a small risk of mesh eroding through the vagina. The risk is small when placed laparoscopically compared to placing it vaginally.

6. Recurrence of Prolapse

With any prolapse surgery there is a risk of the prolapse returning after surgery. The risk of recurrence is smaller with laparoscopic and abdominal surgery compared to most vaginal surgery.

What if I have any problems?

You should notify your GP, or the rooms if you experience the following problems:

fever or feeling unwell
smelly vaginal discharge or heavy bleeding
wound becomes hot, painful or discharges
constant nausea or vomiting
severe pain
inability to empty your bladder or bowels