Manchester Repair

About this leaflet

The information provided in this leaflet should be used as a guide. There may be some variation in how each gynaecologist performs the procedure, the care procedures on the ward immediately after your operation and the advice given to you when you get home. You should ask your gynaecologist about any concerns that you may have.

You should take your time to read this leaflet. A page is provided at the end of the leaflet for you to write down any questions you may have. It is your right to know about your planned operation/procedure, why it has been recommended, what the alternatives are and what the risks and benefits are. These should be covered in this leaflet. You may also wish to ask about your gynaecologist's personal experience and results of treating your condition.

Benefits and risks

The success and the risks of most operations carried out to treat prolapse and incontinence have been poorly studied and so it is often not possible to define them clearly. In this leaflet risks may be referred to as common, rare etc. or an approximate level of risk may be given. Further information about risk is explained in a leaflet published by the Royal College of Obstetricians and Gynaecologists "Understanding how risk is discussed in healthcare".

https://www.rcog.org.uk/globalassets/documents/patients/patient-information-leaflets/pi-understanding-risk.pdf

The following table is taken from that leaflet:

	Risk	Unit in which one adverse event would be expected
Very common	1 in 1 to 1 in 10	A person in family
Common	1 in 10 to 1 in 100	A person in street
Uncommon	1 in 100 to 1 in 1000	A person in village
Rare	1 in 1000 to 1 in 10,000	A person in small town
Very rare	less than 1 in 10,000	A person in large town

What is a Manchester repair?

It is an operation to support the body of the womb (uterus) by removing the cervix (neck of womb) and conserving the body of the womb. This can be combined with a repair of the vaginal walls if these are prolapsing significantly.

What condition does a Manchester repair treat?

Uterine or cervical prolapse (dropped womb or cervix).

Information for Patients

What is prolapse?

The pelvic floor muscles form a sling or hammock across the pelvic floor. These muscles together with surrounding connective tissue are responsible for keeping all the pelvic organs (bladder, uterus, vagina and rectum) in place and functioning correctly.

Pelvic organ prolapse occurs when the pelvic floor muscles, their attachments and/or the surrounding connective tissue become weak or damaged allowing the uterus (womb) or the walls of the vagina to drop. This normally occurs as a result of childbirth, but is most noticeable after the menopause.

The descent of the pelvic organs tends to be worse when you are tired or straining to empty bowels.

The amount of prolapse varies from person to person, and individual women may have prolapse affecting the uterus only, the front wall of the vagina only, the back wall of the vagina only or any combination of these. There may be bladder and bowel symptoms as well.

Additionally, the cervix (neck of the womb) may become longer allowing it to drop with only a small amount of prolapse of the rest of the uterus and a Manchester repair is a good method of surgical repair in this situation.

How is a Manchester Repair done?

- The operation can be performed with you asleep (a general anaesthetic) or awake (a spinal anaesthetic) whereby you are awake but numb from the waist down.
- The operation is done through the vagina, using absorbable stitches.
- Only the cervix is removed, leaving the body of the womb in place.
- The ligaments supporting the womb, cervix and vagina are tightened to provide support.

Other operations which can be performed at the same time

- **Vaginal repairs** - This procedure can be combined with repair of the front and/or back vaginal wall.
- **Continence Surgery** - sometimes an operation to treat any bothersome urinary leakage can be performed at the same time as your Manchester repair. Some gynaecologists prefer to do this as a separate procedure at a later date. You should also refer to an information leaflet about the planned additional procedure.

Benefits of Surgery

The benefits of a Manchester repair, as for all surgical interventions for pelvic organ prolapse, are to resolve the symptoms of prolapse and maintain or restore as near normal bowel and bladder function and normal intercourse, without making you worse, and hopefully be as long lasting as possible.

Risks of Surgery

Anaesthetic risk. This is very small unless you have specific medical conditions, such

- as a problem with your heart, or breathing. Smoking and being overweight also increase any risks. An anterior repair can be performed with you asleep (a general anaesthetic) or awake (a spinal anaesthetic) whereby you are awake but numb from the waist down. This will be discussed with you. Make the anaesthetist aware of medical conditions such as problems with your heart or breathing. Bring a list of your medications. Try to stop smoking before your operation. Lose weight if you are overweight and increase your activity.

- **Bleeding.** There is a risk of bleeding with any operation but it would be very rare for this to be a large amount. Please let your doctor know if you are taking a blood-thinning tablet such as warfarin, aspirin, clopidogrel, apixaban, rivaroxaban, dabigatran, etc, as you may be asked to stop them before your operation.

- **Infection**. There is a small risk of infection with any operation (about 5 to 13 cases in 100 operations). If it occurs, an infection can be a vaginal infection or a urinary infection, and is usually treated with antibiotics. The risk of infection is reduced by routinely giving you a dose of antibiotic during your operation. Chest infection may also occur because of the anaesthetic. Treat any infections you are aware of before surgery. After surgery, regular deep breathing exercises can help prevent chest infections; the nurses will guide you how to do this.

- **Deep Vein Thrombosis (DVT).** This is a clot in the deep veins of the leg. Occasionally this clot can travel to the lungs (pulmonary embolism) which can be very serious and in rare circumstances it can be fatal (less than 1 in 100 of those who get a clot). The risk increases with obesity, severe varicose veins, infection, immobility and other medical problems.

  The risk is significantly reduced by wearing compression stockings and injections to thin the blood. Stop taking any hormones such as hormone replacement therapy (HRT) and some types of birth-control pills 4 weeks before surgery. These can usually be restarted 4 weeks following surgery when the risk of blood clots has reduced. Do not arrange surgery the day after a long car journey or flight. As soon as you are awake start moving your legs around. Keep mobile once you are at home and continue to wear your compression stockings during times when you are less mobile.

- **Wound complications.** The wound within the vagina can become infected or occasionally stitches can become loose allowing the wound to open up. Do not douche the vagina or use tampons. Wait 6 weeks before resuming sexual activity.

- **Getting another prolapse**. There is little published evidence of exactly how often prolapse recurs. Recurrence of the same prolapse probably occurs in about 1 in 10 cases but it is generally believed that about 3 in 10 women who have an operation for prolapse will eventually require treatment for another prolapse. This is because the vaginal tissue is weak. Sometimes even though another prolapse develops it is not bothersome enough to require further treatment. Keeping your weight normal for your height (normal BMI), avoiding unnecessary heavy lifting, and not straining on the toilet, may help prevent a further prolapse, although even if you are very careful it does not always prevent it.

- **Failure to cure** symptoms. Even if the operation cures your prolapse it may fail to improve your symptoms.

- **Damage to bowel.** This is a rare complication which means accidentally making a hole or tear in the bowel (rectum). Minor damage can be repaired with stitches if detected at the time

of surgery without any long-term consequences. Sometimes the injury is not detected at the time of surgery and may require another operation and temporary colostomy (bag) but this is very rare.

- **A change in the way your bowel works**. Some patients experience worsening constipation following surgery. This may resolve with time. It is important to try to avoid being constipated following surgery to reduce prolapse recurrence. If you are struggling with constipation after simple changes in diet and fluid intake, your doctor/GP can prescribe a laxative.

- **Altered sensation during intercourse:** Sometimes the sensation during intercourse may be less and occasionally orgasm may be less intense. On the other hand repair of your prolapse may improve it.

- **Painful sexual intercourse.** The healing usually takes about 6 weeks and after this it is safe to have intercourse. Some women find sex is uncomfortable at first, but it gets better with time. You will need to be gentle and may wish to use lubrication initially. Occasionally pain on intercourse can be long-term or permanent.

- After the Manchester repair, the shortened cervix can become narrowed if skin heals over it, which can stop period blood being released – this is uncommon.

After the operation - in hospital

- **Pain relief**. A posterior repair is not a particularly painful operation. Some women describe the pain as similar to a period. It is often best to take the painkillers supplied to you on a regular basis aiming to take a painkiller before the pain becomes a problem.

- **Drip.** You may have a drip after the operation; this is to keep you hydrated until you are drinking normally. The drip is usually removed within 24 hours.

- **Catheter.** You may have a tube (catheter) draining the bladder. The catheter may give you the sensation as though you need to pass urine but this is not the case. It is usually removed the morning after surgery or sometimes later the same day.

- **Pack**. Some gynaecologists insert a length of gauze into the vagina at the end of the operation. It acts as pressure bandage and is usually removed the following day.

- **Vaginal bleeding.** There may be slight vaginal bleeding like the end of a period after the operation.

- **Eating and drinking.** You should be able to drink and eat within a few hours of returning to the ward.

- **Preventing deep vein thrombosis (DVT).** You will be encouraged to get out of bed soon after our operation and take short walks around the ward. This improves general wellbeing and reduces the risk of clots in the legs. You may be given a daily injection to keep your blood thin and reduce the risk of blood clots until you go home or longer in some cases.

- **Going home.** You are not usually in hospital for more than one or two days and may go home the same day. If you require a sick note or certificate please ask.

After the operation – at home

- Mobilisation is very important; using your leg muscles will reduce the risk of DVT.
- Bath or shower as normal.
- Do not use tampons for 6 weeks and avoid douching the vagina
- The stitches under the skin will dissolve. The surface knots of the stitches may appear on your underwear or pads after about 2 weeks; this is normal. There may be little bleeding again after about 2 weeks when the surface knots fall off; this is nothing to worry about.
- 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.
- It is important to avoid stretching the repair particularly in the first weeks after surgery. Therefore, avoid constipation and heavy lifting. The deep stitches dissolve during the first 3 months and the body will gradually lay down strong scar tissue over a few months.
- **Avoiding constipation:**
  Drink plenty of water / juice
  Eat fruit and green vegetables especially broccoli
  Plenty of roughage e.g. bran / oats
- Any constant cough is to be treated promptly. Please see your GP as soon as possible.
- At 6 weeks gradually build up your level of activity.
- After 3 months, you should be able to return completely to your usual level of activity.
- You should be able to return to a light job after about 6 weeks, a busy job in 12 weeks. Avoiding unnecessary heavy lifting will possibly reduce the risk of the prolapse recurring.
- You can drive as soon as you can operate the pedals and look over your shoulder without discomfort, generally after three weeks, but you must check this with your insurance company, as some of them insist that you should wait for 6 weeks.
- The healing usually takes about 6 weeks and after this it is safe to have intercourse. Some women find sex is uncomfortable at first but it gets better with time. Sometimes the internal knots could cause your partner discomfort until they dissolve away. You will need to be gentle and may wish to use lubrication initially. Occasionally pain on intercourse can be long-term or permanent.
- You usually have a follow up appointment anything between 6 weeks and 6 months after the operation.
- See link: https://www.rcog.org.uk/globalassets/documents/patients/patient-information-leaflets/recovering-well/pelvic-floor-repair-operation.pdf

What to report to your doctor after surgery

- Heavy vaginal bleeding
- Smelly vaginal discharge
- Severe pain
- High fever
- Pain or discomfort passing urine or blood in the urine
- Leakage of urine which you did not have before the operation
- Difficulty opening your bowels
- Warm, painful, swollen leg
- Chest pain or difficulty breathing

ALTERNATIVE TREATMENTS

Non-surgical

- **Do nothing.** If the prolapse is not too bothersome treatment may not be necessary. If, however, the prolapse permanently protrudes through the opening to the vagina and is exposed to the air, it may become dried out and eventually ulcerate. Even if it is not causing symptoms in this situation it is probably best to push it back with a ring pessary (see below) or have an operation to repair it. Weight reduction in overweight women and avoiding risk factors such as smoking (leading to chronic cough), heavy weight lifting jobs and constipation may help with symptom control. The prolapse may become worse with time but it can then be treated.

- **Pelvic floor exercises (PFE).** The pelvic floor muscles support the pelvic organs. Strong muscles can help to prevent a prolapse dropping further. PFE are unlikely to improve an advanced prolapse protruding outside the vagina. A women's health physiotherapist can explain how to perform these exercises with the correct technique. It is important that you try the above to help to manage the symptoms of your prolapse and to prevent it becoming worse. It is also very important to continue with your pelvic floor exercises even if you have opted for other treatment options.

- **Pessary.** A pessary (see image below) is a plastic device which may be placed in the vagina to support the vaginal walls and uterus. A pessary is usually used continuously and changed by a doctor or nurse every 4 to 12 months depending upon the type used and how well it suits you. Alternatively, if you prefer, you may be taught to replace the pessary yourself.

  It is possible to lead a normal life with continuation of activities such as bathing, cycling, swimming and, in some cases, sexual intercourse. Ongoing care is often at the GP practice but some women will need to be kept under review in the hospital clinic.

  Pessaries are safe and many women to choose to use one long term rather than have an operation. On occasions their use has to be discontinued due to bleeding, discharge, sexual difficulties or change in bladder function, but these all stop quickly after removal. Sometimes it will take several visits to the clinic to determine the best size for you. A pessary is not suitable for all women.

Surgical Options

The following table lists the different operations that can be considered to treat uterine prolapse. Further information on the operations is available in separate leaflets. Not all operations are available in all hospitals. Your consultant may recommend a particular operation depending on his or her preference and expertise, or your individual needs.

Surgical Treatment	Advantages	Disadvantages
Manchester repair (removal of cervix only via the vagina) (described in this leaflet)	No abdominal incision(s) Main body of womb still present so pregnancy is possible, although prolapse might recur during or after pregnancy Can be done with you awake or asleep	Rarely, narrowing of the entrance to the womb causes pain during your period Pregnancy can be complicated by premature labour and delivery
Vaginal Hysterectomy (removal of uterus via the vagina)	No abdominal incision(s) Womb is removed so no risk of cancer of cervix or womb in future. Can be done with you awake or asleep	Risk of prolapse of the vault (top) of the vagina in the future
Sacrohysteropexy - laparoscopic (key hole) or abdominal (open operation)	May also treat a co-existing vaginal prolapse. No cuts or stitches in vagina. Vaginal length maintained. Womb is still present so pregnancy is possible, although prolapse might recur during or after pregnancy. Minimal blood loss and shorter length of hospital stay (equivalent to other options) with laparoscopic approach.	Requires a general anaesthetic (asleep) for laparoscopic or open surgery As mesh is used there is a small risk that the mesh will work its way into surrounding tissues. Only if open surgery: • More painful initially than the other procedures • Slower return to normal activities • Longer hospital stay
Vaginal Sacrospinous Hysteropexy (stitches to support womb inserted through the vagina)	No abdominal incision(s) Pregnancy still possible although prolapse might recur during or after pregnancy Can be done with you awake or asleep	Can cause temporary buttock pain

Colpocleisis (closure of the vagina using stitches)	No abdominal incision(s) Can be done with you awake or asleep	Sexual intercourse will never be possible after this operation. Not possible to take a smear Difficult to examine the inside of the womb if abnormal bleeding occurs Urinary incontinence in the future may be more difficult to treat

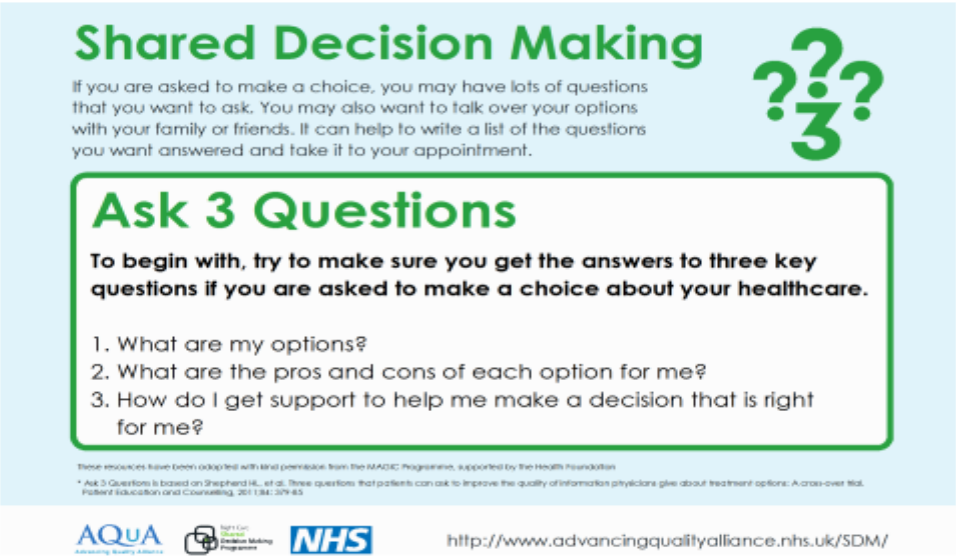
More information

If you would like to know more about uterine prolapse and the treatments available for it, you may try the following sources of information.

- Ask your GP.
- Ask the Doctor or Nurse at the hospital.
- Look at a website such as

    - NHS choices at http://www.nhs.uk/pages/home.aspx
    - Patient UK at http://patient.info/health
    - Royal College of Obstetricians and Gynaecologists Recovering Well leaflet at https://www.rcog.org.uk/globalassets/documents/patients/patient-information-leaflets/recovering-well/pelvic-floor-repair-operation.pdf
    - Royal College of Obstetricians and Gynaecologists patient information leaflet – Pelvic organ prolapse at https://www.rcog.org.uk/globalassets/documents/patients/patient-information-leaflets/gynaecology/pi-pelvic-organ-prolapse.pdf
    - International Urogynaecology Association (IUGA) patient information leaflet – Anterior vaginal repair (bladder repair) at http://c.ymcdn.com/sites/www.iuga.org/resource/resmgr/Brochures/eng_antvwrepair.pdf

Making a decision - things I need to know before I have my operation.



Information for Patients

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

1)……

2)……

3)……

Please describe what your expectations are from surgery.

1)……

2)……

3)……

If you require this information in another format, such as a different language, large print, braille or audio version please ask a member of staff or email patientexperience@uhb.nhs.uk.