



Anterior Repair

Introduction

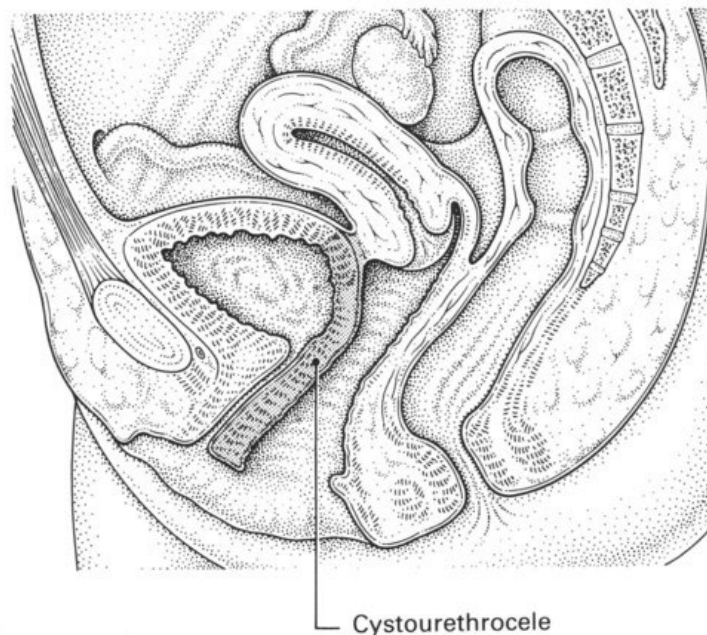
When a prolapse affects the front wall of the vagina it is known as a **cystocele**. The common symptoms are:

- a feeling of a lump in the vagina
- a feeling of dragging and discomfort
- various bladder symptoms

You may find that you are going to the toilet more frequently, having to stay there longer as the stream is slower, or feel the bladder is not emptying properly.

Leaking urine when you cough, sneeze, dance, run etc can also be a problem. It is important to realise however that just because there is a weakness there does not mean that something needs to be done. If you have no significant problems then you are usually best doing nothing until you start to have a problem.

Have a look at the drawing below



This is the site of any bulge from the front wall, and can sometimes be much larger.

Options available

Possible options if you have a cystocele (*please see the diagram*) are to do nothing, consider physiotherapy or move to surgery.

Information for Patients

Physiotherapy takes the form of pelvic floor exercises. To perform these exercises a woman squeezes the muscles around the vagina. These muscles are contracted for 10 seconds, and then relaxed for 10 seconds. This repetitive activity is done in sets of 10 to 20 about 3 to 5 times a day. Maximum results are obtained in 3 to 6 months. If you wish to choose this option we will refer you to a physiotherapist for more detailed advice.

The operation

If simple measures are not successful then surgery is indicated. This may be done under a general or a spinal anaesthetic; both are effective and you will feel nothing. To deal with this type of prolapse, the front wall of the vagina needs to be strengthened and supported. This is done through the vagina and involves taking out a tuck of redundant skin, and then putting in stitches to pull the underlying muscles and ligaments together.

When this repairs a cystocele it is known as an anterior repair. If the prolapse is very large then traditional techniques may be less effective. In these cases we may recommend using nylon mesh to reinforce the repair. If you also have stress incontinence we would also usually add in a TVT or TOT. Further information on these procedures are available.

After the operation

When you return from the operating theatre you will have a catheter in the bladder for 24-48hrs and a pack in the vagina overnight. All being well you should be home within 2-4 days.

If the prolapse is very big however it can sometimes take a few days, or even a week, for the bladder to get used to its new position and start working properly after the operation. In these circumstances it is often best to let you go home with a catheter for a few days and then bring you back. Usually you will then empty your bladder normally and can go home the same day. If this was to happen, **DO NOT WORRY**; it is not unusual and probably means the operation will work well.

There will be stitches in the vagina which will take up to 6 weeks to dissolve. Do not be concerned if there is some discharge or if small pieces of suture come away.

When you go home

You must remember that to start with the only thing holding the repair together is the stitches. Over the next few weeks your own body will heal around the stitches and leave tough tissue which acts as a new support. Full strength is not reached however until 3 months after surgery. Whilst your body is healing it is very important not to overdo things, especially straining or lifting, if you want to give the repair the maximum chance of success. In particular avoid constipation by using Lactulose, extra fibre or increased fruit/vegetables etc.

Depending on the size of the repair and your job, you should be able to return to work in 6-8 weeks. We would see you in the clinic after about 6 weeks to make sure all is well.

Usually this operation is very successful. As with any operation however problems can sometimes arise and you must be aware of these. Sometimes after the operation an infection can arise in the vagina and give rise to pain or a discharge. This usually resolves with antibiotics and often any collection of blood will escape spontaneously. If this happens do not worry or panic; let your GP or ourselves know and get the correct antibiotic tablets.

We obviously want to do the best possible repair, but this always involves a balance between making things too tight or too loose. There is a small chance that the vagina may feel too tight during intercourse, and to avoid this we would usually err, if anything, on the loose side.

Information for Patients

However hard we try it is not possible to return things to the way they were when you were a teenager! Because of this in a small number of women the operation may not work and the problem may recur. This is uncommon but we cannot give a 100% guarantee of success.

Good Hope Hospital 0121-424-9624

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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.