

Information for Women

Surgery For Vaginal Prolapse

Surgery will cure prolapse in about 7 out of 10 women who choose this treatment. On average, 3 out of 10 women who have surgery will have a second surgery for prolapse at some point in the future.

The type of surgery you need depends on the organs that need to be repaired. In addition to lifting prolapsed organs such as the bladder or bowel, your surgeon might recommend removing the uterus (hysterectomy) or lifting the top of the vagina (vault suspension). Surgery for prolapse can also be combined with surgery for stress incontinence.

If you are interested in surgery, you will meet with a surgeon to discuss your condition. The surgeon will talk to you about your condition and the type of operation he/she thinks is best for you.

About the Surgery

Prolapse surgery usually is done through the vagina but depending on the anatomy of the patient and the training of the surgeon, it may be done through the abdomen. After prolapse surgery, patients are typically in hospital for 1-3 days. Depending on the operation planned, a patient may occasionally be scheduled as day surgery.

Risks of Surgery

Risks of any surgery include infection at the surgical site, bleeding and damage to surrounding structures (bladder and bowel). There is also small risk of nerve

injury related to your position during surgery, blood clot in the legs/lung, medical complications (such as pneumonia and cardiac problems), and anesthetic-related risks.

There is a small risk that prolapse surgery will make it difficult for a woman to urinate. This problem is usually temporary, and requires the women to urinate by inserting a catheter (tube) into her bladder. In rare cases, surgery for prolapse can cause onset of urinary incontinence. Another risk of prolapse surgery is short or long term pain with intercourse.

Pre-admission clinic visit

This visit, if required, takes place prior to your surgery date. Nurses review your history, answer questions, and perform tests. You may be taught how to put a catheter (tube) inside your bladder. You may also be seen by an anesthetist or other medical specialists.

Postoperative care

- If you have a catheter, it may be removed in hospital, or you may come back to have your catheter removed following your discharge.
- Vaginal discharge and irregular small amount of bleeding are common during your recovery.
- Pain typically lasts for a few weeks, but depends on the surgery performed and the patient.

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- Do not have vaginal intercourse until examined by your surgeon at your postoperative visit.
- Do not to lift more than 10 lbs or perform heavy work for 6 weeks. Time off work depends on your type of work and the type of surgery performed.
- You cannot drive until you can safely give all your attention to the road without pain or sedation from medications. You will need a ride home from the hospital.

If you have questions, they can be answered at your pre-admission clinic visit or by your surgeon.