Vaginal Hysterectomy and Vaginal Repair

South Tyneside
Urogynaecology Service

Providing a range of NHS services in Gateshead, South Tyneside and Sunderland.
**Vaginal Hysterectomy**
A Vaginal hysterectomy is the removal of the uterus (womb) and the cervix through the top of the vagina. Removal of the ovaries is sometimes possible, although not commonly done at the same time. The usual reasons for performing a vaginal hysterectomy are heavy periods or a prolapsed womb. Not all women are suitable for a vaginal hysterectomy and it can be difficult if the womb is enlarged or if you have not had vaginal births. It may be difficult sometimes to remove the ovaries during a vaginal hysterectomy.

**Vaginal repair**
A vaginal repair is an operation for women who have a prolapse. It involves making a cut in the vaginal wall and finding the remnants of the tissues which support the vaginal wall and whose weakness and stretching led to the prolapse in the first instance. This tissue, whether between the vagina and the bladder or between the vagina and the rectum is repaired as best as possible and if there is excessive or redundant vaginal wall, this may be trimmed before allowing the vagina to rest on the newly built support.

When the operation is performed to treat a prolapse of the front wall of the vagina or cystocele, this is called an anterior vaginal repair. An operation to treat a prolapse of the back wall of the vagina or rectocele is called a posterior vaginal repair.

Vaginal hysterectomy and vaginal repairs can be performed either on their own or as a combined procedure.

**What is a prolapse?**
A prolapse is due to the weakness of the vaginal wall supports. It may involve the womb alone, the vagina alone or both the womb and the vagina. There are three common types of vaginal
prolapse; cystocele, rectocele and enterocele. The surgery that is performed will depend on the type of prolapse. A cystocele is a bulge of the front wall of the vagina, which allows the bladder to move downwards into the bulge.

A rectocele is a bulge in the back wall of the vagina, which allows the back passage (rectum) to move downwards into the bulge.

An enterocele is a less common type of prolapse in which the top end of the vagina bulges down into the vagina, allowing the small bowel to drop into the bulge.
Alternatives to surgery
A hysterectomy is not usually performed for period problems, unless more simple treatments have been tried. Alternative treatments include tablets, a mirena coil and endometrial ablation (destroying the internal lining of the womb).

Stress incontinence can often be controlled by supervised pelvic floor exercises. Surgical treatment may involve the insertion of a tape under the urethra.

Prolapse can often, but not always, be controlled by a plastic pessary inserted into the vagina. However, a pessary is not usually suitable for women who want to remain sexually active.

What should I do before the operation?
You will usually come to the hospital (the pre-assessment clinic) a few weeks before the operation and have a variety of simple tests to make sure you are fit for surgery.

Smoking increases the risk of complications so if possible please try to stop smoking before the operation.

On the day prior to the operation your doctor will usually sit with you and go through the details of the operation including the benefits and possible risks and complications. This will allow you to ask all your questions to ensure you are making an informed choice.

You will be admitted to hospital on the day of the operation when you will be seen by the anaesthetist who will discuss with you the options of a general anaesthetic where you sleep, or regional anaesthesia (like a spinal or epidural).
What happens during surgery?
A “drip” will be placed in your arm or hand to give you any fluids or drugs you might need. The operation takes between 30 and 120 minutes depending on how complex it is.

A small tube (catheter) will be put in your bladder at the end of the operation to drain the urine.

A gauze pack may be put into the vagina at the end of this to reduce bleeding.

What happens after surgery?
You will be taken to the recovery room and kept there until you are fully awake and stable, you will then be taken back to the ward. You will be given pain relief to keep you comfortable. There are different ways to treat pain. These include injections, tablets and suppositories. Another method is called patient controlled analgesia (PCA). This lets you press a button attached to a pump containing the pain killer. This is specially built to prevent you giving yourself too much medication.

You will receive daily injections of Enoxaparin, a drug which “thins” the blood to help prevent clots forming in your legs. It is usual to feel some pain or discomfort after a major operation but the ward staff will try their best to minimise this. Assuming you are eating and drinking normally, the drip will be removed within 24 hours. If you have a vaginal pack, it will usually be removed on the day following surgery. The catheter will normally be removed from your bladder after 2-3 days.

How will this affect me?
You can expect to be in hospital 2-3 days while you gradually get back to normal. Once you are ready to go home you will be given a supply of pain relief if required. It is common to feel more tired after any major operation, and it is important to keep mobile but to take it easy. You should avoid heavy lifting and
strenuous exercise for about 3 months. You should check with your insurance company if you feel able and wish to drive before 6 weeks. The time before you can return to work will depend on your job and you can discuss this with your doctor. You should have a follow up appointment 6-8 weeks after the operation. Removing your uterus should not affect your sex drive (libido) and you can usually resume sexual intercourse after your check-up.

**Potential complications**

Every treatment has its benefits, but there are also possible risks that you should be aware of before you agree to this operation. The risk of serious complications increases with age and also if you have other significant medial problems.

**Rare but potentially serious risks**
- Injury to the bladder, bowel or ureter
- Bleeding requiring blood transfusion
- Going back to theatre to control bleeding or repair injury
- Serious infection in the pelvis or in the bloodstream
- Thrombosis—blood clot in the legs /lung

**More frequent but less serious risks**
- Minor infections e.g. bladder, wound.
- Collection of blood (haematoma) in the pelvis
- You may find it difficult to empty your bladder properly after surgery, especially if an anterior vaginal repair is performed. If this happens a catheter may have to be put back into your bladder. On very rare occasions you may need to use a catheter on a permanent basis.
- Approximately 1 in 20 women who have an anterior vaginal repair will experience stress incontinence (urine leakage with coughing, exercise etc) as a new symptom after the operation
- If you have had a repair of both the front (anterior) and back
(posterior) walls of the vagina there may be a small risk of the walls sticking and healing together. This is easily avoided by inserting your finger up into the vagina when you wash yourself during the recovery period to keep the walls apart.

- Women who have posterior vaginal repair may notice some narrowing or shortening of the vagina. This may be more obvious if an anterior vaginal repair is performed at the same time. This can usually be avoided, as above. You will be asked about your desire to remain sexually active before the operation.

- Women who have an operation for prolapse have a risk of developing another prolapse in the future. This is because their body tissues are already weak, having usually been damaged during pregnancy and childbirth.

**Additional procedures that may be necessary during your operation**

**Blood Transfusion** – If you suffer with increased bleeding during or after you hysterectomy, it may be necessary to give you a blood transfusion. About 5 women out of every 100 undergoing a vaginal hysterectomy alone may require a blood transfusion. The risk of requiring a blood transfusion increases the more procedures you have done at the same time. If you feel strongly against this, then please discuss this with your doctor beforehand.

**Repair of bowel, bladder or ureter** – this will be in the rare event of any injury to these organs during this operation.

The control of bleeding or the repair of an injured internal organ may require a laparotomy (opening of the abdomen) to be performed. This is an incision in your lower abdomen. It is important to remember that extra procedures during the course of your hysterectomy will only be done if it is necessary to save your life or prevent serious harm to your future health.
All patients requiring surgical treatment will be asked for their permission to be entered on the British Society for Urogynaecology (BSUG) database. Consent will be taken to allow us to submit this data.

Further information is available from:  
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