

# Anterior (cystocele) & Posterior (rectocele) repair with or without mesh

Gynaecology Department



Patient information leaflet

## What is an Anterior / Posterior Repair?

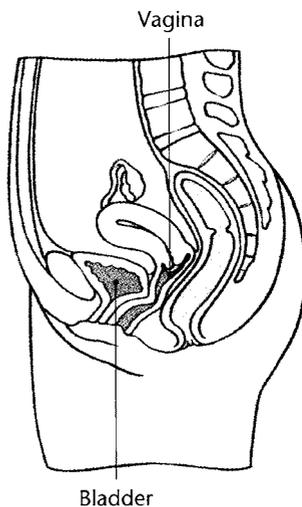
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An Anterior (cystocele) / Posterior (rectocele) Repair is an operation to treat prolapse of the bladder or bowel. Some patients may require just an anterior or posterior repair, but others may require both which can be repaired during the same operation.

### Cystocele

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A cystocele occurs when the supportive tissue between a woman's bladder and vaginal wall weakens and stretches, allowing the bladder to bulge into the vagina.



Before surgery, bladder prolapses into vagina

### What are the symptoms of a Cystocele?

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In mild cases, it is possible to not even notice any symptoms. Some symptoms that you might experience are;

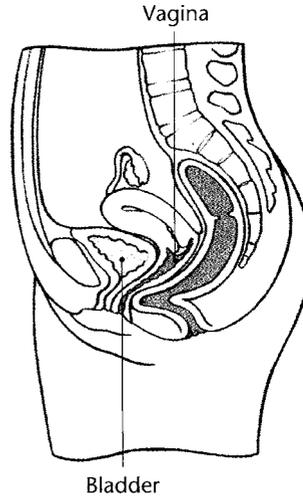
- A feeling of fullness or pressure in your pelvis and vagina – especially when standing for long periods of time.
- Increased discomfort when you strain, cough, bear down or lift.
- A bulge of tissue that, in severe cases, protrudes through your vaginal opening. The resulting soft bulge may feel like sitting on an egg, and often goes away when you lie down.
- A feeling that you have not completely emptied your bladder after urinating.

- Loss of urinary control with coughing, laughing or sneezing (stress incontinence). In severe cases, you may not be able to control urination or be able to pass urine.
- Recurrent bladder infections.
- Pain or urinary leakage during sexual intercourse.

## Rectocele

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A rectocele occurs when the rectum prolapses or drops into the back wall of the vagina.



Bladder  
Before surgery, rectum prolapses into vagina

## What are the symptoms of a Rectocele?

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- A soft bulge of tissue in your vagina that may not protrude through the vaginal opening.
- Difficulty having a bowel movement.
- The need to press your fingers on the bulge in your vagina to help push the stool out during a bowel movement.
- Sensation of rectal pressure or fullness.
- A feeling that the rectum has not completely emptied after a bowel movement.
- Difficulty controlling the passage of stool.

## What causes a Cystocele / Rectocele?

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The following can sometimes cause symptoms of a prolapse;

- Childbirth, especially if you have had a particularly long or difficult labour or gave birth to multiple babies or a large baby.
- Changes caused by the menopause, such as weakening and loss of tissue tone and levels of the hormone oestrogen.
- Being overweight, which creates extra pressure in the pelvic area.
- Previous pelvic surgery, such as hysterectomy or bladder repair.
- Heavy lifting.
- Long-term coughing.
- Long-term constipation, because of the excessive straining when going to the toilet.

## Before and after your operation

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### Before

- As soon as your surgery is planned, try to get yourself into the best physical shape so that you will recover more quickly after your operation. Stop smoking, eat a healthy diet and take regular exercise.
- You may have intercourse until your admission to hospital, but please take precautions – e.g. condoms.

### Pre-Assessment

Your Pre-Assessment appointment is the opportunity to ensure you are fit and healthy for both anaesthetic and surgery and plan your admission with the nurse-led team.

### Enhanced Recovery Appointment

You will have a separate appointment to be seen by a Gynae Nurse from the Enhanced Recovery Team. She will give you the opportunity to ask questions and will enable you to have a good understanding of

what to expect in hospital and what to do when you get home. The nurse will discuss with you your expected length of stay in hospital. Your length of stay will depend upon the consultant who is caring for you. The nurse will monitor your progress and will call you on discharge home; she will be there to support you.

### **Before admission**

Please remove nail varnish (fingers and toes) and body piercings and leave at home. If unable to remove, wedding bands (no stones) are acceptable as we can cover these with tape.

## **In hospital – the Ward**

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### **The day of your operation**

When you arrive on the ward the nurses will check your details and attach an I.D band to your wrist. This will be red if you have any allergies. You will be starved prior to your admission, which will have been discussed with you during your Enhanced Recovery Appointment.

You will be measured for tight, elastic stockings (usually knee length) called TEDS. The stockings work together with a daily blood thinning injection which helps to prevent clots.

A member of the Anaesthetic Team may visit you on the ward prior to your operation to discuss your medical history and plan your pain management with you. A member of the operating theatre team will come and take you to the operating theatre.

## **What will happen during surgery?**

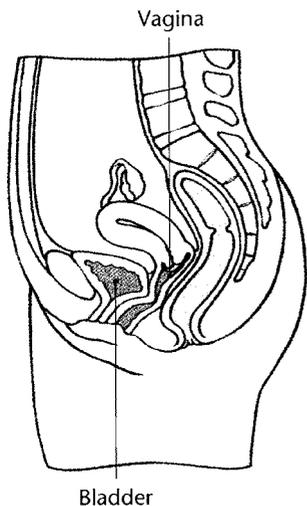
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### **Treating Prolapse of the Bladder and Urethra**

#### **Anterior Repair (cystocele)**

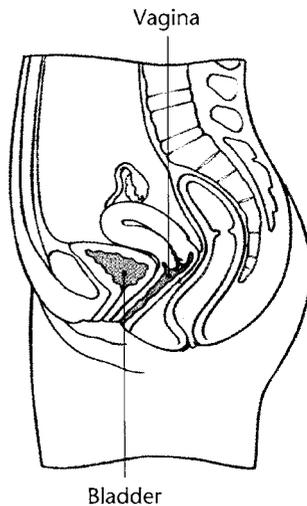
This procedure is performed through the vagina and you will be given a general anaesthetic. It involves making a cut in the front (anterior) wall of the vagina so the bladder and/or urethra can be pushed back into place. Once this is done, the surgeon stitches together the existing tissues to provide a new support for the bladder and urethra. The

stitches will dissolve over a period of a few months and will not need to be removed. Your surgeon will need to know if you are sexually active, to ensure that the vagina is not narrowed too much or pulled out of place during the repair.



Before surgery, bladder prolapses into vagina

**Before surgery**



After surgery, normal position restored

**After surgery**

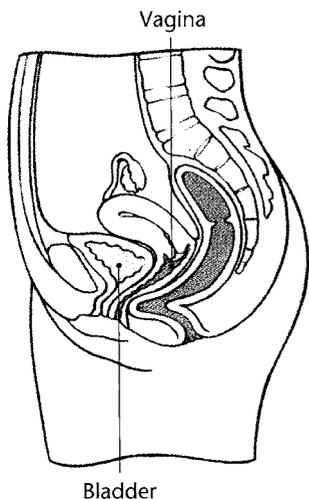
## Anterior repair with mesh

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If you have had recurrent prolapse and this is not your first operation to treat the prolapse, a mesh (synthetic or animal-based) may be used to help support the vaginal wall and keep the prolapsed organ in place. This may provide better long-term support, but may also cause additional complications such as inflammation or erosion of surrounding tissues and an increased risk of painful sex. After insertion, the soft mesh is initially held in place by the friction created by long extension strap-like arms of mesh material weaved through the pelvis. The body tissues then quickly grow into the pores of the mesh, creating the final support. The strength of this tissue is greatly enhanced by the presence of the soft mesh. The mesh can either be inserted through the vagina or laparoscopically – through small incision in the abdomen (tummy). Your Doctor will discuss with you prior to the operation if a mesh device is going to be inserted.

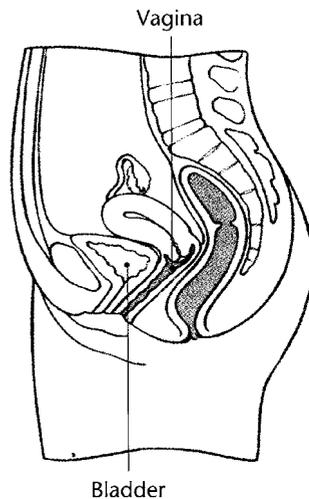
### Posterior Repair (Rectocele)

This operation is similar to anterior repair (above) but the doctor may first make a small cut from the base of the vagina towards the anus (similar to an episiotomy during childbirth). This makes it easier for the repair to be done. A cut is then made in the back (posterior) wall of the vagina and the rectum and/or small bowel is pushed back into place. The doctor stitches together the existing tissues to create a new support for the prolapsed organ and then removes some of the tissue from the vaginal wall to make it stronger. If a cut was made at the base of your vagina, it will also be stitched back together. Again your surgeon will need to know if you are sexually active, to ensure that the vagina is not narrowed too much or pulled out of place during the repair. Some surgeons may be able to perform this surgery laparoscopically – through small incision in the abdomen (tummy).



Before surgery, rectum prolapses into vagina

**Before surgery**



After surgery, normal position restored

**After surgery**

Rectocele Repair with Mesh may be recommended if you have had recurrent prolapse repair operations.

## Your recovery

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You will remain in the Recovery Room until the recovery team decides you are well enough to return to the ward. When you return, the nurses will continue to monitor your progress by taking your blood pressure, pulse, temperature and check for vaginal bleeding.

The doctors and nurses will discuss your recovery plans with you and will expect you to mobilise as soon as possible. Your recovery will depend upon how your surgery has been completed and if they have inserted a Mesh.

Remember everyone is different and some people take a little longer to recover. Your doctor's team will monitor your progress on the ward and the nurses will be there to advise you.

## After your procedure

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### **Pain**

You will probably experience some pain and discomfort when you wake. You will be given strong painkillers for the first 48 hours. You will be given medication to take home with you to keep you comfortable.

If your operation has been performed laparoscopically 'keyhole', you may experience shoulder tip discomfort which is due to trapped gas from the operation. This will settle quickly but pain relief and peppermint water/sweets along with gentle mobilisation will be helpful.

### **Diet**

You may have "a drip" in your arm and this will remain until you are able to drink. Usually you start with a few sips and build up the amount (this is to stop you from being sick). The doctor/nurse will advise you when you can start a light diet and build up to eating normally. "Little and often" is usually acceptable for most people after surgery rather than waiting several hours and then eating a large meal.

## **Urine**

During the operation the surgeons will empty your bladder with a catheter. This is a thin rubber tube that drains into a bag by the side of your bed. The nurses will empty this. The catheter is removed, usually the following day or later that evening depending upon which Consultants care you are under.

## **Bowels**

It may take two to three days to have your bowels open. If you are having difficulty, the nursing staff can give you some medicine to help you have your bowels open. You will also find it helps if you:

- Drink lots of fluids.
- Eat a high fibre diet (e.g. wholemeal or granary bread, fruit, vegetables, cereals).
- Keep having short walks and continue to mobilise.

## **Mobility/exercise**

The first day after your operation you will be encouraged to mobilise straight away. You will be expected to move yourself, but the nurses will show you how and give you help if needed.

We also encourage you to rest, but it is also important to start doing exercises as soon as you can. A physiotherapy booklet will be given to you to follow exercises after your operation. If you have any problems, the nursing staff can refer you to the Physiotherapy Team. Any time spent in bed, it is important for you to move around in order to relieve pressure on your heels and bottom.

## **Wound and stitches**

If your surgery has been completed laparoscopically 'keyhole', then you will have some small incisions in your abdomen 'tummy'. You will have dissolvable stitches, which will dissolve in their own time and do not need to be removed. You will have dressings covering the incisions to begin with.

A 'vaginal pack' (gauze ribbon) is usually inserted into your vagina during the last stages of your operation. The pack has been soaked in antiseptic fluid and is yellow in colour. You may notice some yellow

discharge on your pad which is due to this. You may experience abdominal discomfort and the sensation that you need to open your bowels, this is caused from the pressure of the packing.

The vaginal packing will be removed the following day by a nurse on the ward, or late the evening of the operation depending upon the Consultant you are under. Along with the vaginal packing the catheter will also be removed at the same time.

## **Vaginal bleeding**

The vaginal packing is removed the day after your surgery or late the evening of the operation. You may find that you have a large bleed once the packing has been removed. The bleeding should then settle, but you may experience vaginal bleeding up to a week after your operation.

## **Your recovery**

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Recovery is a “time-consuming process”, which can leave you feeling very tired, emotionally low or tearful. This often happens during the early days and is a normal reaction. The body needs time and help to build new cells and repair itself.

## **Before you go home**

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- Your catheter will have been removed and you will be able to pass urine without any problems. In rare cases you will be discharged home with a catheter to rest your bladder and then be booked in for removal of the catheter after a week.
- Your vaginal bleeding should have settled to a minimal amount.
- Some doctors request that patient’s have their bowels open before being discharged home. The nursing staff can give you some laxatives to help if needed. If your doctor is happy for you to be discharged home the following morning, you will not be expected to have your bowels open before you are discharged home.
- You will be able to eat and drink. Often after surgery eating little and often is best.

- You will be mobile. If you have stairs at home and have mobility problems, the “Physio Team” can observe you walking up and down the stairs before you are discharged.
- Make sure that you fully understand the operation that you have had. Your hospital doctor will write a letter to your G.P about your operation. This will be sent in the post.
- The nurse will explain any medication that has been prescribed for you to take home.
- You may be given an outpatient appointment for 6-8 weeks time for a post-operation check in the Gynaecology Outpatient’s Department. Alternately patients are discharged back to their G.P.

## Going home

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- You will be discharged from hospital when you are medically fit. This will either be the following morning or approximately 2-3 days after your operation. You will need to discuss with your doctor the expected length of stay in hospital, so that you can plan support on discharge home.
- You will need to arrange for someone to collect you and take you home.

## General advice

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### When you go home

#### Pain

You may have some initial discomfort and require pain relief. You will be given medication to take home to keep you comfortable. Usually this is an Anti-inflammatory (to reduce abdominal swelling after your operation). We suggest you take Paracetamol to assist with pain symptoms as Codeine may cause constipation. Over time you will gradually be able to reduce the amount of pain relief that you require.

## **Diet**

Eat a well balanced diet including fruit and vegetables and try to drink at least 1 Litre of water as well as your normal drinks to avoid constipation. To help with healing process eat and drink on a regular basis – do not starve for hours and then eat a big meal, as this could make you feel bloated and uncomfortable. It may also help to cut down on bread and pasta to help with a bloated abdomen. If you are feeling sick, you need to ‘nibble’ – little and often to break the “nausea cycle”. Peppermint tea or hot water helps to break down gas in your body. Caffeine may aggravate your bladder, cut down, cut down your tea/coffee intake for the first few days and drink water/lemon barley/cranberry juice.

## **Urine**

Initially it may be uncomfortable to pass urine following your operation. If you notice pain or burning/stinging when passing urine and offensive smell or low backache/or increased frequency this may indicate an infection. See your G.P because if you have got an infection, you will require a course of antibiotics.

## **Bowels**

Constipation is one of the most common problems after surgery. Even if you have had your bowels open on the ward, you may find that you have problems with constipation when home. Apart from a fibrous diet you may need to take stimulant laxatives. Docusate Sodium acts as a stimulant and a softening agent.

Senna is also useful for a few days to help get your bowel back to normal function. You will also need to exercise – walk to help stimulate the bowel. We advise you have some laxatives ready to take at home on a regular basis until you resume your normal bowel routine. You can buy these “over the counter” at your local pharmacy, just in case.

## **Wound care**

You will have vaginal stitches which are dissolvable. Threads may come away and appear on your sanitary towel or underwear for up to three months, which is quite normal.

Ensure that your genital area is kept clean by using unscented soaps when washing, showering and then dry carefully. A shower is more advisable than a bath until you have stopped bleeding following your surgery. The hot water can induce bleeding. Do not use perfumed bath products until you are fully healed.

If your surgery has been completed 'laparoscopically', remove the dressings from your abdomen when you get home and leave them exposed. If the incisions are still quite wet or rubbing against your clothes, then you can re-apply dressings until you feel necessary.

### **Vaginal bleeding**

You may experience vaginal bleeding when you go home. This is normal – it can last up to two weeks or more. You are advised to use sanitary towels and not tampons at this time. Some women do not bleed at all until they start to increase activity and then vaginal bleeding is noticed. If the bleeding becomes heavy with clots and you need to change pads often: or it changes to a dark brown discharge with an offensive smell, this could be the first sign of vaginal infection – which is common after this type of surgery.

See G.P as you may have an infection and require a course of antibiotics.

### **Mobility/exercise**

Gentle exercise is good for you, but remember to "build up gradually". Only do light household duties e.g. dusting, making a cup of tea etc. Do not carry heavy shopping, toddlers or heavy objects, move furniture, use the vacuum cleaner, gardening or drive a car.

Be guided by how you feel and do not push yourself. It is important to carry on with the exercises in the physiotherapy booklet. You will need to continue with pelvic floor exercises to maximize the tone of the pelvic floor.

You can climb the stairs from the day you get home. Walking is good exercise. Start with 10 minutes a day and gradually build up. Because of the risk of infection, swimming is best left for about 6 weeks. More active sports like horse riding and aerobics should be left for at least 3 months after the operation.

## **Work/activity**

On discharge home from the hospital you should be given a certificate, for the length of time anticipated for you to require off work. All patients recover at different rates you may need to see your G.P to get your certificate extended if you take longer than anticipated to recover. Often it is a good idea to be examined by your G.P before returning to work.

## **Driving**

This will depend upon how your surgery has been performed; ask your doctor before you are discharged home. You will need to ask your insurance company if you have insurance cover before you start driving again.

Before you do, make sure you can reach the foot controls comfortably and that you can manage an emergency stop. Some insurers will not provide cover for 3 months after a major operation.

## **Sexual intercourse**

We advise that you avoid penetrative intercourse for six weeks, until you have had your "check-up" with your doctor. This allows time for everything to heal. Make sure that you feel comfortable and ready.

## **Any comments?**

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If you have a concern or there is a problem, the best way to get resolved is usually to tell someone there and then. On the ward talk to the Sister in Charge or Senior Nurse on-duty. In Gynaecology Outpatient's please talk to one of the nursing staff.

Similarly, if you would like to compliment the service provided or give praise about a particular member of staff, we would like to hear your comments, so that they can be forwarded onto the team.

## **Reference sources**

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- Pelvic Organ Prolapse  
Get the Facts Be Informed, Make Your Decision,  
Ethicon – Women's Health & Urology (2005)

- Restore your body. Pelvic Organ Prolapse Repair. AMS solutions for life 2006
- Cystocele – MayoClinic.com (1998-2010)  
[www.mayoclinic.com/health/cystocele/DS00665](http://www.mayoclinic.com/health/cystocele/DS00665)
- Rectocele – MayoClinic.com (1998-2010)  
[www.mayoclinic.com/health/cystocele/DS00665](http://www.mayoclinic.com/health/cystocele/DS00665)
- Diagram – Patient Pictures Gynaecology by Michael Stafford (1996)

## Further information

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- [www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk) – information on a range of women’s health topics, plus an online enquiry service.
- Women’s Health Concern, PO BOX 2126, Marlow, Bucks SL7 2RY.  
[www.womens-health-concern.org](http://www.womens-health-concern.org)      Tel: 01628 488065
- Women’s Health Concern produce information leaflets about hysterectomy, prolapse and associated health conditions.
- [www.rcog.org.uk/en/patients/patient-leaflets/pelvic-floor-repair-operation/](http://www.rcog.org.uk/en/patients/patient-leaflets/pelvic-floor-repair-operation/)

## Notes and questions

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## Contact details

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For further information or advice please contact us.

### Day Surgery Unit

**Telephone:** 01483 571122 **ext** 6977 (Monday–Friday)

### Surgical Short Stay Unit

**Telephone:** 01483 571122 **ext** 6828 (Monday–Friday)

### Gynaecology Outpatient's

**Telephone:** 01483 571122 **ext** 4173 (Answer phone, Monday–Friday)

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## PALS and Advocacy contact details

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Contact details of independent advocacy services can be provided by our Patient Advice and Liaison Service (PALS) who are located on the right hand side as you enter the main reception area. PALS are also your first point of contact for health related issues, questions or concerns surrounding RSCH patient services.

**Telephone:** 01483 402757

**Email:** rsc-tr.pals@nhs.net

**Opening hours:** 9.00am–3.00pm, Monday to Friday

If you would like information documents in large print, on tape or in another language or form please contact PALS.

Past review date: November 2017

Future review date: November 2020

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**PIN171129–1398**

