Dr Jonathan Broome | Consultant Gynaecologist

Patient Information Leaflet

ANTERIOR AND POSTERIOR VAGINAL WALL REPAIR (COLPORRHAPHY)

Why Do I Need This Procedure?

Dr Broome has recommended an anterior and/or posterior vaginal wall repair because you have a **pelvic organ prolapse**.

A pelvic organ prolapse occurs when the muscles and tissues that support the pelvic organs become weakened. This can allow the bladder, bowel or vaginal walls to bulge into the vagina.

A prolapse is not usually dangerous, but it can cause symptoms that affect your quality of life and daily activities. These may include:

- A feeling of heaviness, pressure or dragging in the vagina
- A lump or bulge in or coming down from the vagina
- Difficulty emptying your bladder
- Difficulty emptying your bowels or needing to press on the vagina to help empty your bowels
- Discomfort when walking, standing for long periods or exercising
- Pain or discomfort during sexual intercourse

Surgery is usually recommended when these symptoms are affecting your quality of life and other treatments, such as pelvic floor muscle exercises or a vaginal pessary, have not improved your symptoms or are not suitable for you.

The aim of this procedure is to repair the weakened vaginal walls, improve support to the pelvic organs and reduce your symptoms.

What is an Anterior and Posterior Vaginal Wall Repair?

An anterior and posterior vaginal wall repair (also called an anterior and posterior colporrhaphy) is an operation performed through the vagina to repair weakened tissues supporting the pelvic organs.

There are no cuts on your abdomen.

An **anterior repair** strengthens the front wall of the vagina to support the bladder. This is performed when the bladder bulges into the vagina (known as an anterior vaginal wall prolapse or cystocele).

A **posterior repair** strengthens the back wall of the vagina to support the rectum (back passage). This is performed when the rectum bulges into the vagina (known as a posterior vaginal wall prolapse or rectocele).

During the operation, Dr Broome repairs and strengthens the weakened supporting tissues using dissolvable stitches. Excess vaginal tissue may be removed if necessary.

You may require an anterior repair, a posterior repair, or both procedures during the same operation.

What Are the Benefits of Surgery?

The aim of surgery is to:

- Reduce or remove the vaginal bulge
- Improve bladder and bowel symptoms caused by the prolapse
- Relieve discomfort and pressure
- Improve your confidence and quality of life
- Allow you to return to normal daily activities more comfortably

Most women experience a significant improvement in their symptoms following surgery.

However, no operation can guarantee that a prolapse will not return in the future.

What Are the Alternatives to Surgery?

Depending on your symptoms, alternatives may include:

- Pelvic floor muscle exercises supervised by a specialist physiotherapist
- Lifestyle changes, including maintaining a healthy weight where appropriate
- Treating constipation and avoiding heavy lifting where possible
- Vaginal oestrogen treatment for suitable women after the menopause
- A vaginal pessary to support the prolapse

Dr Broome will discuss the treatment options available and help you decide which option is most suitable for you.

What Are the Possible Risks and Complications?

All surgical procedures carry some risks. Dr Broome will discuss your individual circumstances and risks with you before you decide to proceed.

General risks of surgery:
- Bleeding
- Infection
- Blood clots in the legs (deep vein thrombosis)
- Blood clots travelling to the lungs (pulmonary embolism)
- Risks associated with anaesthesia

Specific risks of vaginal prolapse repair:
- Temporary difficulty passing urine
- The need for a urinary catheter for longer than expected
- Urinary tract infection
- Injury to the bladder, bowel or ureters (rare)
- New or ongoing bladder or bowel symptoms
- Pain or discomfort during sexual intercourse
- Scar tissue formation
- Recurrence of prolapse over time

What Happens During the Operation?

The operation is usually performed under either:
- A general anaesthetic (you will be asleep), or
- A spinal anaesthetic (you will be awake but numb from the waist down)

Dr Broome makes an incision inside the vagina to access the weakened tissues. These tissues are repaired and strengthened using dissolvable stitches.

The operation usually takes between 45 and 90 minutes, depending on whether one or both repairs are being performed and whether any additional procedures are required.

After Your Operation

When you wake up, you may have:
- A drip in your arm to give fluids
- A urinary catheter to drain your bladder
- A vaginal pack to reduce bleeding

The vaginal pack is usually removed later the same day or the following morning.

The catheter is normally removed once you are able to walk safely and your bladder function can be assessed.

Most women return home the same day or after an overnight stay at Spire, depending on their recovery.

Recovering at Home

It is normal to experience:
- Mild to moderate discomfort or soreness
- Light vaginal bleeding or blood-stained discharge for up to six weeks
- Tiredness during the first few weeks

To support your recovery:
- Walk regularly and increase your activity gradually
- Avoid heavy lifting for at least six weeks
- Avoid strenuous exercise until advised by Dr Broome
- Drink plenty of fluids
- Eat a healthy, high-fibre diet to help prevent constipation
- Take pain relief as prescribed
- Continue pelvic floor exercises when advised

Returning to Normal Activities

Driving:
You can usually return to driving when you can comfortably perform an emergency stop, wear a seatbelt without discomfort and are no longer taking medication that affects your concentration.

Work:
Most women return to work between six and twelve weeks after surgery, depending on the type of work they do.

Sexual activity:
You should avoid sexual intercourse for at least six weeks or until Dr Broome confirms that healing is complete.

Bathing:
You may shower as normal. Bathing is usually recommended once any vaginal bleeding has settled and you feel comfortable.

Follow-Up

You will usually be offered a follow-up appointment approximately 6 to 12 weeks after your operation.

At this appointment, Dr Broome will:

- Assess your recovery
- Discuss any ongoing symptoms or concerns
- Examine the repair if appropriate
- Advise when you can safely return to normal activities

If you have any concerns before your follow-up appointment, please contact **Dr Broome's secretary** or **Spire**.

Frequently Asked Questions

Will my prolapse come back?
Although surgery is successful for many women, a prolapse can recur over time. Maintaining a healthy weight, avoiding constipation, not smoking and continuing pelvic floor exercises may help reduce the risk.

Will I have stitches?
Yes. Dissolvable stitches are used and usually dissolve within 6 to 12 weeks. It is common to notice small pieces of stitch material as healing takes place.

Is vaginal bleeding normal?
Yes. Light vaginal bleeding or a pink, brown or cream-coloured discharge is normal for up to six weeks. Sanitary pads should be used rather than tampons during this time.

Will the operation affect my bladder or bowels?
Many women notice an improvement in symptoms after surgery. Some temporary changes to bladder or bowel function are common during recovery and usually settle as healing progresses.

Can I become pregnant after this operation?
Future pregnancy and childbirth may place strain on the repair and increase the risk of prolapse returning. If you are considering pregnancy, please discuss this with Dr Broome before surgery.

Contact Us

If you have any questions which have not been covered, please contact us:

Email: info@thepelvicclinic.co.uk
Telephone: 0161 726 5100

If you have any urgent medical issue following surgery, you should contact the hospital directly via the switchboard, the hospital will liaise with Dr Broome.