

OG23lite Anterior Repair

Expires end of December 2019

A more detailed version of this procedure specific information sheet is available. Please ask your health practitioner at Joondalup Health Campus for a copy.

Write questions or notes here:



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This document will give you information about an anterior repair. If you have any questions, you should ask your GP or other relevant health professional.

What is an anterior prolapse?

An anterior prolapse is a bulge of your vagina caused by your bladder dropping down. It is caused by weakness of the support tissues between your vagina and bladder (see figure 1).

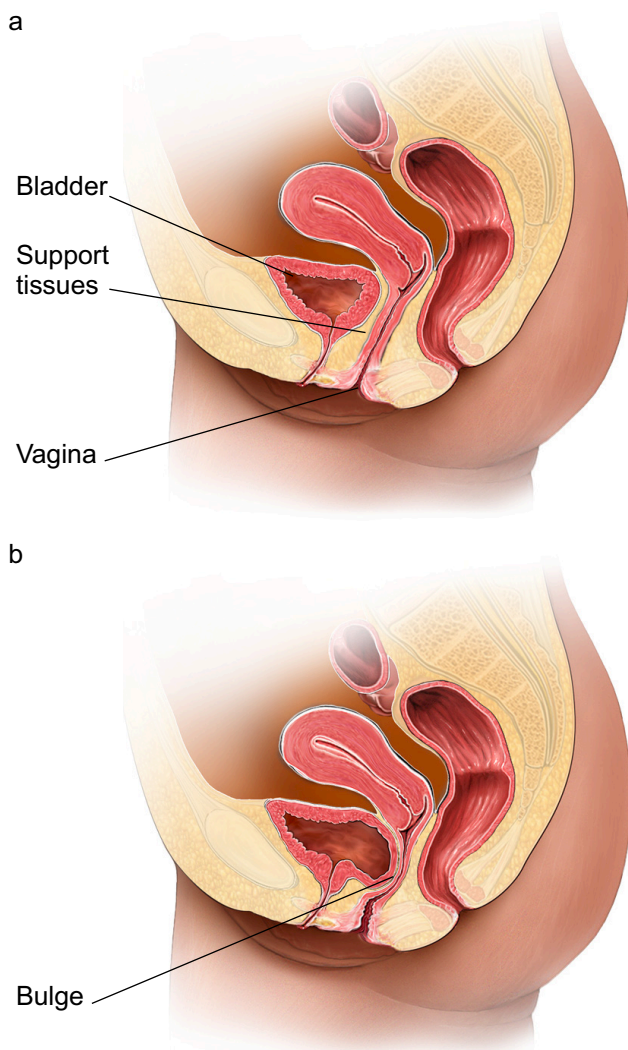


Figure 1

a A normal vagina

b An anterior prolapse

An anterior prolapse can cause a sensation of 'something coming down', the need to pass urine more often and the feeling of not having fully emptied your bladder. It can also cause discomfort when having sex and difficulty keeping a tampon in.

An anterior prolapse is usually caused by childbirth but sometimes the problem can happen in women who have never been pregnant.

It is possible to have more than one type of prolapse at the same time – the support tissues of your uterus (womb) or back passage may also be weak.

What are the benefits of surgery?

The aim is to tighten the support tissues of your bladder and remove the bulge in your vagina.

Are there any alternatives to an anterior repair?

If you have only a mild prolapse, your doctor will usually recommend that you have an anterior repair only after you have tried simple treatments such as pelvic-floor exercises or placing a pessary in your vagina.

What does the operation involve?

The operation is usually performed under a general anaesthetic. The operation usually takes about 30 minutes.

Your doctor will make a cut on the front (anterior) wall of your vagina so they can push your bladder and urethra back into place. Your doctor will stitch the support tissues together to provide better support for your bladder and urethra. They will cut away a small part of your vaginal wall to remove tissue left over from the repair.

What complications can happen?

1 General complications

- Pain
- Feeling or being sick
- Bleeding
- Blood clots
- Infection of the surgical site (wound)

2 Specific complications

- Incontinence
- Urine infection
- Difficulty passing urine
- Developing a collection of blood
- Damage to your bladder and ureters

How soon will I recover?

You should expect a slight discharge or bleeding from your vagina. Let the healthcare team know if this becomes heavy.

You will usually be able to go home after two to three days. Rest for two weeks and continue to do the exercises that you were shown in hospital.

Do not have sex for 6 weeks or at least until any bleeding or discharge has stopped.

Do not stand for too long or lift anything heavy. You can return to work once your doctor has said you are well enough to do so (usually after 6 to 8 weeks).

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

Continue your pelvic-floor exercises as soon as possible and keep doing them for life. This will help to prevent the prolapse from coming back and reduce the risk of you becoming incontinent.

Summary

An anterior repair is a major operation usually recommended after simpler treatments have failed. Your bladder should be better supported and you should no longer have a bulge in your vagina.

Acknowledgements

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