

OG24lite Posterior 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 a posterior repair. If you have any questions, ask your GP or other relevant health professional.

What is a posterior prolapse?

A posterior prolapse is a bulge in the back wall of your vagina. It is caused by weakness of the support tissues between your vagina and your bowel (see figure 1).

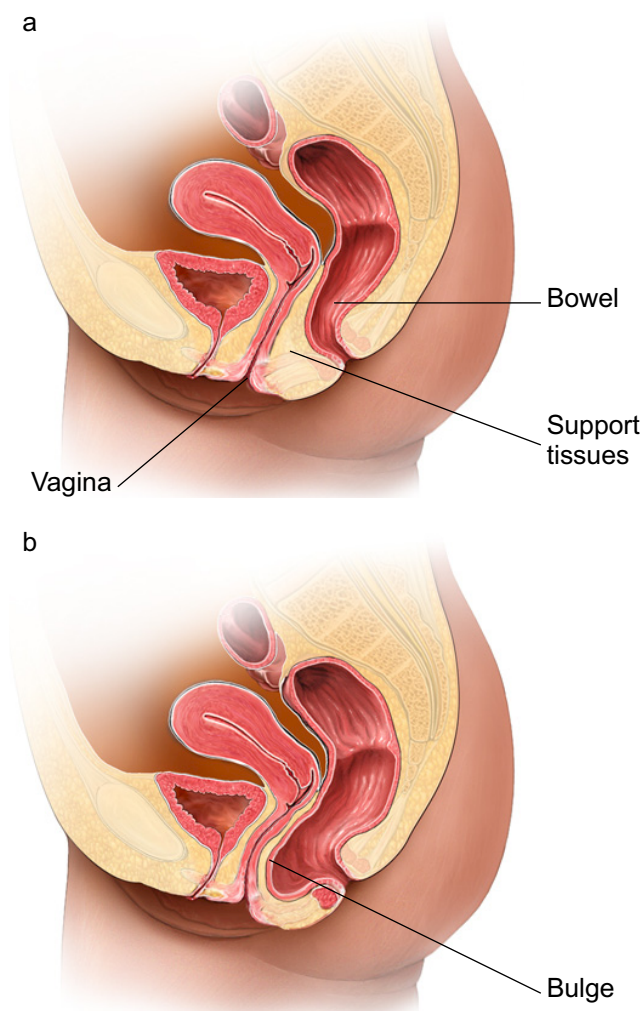


Figure 1

- a A normal vagina
- b A posterior prolapse

A posterior prolapse can cause a sensation of 'something coming down', the feeling of not having fully emptied your bowel and the need to press on the back wall of your vagina to fully empty your bowel. It can also cause discomfort when having sex and difficulty keeping a tampon in.

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

What are the benefits of surgery?

The aim is to tighten the support tissues between your vagina and bowel, and remove any bulge in your vagina.

Are there any alternatives to a posterior repair?

If you have only a mild prolapse, your doctor will usually recommend that you have a posterior repair only after you have tried simple treatments such as pelvic-floor exercises or treating any constipation.

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 back (posterior) wall of your vagina so they can push your bowel back into place. They will use stitches to tighten the support tissues along the length of the back wall of your vagina. Your doctor will need to cut away a small part of your vaginal wall so they can remove excess tissue. If the muscles on either side of the entrance to your vagina are weak, your doctor will use stitches to tighten them (perineal repair).

What complications can happen?

1 General complications

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

2 Specific complications

- Difficulty opening your bowels
- Developing a collection of blood
- Damage to your bowel and surrounding structures
- Difficulty having sex

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 one 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. Drink plenty of fluid and increase the amount of fibre in your diet to keep your bowel movements soft. This will help to prevent the prolapse from coming back and reduce the risk of you becoming constipated.

Summary

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

Acknowledgements

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