



Anterior/Posterior (Colporrhaphy) Repair

A cystocele is defined as the protrusion or prolapse of the bladder into the vagina. This is caused by a defect in the pubocervical fascia (fibrous tissue that separates the bladder and vagina).

A rectocele occurs when the rectum prolapses into the vagina, caused by a defect in the rectovaginal fascia (fibrous tissue that separates the rectum and vagina). Uterine prolapse occurs when the uterus protrudes downward into the vagina.

Factors that are linked to pelvic organ prolapse include age, repeated childbirth, ongoing physical activity, chronic constipation and prior hysterectomy .

Q. What type of surgical repair can be done?

Colporrhaphy may be performed on the anterior (front) and/or posterior (back) walls of the vagina. An anterior colporrhaphy treats a cystocele or bladder prolapse, while a posterior colporrhaphy treats a rectocele. Surgery is generally not performed unless the symptoms of the prolapse have begun to interfere with daily life.

The patient is first given general anesthesia. A speculum is inserted into the vagina to hold it open during the procedure. An incision is made into the vaginal skin and the defect in the underlying fascia is identified. The vaginal skin is separated from the fascia and the defect is folded over and sutured (stitched). Any excess vaginal skin is removed and the incision is closed with stitches.

Q. What will happen to me after the operation?

When you wake up from the anesthetics you will have a drip to give you fluids and may have a catheter in your bladder. The surgeon may have placed a pack inside the vagina to reduce any bleeding into the tissues and provide pressure. Both the pack and the catheter are usually removed immediately after or within 24 hrs after surgery. Depending on the extent of the repair you may go home that day or stay overnight.

Q. What are the risks?

With any surgery there is always a small risk of complications. The following general complications can happen after any surgery:

1. Anesthetic problems. With modern anesthetics and monitoring equipment, complications due to anesthesia are very rare.
2. Bleeding. Serious bleeding requiring blood transfusion is unusual following vaginal surgery (less than 1%).
3. Post operative infection. Although antibiotics are often given just before surgery and all attempts are made to keep surgery sterile, there is a small chance of developing an infection in the vagina or pelvis.
4. Bladder infections occur in about 6% of women after surgery and are more common if a catheter has been used. Symptoms include burning or stinging when passing urine, urinary frequency and sometimes blood in the urine. This can usually easily treated by a course of antibiotics.

The following complications are more specifically related to anterior vaginal wall repair.

- Pain with intercourse. Some women develop pain or discomfort with intercourse. While every effort is made to prevent this happening, it is sometimes unavoidable. Some women also find intercourse is more comfortable after their prolapse is repaired.
- Damage to the bladder or ureters during surgery is an uncommon complication which can be repaired during surgery.
- Incontinence. After a large anterior vaginal wall repair some women develop stress urinary incontinence due to the unkinking of the urethra (tube from kidneys to the bladder).

After your surgery

Q. When can I return to normal activity?

You may gradually return to your normal activity after surgery. No vigorous exercise or activities that strain the incisions.

Wear loose fitting clothing with cotton underwear and a panty liner.

You should not do any heavy lifting, greater than 10 pounds for six weeks after surgery or until cleared by your doctor.

Do not drive while taking prescription pain medication or if your level of discomfort could inhibit your ability to operate a motor vehicle safely.

You may shower the day after surgery. Do not soak in a bath tub for six weeks after surgery.

Use a spray bottle with warm water to cleanse after using the restroom until the site is healed (approximately two weeks).

Q. What about vaginal bleeding and discharge

It is normal to get a creamy discharge for 4 to 6 weeks after surgery. This is due to the presence of stitches in the vagina; as the stitches absorb the discharge will gradually reduce. If the discharge has an offensive odor contact your doctor. You may get some blood stained discharge immediately after surgery or starting about a week after surgery. This blood is usually quite thin and old, brownish looking and is the result of the body breaking down blood trapped under the skin.

Light vaginal bleeding, spotting, or brown discharge are common for up to two weeks after surgery.

Q. When can I have sex?

Avoid placing anything in the vagina for eight weeks (i.e. tampons, douching, and sexual intercourse).

Q. When will my urinary/bowel function return to normal?

For the first couple of days following surgery, you may experience discomfort with urination due to catheterization of your bladder during the procedure.

It is normal to have trouble initiating your stream for a few days after the procedure due to swelling.

If you have persistent urinary urgency, pain with urination, or inability to empty your bladder, please call our office to drop off a urinalysis for testing.

It is important to prevent constipation and straining during the healing of your posterior repair. Your doctor has prescribed stool softeners such as Colace as well as a laxative such as Miralax to keep stools soft during the first four weeks after recovery.

Please call our office if you are unable to move your bowels 48 hours after discharge.

Call the office if you are experiencing

- **A fever higher than 101 degrees**
- **Increasing pain not controlled by prescribed pain medication**
- **Inability to eat or drink without vomiting**
- **Inability to empty your bladder**
- **Redness and tenderness at the incision site, or a large amount of drainage**
- **Soaking greater than one overnight maxi pad in one hour. You can expect to have a small amount of reddish-brown colored discharge for up to two weeks. Do not be alarmed by this.**