

University College Hospital

Colporrhaphy

An operation for prolapse of the vaginal walls

Urogynaecology and Pelvic Floor Unit

Women's Health

If you require the services of an interpreter, contact us on 020 3447 4735. We will do our best to meet your needs.

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1 Introduction

Vaginal prolapse is a condition where the vaginal walls become weakened and bulge downwards. You may feel that ‘something is coming down’ in the pelvis or have symptoms of a lump or bulge in the vagina. Prolapse can sometimes affect how your bladder or bowels work.

This leaflet provides information about an operation called colporrhaphy. We offer this procedure to treat prolapse of the vaginal walls. This leaflet has been made to help you understand why this operation has been recommended and what surgery might involve.

This leaflet contains information from medical research studies and guidance from independent organisations that specialise in this type of surgery. We have tried to simplify this information and make it easy to understand for patients. We hope that this leaflet will help you decide if you want to go ahead with surgery.

We will review this information every two years. This is to make sure that any information from new research studies is included. We may do this sooner if we think important new information becomes available that you need to be aware of.

2 What does colporrhaphy mean?

Colporrhaphy is an operation used to repair prolapse of the vaginal walls. A cut is made in the skin of the vagina and internal stitches are placed to strengthen the area. This stops the area bulging down and should make you feel better.

It is helpful to think of the vagina as having a ‘front’ wall and a ‘back’ wall. Both of these areas can be affected by prolapse.

- The front wall of the vagina can be felt if a finger is placed in the vagina and pointed towards the head. The bladder is directly above the front wall of the vagina.

- The back wall of the vagina can be felt if a finger is placed in the vagina and pointed towards the feet. The lower bowel is directly below the back wall of the vagina.

You may need a colporrhaphy operation on the front or back wall of the vagina. This depends on which part of the vaginal wall is affected by prolapse. Sometimes the front and back walls may need surgery at the same time.

You may have heard prolapse of the 'front' and 'back' walls of the vagina described as a 'cystocele' and 'rectocele'. These are medical terms. To avoid confusion, we will talk about prolapse of the 'front' and 'back' walls of the vagina in this leaflet.

3 How can a colporrhaphy help?

If you have symptoms of vaginal wall prolapse, colporrhaphy is likely to help you. Unfortunately, no operation will work for everybody and sometimes the surgery will not be successful. For some women, surgery works well initially but the problem comes back again later.

How well the operation works depends on whether the prolapse affects the front or back wall of the vagina. The most reliable medical research studies (called randomised trials) have shown that two years after surgery, most women are satisfied:

- Around 90 out of 100 women who have a colporrhaphy for prolapse of the back wall of the vagina will have no symptoms of prolapse.
- Around 70 out of 100 women who have a colporrhaphy for prolapse of the front wall of the vagina will have no symptoms of prolapse.

Other types of research have continued to monitor patients for up to five years after surgery. Unfortunately, the results of these studies are not reliable enough to help us decide how well colporrhaphy works long term.

Because the bowel and bladder are so close to the vagina, vaginal surgery can affect how the bowel and bladder work. This means that bladder and bowel problems may get better after colporrhaphy.

Some women experience 'stress urinary incontinence'. This means urine leakage on coughing, sneezing, or physical activity. 'Urinary urgency' describes having to suddenly rush to the toilet to pass urine. Sometimes urine leaks out on the way to the toilet.

If you have a colporrhaphy for prolapse of the front wall of the vagina, your urinary symptoms may improve:

- Around 50 out of 100 women will report improvements in stress urinary incontinence.
- Around 70 out of 100 women will report improvements in urinary urgency.

In addition, around 80 out of 100 women with problems passing urine before surgery may see improvements after surgery.

If you have bowel symptoms, they might improve if you have a colporrhaphy for prolapse of the back wall of the vagina. You might have better control over your bowels, less trouble emptying the bowels, or even less leakage:

- Around 70 out of 100 women will report improvements in bowel symptoms.

4 What are the risks of colporrhaphy?

All treatments and procedures have risks and we will talk to you about the risks of colporrhaphy. Problems that occur during or after surgery are called complications. These are undesirable or unwanted effects that happen as a result of surgery. If a complication affects you, it does not mean that something must have gone wrong during the surgery.

If you have a complication, you can expect us to explain what has happened, and whether any further treatment is required. We always provide additional care and support for patients who experience problems after an operation.

We will use numbers to explain how often we might expect problems to happen after colporrhaphy. For example, a '10 in 100' chance of a problem means that if we performed 100 operations, the problem would happen 10 times. This is the same as a 10 per cent chance.

Problems that may happen straight away

Please ensure to tell you doctor if you would not accept a blood transfusion on religious or other grounds. This is extremely important.

Bleeding during surgery

- Bleeding that might need a blood transfusion: 1 in 100.

Infections after surgery

- Urine infection immediately after surgery: 10 in 100.
- An infection of the vaginal wounds: 1-5 in 100.

How are infections treated? Most infections are easily treated with antibiotics. Serious infections after vaginal prolapse surgery are extremely rare.

Damage to other organs during surgery

If you are having a colporrhaphy of the front vaginal wall, the bladder, urethra, and ureters can be damaged. The urethra is the tube that you pass urine from. The ureters are the tiny tubes inside your body that carry urine from the kidneys to the bladder.

- Damage to bladder, urethra or ureters: 1-2 in 100.

If you are having a colporrhaphy of the back vaginal wall, the lower bowel can be damaged.

- Damage to bowel: 1-2 in 100.

If you are affected, the damaged organs will be repaired during the operation. Sometimes a cut on your abdomen called a laparotomy is needed in order to fix things. If you have had previous abdominal or pelvic surgery the risk of damage may be higher.

Rarely, damage might occur that is not recognised during the operation. If this happened, you might experience no symptoms, or you could become ill after your surgery. You would need to extra tests to find out if this was the case. You might need another operation to repair the damage.

How is bladder or urethral damage repaired? We use stitches to repair the bladder or urethra. A catheter tube is left in the bladder whilst the area heals. The catheter tube normally stays in for at least two weeks. If the urethra is damaged, the catheter tube might need to stay in for longer.

What happens if my ureters are damaged? Damage to the ureters is repaired with stitches. Tiny plastic tubes, known as stents, are placed inside the ureters whilst they heal. Rarely, it may be necessary to perform a bigger operation to change how the ureters and the bladder are connected to fix things. This is known as a 'ureteric re-implantation'. If this happens, you may need to see a specialist for a regular check up after your surgery. This is to make sure you do not develop any problems after the repair.

How is bowel damage repaired? Bowel is usually repaired using stitches. Most of the time this does not cause any long-term problems. If the damage is serious, a stoma might be required. This is an opening on the front of your abdomen that diverts your faeces into a bag whilst the bowel heals. The stoma would be a temporary measure whilst the bowel heals. The stoma is usually reversed within a few months.

Bladder and bowel symptoms after surgery

Some women have bladder and bowel symptoms as well as prolapse. Although these symptoms often improve after colporrhaphy, sometimes they can get worse. In addition, there is a small risk that you could be troubled by new symptoms after surgery that were not there before.

The bladder is directly above the front wall of the vagina. Because of this, a colporrhaphy of the front vaginal wall may affect how your bladder works:

- New or worsening stress urinary incontinence: 10-15 in 100.
- New or worsening urinary urgency: 5 in 100.
- New or worsening problems with bladder emptying: 5 in 100

How are bladder symptoms treated? Bladder symptoms after surgery commonly improve in time. Problems with stress urinary incontinence usually respond to pelvic floor physiotherapy. Sometimes this requires further surgery. Urinary urgency is usually helped by medication or other non-surgical treatments. Difficulty emptying the bladder generally settles down within a few weeks. You might need a catheter tube to be left in the bladder until things got better, or learn self-catheterisation. Self-catheterisation means passing a small catheter tube through the urethra yourself to empty the bladder. Long-term catheter use is uncommon but it has been reported.

The bowel is directly below the back vaginal wall. For this reason, a colporrhaphy of the back vaginal wall might change how the bowel works. If you already have bowel symptoms, the risk of them worsening is small. It is difficult to be sure exactly how often this happens. The available research suggests that bowel symptoms worsen after surgery in 5-10 in 100 women.

Some women develop new bowel symptoms after colporrhaphy for prolapse of the back vaginal wall. The available research suggests that new symptoms are uncommon:

- Difficulty emptying the bowels: 5 in 100.
- Having to rush to the toilet without warning: 5 in 100.
- Leakage of gas: 10 in 100
- Leakage of faeces: 1-2 in 100.

Although a colporrhaphy of the back vaginal wall might affect how the bowel works, it can sometimes affect the bladder. This might seem confusing, as the bladder is above the front vaginal wall, not the back wall.

We think this happens because surgery on the back vaginal wall 'pulls' on the front wall of the vagina slightly. This 'pulling' can affect how the bladder works and cause new symptoms.

How are persistent bowel symptoms treated? If you experience new bowel symptoms after surgery, or existing symptoms get worse, they might get better on their own. Constipation is normally treated with laxatives. If you have other troublesome symptoms, we may ask one of our bowel specialists to see you. They may recommend medication, or other non-surgical treatments.

Painful sexual intercourse and vaginal pain

If you do not have problems with painful sexual intercourse before surgery, it is unlikely that you will have problems afterwards. The risk of developing problems seems to depend on which part of the vagina is being operated on:

- If you have a colporrhaphy of the front wall of the vagina, the risk of painful sexual intercourse is 5-10 in 100.
- If you have a colporrhaphy of the back wall of the vagina, the risk of painful sexual intercourse is 10-15 in 100.

It is possible that you could develop pain in the vagina after surgery that is there all the time. We do not know how often this happens but it is likely to be rare.

If you already experience chronic pain in other areas of the body, the risk of pain symptoms after surgery is higher.

What happens if I have persistent pain? You will be checked to see if there is a problem with the operation, or another cause. Scarring in the vagina can sometimes cause pain. This often improves with time but using vaginal dilators might help. Further vaginal surgery is rarely needed. Painful sex can also be caused by a lack of hormones in the vagina. This can be treated with a hormone cream or tablet. If no problem is found, the pain could be coming from nerves that have been irritated by surgery. If this happens, you will be referred to a specialist in pain medicine and you may be prescribed medication. Sometimes, pain can be a long-term problem.

Problems that may happen later

Your prolapse could continue to be a problem

Some women find that their prolapse comes back soon after surgery. This could be a problem just a few weeks after your operation. In others, things are better at first, but the prolapse comes back later. The risk of the prolapse coming back depends on which part of the vagina is operated on. Two years after surgery, research studies have found that:

- If you have a colporrhaphy of the front wall of the vagina, the risk of vaginal prolapse coming back is 30 in 100.
- If you have a colporrhaphy of the back wall of the vagina, the risk of vaginal prolapse coming back is 10 in 100.

It is worth remembering that even if your colporrhaphy surgery works, you could have problems in the future. This is because you might develop a prolapse in another part of the vagina, or prolapse of the womb. These problems might need further treatment.

Problems that are rare, but serious

- Blood clots in the legs that can travel to the lungs: 5 in 1000.

What happens if I develop a blood clot? After surgery, blood becomes stickier, and clots more easily. Blood clots can form in the legs, break off, and travel through the bloodstream to the lungs. These blood clots stop the lungs working properly, causing breathing difficulties. This condition is known as 'venous thromboembolism'. If this happens, your hospital stay will be prolonged, and you will be given blood-thinning medication for a few months. Thankfully, the condition is only life-threatening for a very small number of affected patients. To reduce the risk of this problem, you will wear special stockings on your legs, and receive a small, daily injection of blood thinning medication in hospital.

Problems with the anaesthetic

You will be given a general anaesthetic for your operation. This means that you will be unconscious and will not feel anything during your surgery. Anaesthetists are doctors who specialise in anaesthetics. Your anaesthetist will give you your anaesthetic medication and gently place a tube through your mouth into your throat. This is to keep your windpipe open so oxygen can get to your lungs.

Some problems are very common after an anaesthetic. They normally settle down very quickly after surgery or are easy to treat. Sore throat or throat pain, feeling sick and vomiting, or shivering after surgery, can affect up to half of patients.

Some problems are more likely to affect certain groups of patients. If you are older, overweight, a smoker, or have other medical problems, you are more likely to be affected:

- Chest infection after surgery: 1-10 in 100.
- Permanent nerve damage: 1 in 1000.
- Permanent loss of sight: 1 in 100,000.
- Death as a result of anaesthesia: 1 in 100,000.

Older patients, especially those with dementia, poor eyesight or hearing, can become confused after an operation. It is not known how often this happens.

Damage to the lips and tongue may occur but this is usually minor. Tooth damage is more likely to happen if you have diseased teeth and gums, or have had extensive dental work:

- Damage to the lips and tongue: 5 in 100.
- Damage to teeth: 5 in 10,000.

Some problems can happen to anyone as a result of an anaesthetic:

- The eyeball getting grazed or damaged: 4 in 10,000.
- Being aware of what is happening during surgery despite the anaesthetic: 5 in 100,000.
- Life-threatening allergic reaction: 1 in 10,000.

5 What will happen if I choose not to have colporrhaphy?

If you decide not to have this operation you could simply carry on as you are. You will continue to have symptoms of prolapse. Whilst these symptoms can be distressing, you are unlikely to come to any harm.

6 What alternatives are available?

After reading this leaflet, you may decide that you want to look at other options. We provide a separate leaflet on the available treatments for prolapse and we should have given you this to read. Please ask for this leaflet if you do not already have it.

The alternatives to colporrhaphy are:

- Pelvic floor physiotherapy.
- A vaginal pessary.

Sometimes your doctor may suggest that one treatment might be better than another in your particular case. They will obviously provide you with the reasons why this is so

Will physiotherapy work? We recommend four months of physiotherapy to see if it works. You will be taught how to strengthen your pelvic floor muscles with an expert physiotherapist. Around 50 in 100 women will report improvements in their symptoms. Half of these women will find that their symptoms go away completely. If you keep doing the exercises, they seem to keep working. If you stop, your problems will come back. If you have a large prolapse, physiotherapy will not work.

What about a pessary? It is a device made of flexible plastic or silicone. Pessaries are inserted into the vagina to stop your prolapse coming down. If you use a pessary, you will need a check up every six months so that your vagina can be examined. Pessaries can sometimes rub on the vaginal walls, or cause a little bleeding or discharge. This affects around 5 in 100 women. Rarely a minor infection can develop. Pessaries can be safely used long term. You can learn to remove and replace the pessary yourself. This is helpful if you only use it at certain times when your symptoms are worse. Some women remove their pessary overnight. Sex is possible with some pessaries still inside. If you learn to remove the pessary yourself, you can take it out before sex.

7 How should I prepare for Colporrhaphy?

The Preoperative Assessment Clinic (PAC)

Before your operation, you will be seen in the PAC to make sure that you are fit for your surgery. Specialist nurses and anaesthetists run the clinic. This normally happens a few weeks before your operation.

When you come to your appointment, you should bring the following:

- A list of your medical conditions and previous operations.
- A list of your current medications and allergies.

Sometimes, certain types of medication need to be stopped before your operation. The team in PAC will tell you if any of your medication needs to be stopped and which ones you should take on the day of your operation. **Please do not stop any medication before your operation unless you are asked to do so. Stopping important medication before your**

surgery may mean that your operation is cancelled or you come to harm.

What if the PAC finds a problem? Occasionally, a new health problem is found. Sometimes, an existing problem may need further treatment before surgery. If this happens, your surgery will need to be delayed. Your GP will be asked to arrange any extra tests, treatment, or consultations with other specialists. Whilst we understand how disappointing this might be, the PAC team are there to make sure your surgery is conducted safely. If your operation is delayed, we will arrange another date for you as quickly as possible when you are cleared for surgery. Unfortunately, we are unable to speed up any tests or extra appointments requested by PAC.

The day of your surgery

On the day of surgery, you will come to the Surgical Reception on the First Floor of University College Hospital at 07:00 in the morning. You will receive a letter confirming these details. Your operating surgeons will see you for final checks. Please note that your operating surgeon may not be the same specialist as you saw in clinic. The nurses will then prepare you for your surgery. You may be given an enema to clear out the lower bowel if you are having a colporrhaphy of the back wall of the vagina.

On the day of surgery, you should follow the instructions given to you at the PAC appointment about the following:

- Which medications to take on the morning of surgery.
- When to stop eating and drinking before your surgery.

If you are confused about any of the instructions, you must contact them before your surgery. Their details are at the end of this leaflet.

- Bring your regular medications along with you.
- Pack a bag with clothes and toiletries for your stay.
- Bring the copy of your consent form that we gave you.

Please be aware that your surgeons will be operating through the day until 19:00. They are often unable to leave the operating theatre between patients. For this reason, they see all patients in the morning, even if surgery is planned for later in the day.

If your surgery is in the afternoon, you may be allowed to drink some water. You might also be able to leave the Surgical Reception for a little while until you are due for surgery. Please do not drink, or leave the Surgical Reception, until instructed to do so. Drinking at the wrong time may mean that your operation is cancelled.

There is a very small chance that your surgery may be cancelled on the day you come in to hospital. This might happen because the hospital is full and there is no bed for you. This is uncommon but obviously very distressing if it occurs.

Whilst beds often become available as the day passes, this is not always the case. If it looks like your surgery will have to be cancelled, we will let you know as early as we can. We will then work with our management team to rearrange your surgery as soon as possible.

Making plans for after your surgery

Please make plans well in advance:

- You will be in hospital for one or two nights. Up to two people can visit you in hospital between 09:00 and 20:00 every day.

- Please ensure that your travel plans are flexible. Remember that your stay might also be extended on medical grounds.
- You will need an escort to help you get home and you will not be able to use public transport to get home alone.
- You will need six weeks off work. If you have a very strenuous job you may need slightly longer to recover.
- You should avoid carrying anything heavier than 5kg during this time.
- You will need friends and family to help with groceries and household chores, particularly in the first week or two.

Unfortunately, we will be unable to extend your hospital stay if you have not made transport arrangements. If you already use hospital transport because of a medical illness, we will be able to help arrange this. Unfortunately, hospital transport is not available for other patients.

8 Asking for your consent

We want to involve you in all the decisions about your care and treatment. If you decide to go ahead with treatment, by law we must ask for your consent and will ask you to sign a consent form. This confirms that you agree to have the procedure and understand what it involves. Staff will explain all the risks, benefits and alternatives before they ask you to sign a consent form. If you are unsure about any aspect of your proposed treatment, please ask to speak with a senior member of staff again. Our contact details are at the end of this leaflet.

9 What happens during a colporrhaphy?

The operation takes around one and a half hours.

- A cut is made in the vaginal skin over the prolapse. This will be on the front or back vaginal wall, depending on the location of your prolapse.
- If you are having surgery on the back wall of the vagina, the cut might extend on to the perineum. This is the skin between the vagina and the anus.
- The prolapse is then repaired using strong internal stitches.
- The cut in the vaginal skin is then closed up using stitches.
- We might insert a 'vaginal pack' at the end of your surgery. This is a rolled up bandage placed inside the vagina to help stop any minor bleeding. The pack is usually removed within 24 hours.
- You will have a drip in your hand and a catheter tube in the bladder. These will normally be removed within 24 hours.

All of the stitches used will dissolve and do not need to be removed. The internal stitches might take a few months to dissolve. The stitches in the vaginal skin usually dissolve in a few weeks.

10 What should I expect after colporrhaphy?

The first two weeks after surgery

- You will need to rest and take regular painkillers.
- You should take regular medicine, known as a laxative, to keep your bowels opening every day.

- You will spend much of your time at home but you may take short walks. You should avoid anything strenuous and lifting anything heavier than 5kg.
- You can expect some vaginal bleeding and discharge.
- You will wear a sanitary pad and change it regularly.
- You can shower as often as you like. You can gently wash around the vaginal opening in the shower. You can direct the shower spray around the vaginal entrance to clear away any discharge or blood. You can use soap or shower gel on the outside of the vagina but not on the inside.
- If you do take a bath, do so in shallow water for a maximum of ten minutes.
- In the first two weeks, we think it is a good idea to gently wash around the vagina twice a day. This is in addition to your daily shower or bath.
- You will receive a telephone clinic appointment through the post. This is normally scheduled for two to three weeks after surgery. The urogynaecology nurses will call you by phone on this day to check on your progress.

We will give you a two-week supply of painkillers, laxative medication, and any other drugs you will need at home. If you need further supplies after you have gone home, you will need to contact your GP.

Weeks two to six after surgery

- You will be able to reduce your regular painkillers, start taking them only if needed, and eventually stop using them.

- You will continue to use your laxatives to keep your bowels opening daily. If you can do this by eating plenty of fruit and fibre, and drinking enough water, you can stop the laxatives.
- You can increase your activity, go out for longer walks, and visit friends and family, provided you take things easy.
- You will continue to avoid lifting anything heavier than 5kg.
- You can start driving again but you should inform your insurance company that you have had surgery. They must be happy for you to drive again. You should only start driving again if you feel safe to do so. You must be able to perform an emergency stop if needed.
- Your vaginal bleeding and discharge will eventually stop.
- If you have a period, please use pads rather than tampons.

Six weeks onwards

- You can get back into your normal routine and return to work. If you have a strenuous job, you may need slightly longer to recover. Please let us know if this is the case.
- If you exercised regularly before your surgery, please discuss this with us before you go home. We might suggest some changes to your usual exercise programme.
- You can start having sexual intercourse.
- We will send you a clinic appointment through the post for three months after your surgery. At the appointment, we will ask you how things are and examine you. This is to make sure that the operation has worked and that you do not have any problems.

What serious problems should I look out for? Serious problems after surgery are rare but they need to be checked urgently. If you develop the following symptoms, you should go to your nearest Accident and Emergency department.

- **Heavy vaginal bleeding or passing large blood clots.**
- **Severe pain in the vagina or abdomen.**
- **High fever or repeated vomiting.**
- **You are unable to pass urine or pass very little.**
- **Swelling, redness, or tenderness in the lower legs.**
- **Difficulty breathing, or chest pain.**

If you have to go to hospital, please contact the urogynaecology nursing team afterwards to let them know. Their contact details are below.

Will I have other less urgent problems? You should discuss these problems with the urogynaecology nursing team or your GP within 24 hours. Such problems might include:

- A smelly vaginal discharge.
- Burning when you are passing urine.
- Difficulty passing urine.
- Not opening your bowels for three days.

The urogynaecology team will usually return telephone calls and messages the same day, or the next working day. You should ring them first if you have problems. If you call them on Friday and do not hear back the same day, you should see a GP. At the weekend, you should see a GP or go to Accident and Emergency if there is no other help available.

11 Where can I get more information?

The British Society of Urogynaecology

Website: www.bsug.org.uk/patient-information.php

Email: bsug@rcog.org.uk

Telephone: 020 7772 6211

Fax: 020 7772 6410

The National Institute for Health and Care Excellence

Website: www.nice.org.uk/guidance/ipg282/informationforpublic

Email: nice@nice.org.uk

Telephone: 030 0323 0140

Fax: 030 0323 0748

The International Urogynecological Association

Website:

<http://www.iuga.org/general/custom.asp?page=patientinfo>

Email at: www.iuga.org/general/?type=CONTACT

UCLH cannot accept responsibility for information provided by other organisations.

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Space for notes and questions

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