

# **Patient Information**

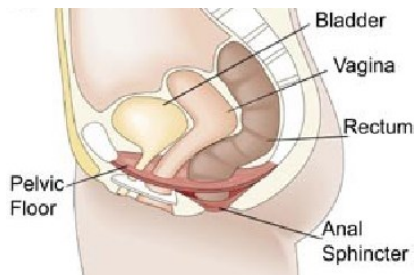
## **Surgery and Post-operative Guidance**

Urogynaecology



## What is the pelvic floor muscle?

The pelvic floor muscle runs from the pubic bone at the front, to the coccyx (base of your spine) at the back, and off to the sides. This muscle is shaped like a sling and supports your pelvic organs (uterus, vagina, bladder and rectum).



## Preparation for surgery

Any muscle in the body needs exercise to keep it strong so that it functions properly. You may have learned effective pelvic floor exercises before undertaking surgery. For some people, pelvic floor exercises improve their symptoms to a point of satisfaction without having surgery.

Even though you are having surgery to improve your symptoms, you should continue to perform these exercises before your surgery and then restart them after a period of recovery.

**These exercises will help to prevent your symptoms from returning.**

## Pre-operative appointment

Before your surgery, you will need to attend a 'Pre-Op' appointment where a member of nursing staff will:

- measure your height, weight and Body Mass Index (BMI);
- measure your blood pressure, heart rate and temperature;
- discuss your medical conditions and previous surgery;
- discuss your current medication (you may wish to bring a list).

Some blood tests may also be done or you may be asked to have them taken closer to the date of your surgery. This is to check your iron levels and platelets (these affect blood clotting), your blood group and rhesus factor.

## Avoid constipation before and after surgery

- Drink plenty of water/juice;
- Eat a variety of fruit and vegetables;
- Eat plenty of fibre (roughage), including wholegrains, such as bran, oats and quinoa;
- If you need to, consider the use of 'over the counter' or prescribed laxative treatments.

If you feel constipated and unable to open your bowels post surgery, discuss this with the team looking after you. You may be prescribed analgesia (pain relief) which can cause constipation so it is advisable to have laxatives at home, in case they are needed.

## What are the risks and complications?

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

- **Bleeding** - You will experience some degree of bleeding after surgery, however, a small number of women experience serious bleeding requiring blood transfusion.
- **Wound 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. Symptoms include an unpleasant smelling vaginal discharge, fever and pelvic pain or abdominal discomfort. If you become unwell, contact your GP as you may require antibiotics.
- **Bladder infections (cystitis)** - This occurs in about 6% of women after surgery and is more common if a catheter has been used. Symptoms include burning or stinging when passing urine, a frequent need to urinate and sometimes blood in the urine. Cystitis is usually easily treated by a course of antibiotics.
- **Damage to nearby organs**, rectum, ureter, bladder, blood vessels or nerve, occurs rarely. The resulting injury may require further surgery.
- **DVT/ thrombosis** - Blood clots forming in the legs or lungs.

## After the operation - In hospital

- On return from the operating theatre you will have a drip (a fine tube) in one of your arm veins with fluid running through to prevent you from getting dehydrated.
- You may have a bandage in the vagina (called a 'pack') and a sanitary pad in place. This is to apply pressure to the wound to stop it bleeding.
- You may have a catheter (tube) draining the bladder overnight. The catheter may give you the sensation as though you need to pass urine but this is not the case.
- After the removal of the catheter, it's important the amount of urine is measured the first couple of times you pass urine. An ultrasound scan of your bladder may be done on the ward to check that you are emptying it properly. If your bladder is not being emptied enough, you may need to have the catheter re-inserted for a longer period.
- Usually the drip, pack and catheter come out the morning after surgery or sometimes later the same day. This is generally not painful.
- The day after the operation you will be encouraged to get out of bed and take short walks around the ward. This improves general wellbeing and reduces the risk of blood clots (DVT) in the legs.
- You may be given injections to keep your blood thin and reduce the risk of blood clots (normally once a day) until you go home or longer in some cases.

## After the operation - At home

- Mobilisation is very important; using your leg muscles will reduce the risk of clots in the back of the legs (DVT), which can be very dangerous.
- You are likely to feel tired and may need to rest in the daytime from time to time for a month or more, this will gradually improve.
- It is important to avoid stretching the repair particularly in the first weeks after surgery, therefore, avoid constipation and heavy lifting.
- **Do not use tampons for six weeks**, use sanitary pads instead.
- There are stitches in the skin wound in the vagina. The parts of the stitches under the skin will melt away by themselves. The surface knots of the stitches may appear on your underwear or pads after about two weeks, this is quite normal. There may be a little bleeding again after about two weeks when the surface knots fall off, this is nothing to worry about.
- The deep stitches dissolve during the first three months and the body will gradually lay down strong scar tissue over a few months.
- Within the first six weeks, build up your level of activity gradually
- After three months, you should be able to return completely to your usual level of activity.
- You should be able to return to a light job after about six weeks. Leave a very heavy or busy job until 12 weeks.

## Driving

You can drive as soon as you can make an emergency stop without discomfort, generally after three weeks, but you **must** check this with your **insurance company** as some of them insist that you should wait for six weeks.

## Resuming a sexual relationship

You can start sexual relations after six weeks when you feel comfortable enough, so long as you have no blood loss.

You will need to be gentle and may wish to use lubrication (KY jelly or other water based gel) as some of the internal stitch knots could cause your partner discomfort.

You may otherwise wish to defer sexual intercourse until all the stitches have dissolved, typically 3-4 months.

## Follow-up appointment

Follow-up after the operation is usually six weeks to six months. This may be at the hospital with a doctor or nurse, with your GP or by telephone. Sometimes a follow-up is not required.

# What if I have any questions?

If you have any concerns or questions, please speak to a member of the nursing team.

**Please use this space to write down any questions you wish to ask:**

## Contact details

### Urogynaecology Department

The Woodlands Unit (Pink Zone)

Lister Hospital

Stevenage

Hertfordshire SG1 4AB

**Telephone:** 01438 286172 or 01438 288478

Monday to Friday, 8am - 4pm

### Urogynaecology Nurse Specialist

**Telephone:** 0788 005 3804

Monday to Friday, 8am - 4pm

### Ward 10AN - Gynaecology

Ward Manager - RN Rose Palagud

**Telephone:** 01438 286193

## Further reading

International Urogynecological Association (IUGA)

[www.iuga.org/?page=patientleaflets](http://www.iuga.org/?page=patientleaflets)

British Society of Urogynaecology

<https://bsug.org.uk>

**[www.enherts-tr.nhs.uk](http://www.enherts-tr.nhs.uk)**

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