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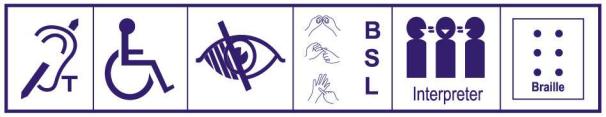

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To use the Text Relay service, prefix all numbers with 18001.

اگر نیاز به ترجمه دارید، لطفا با شماره 01932 723553 تماس بگیرید.

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यदि आपको अनुवाद की ज़रूरत है तो कृपया इस नंबर पर फोन करें: 01932 723553

Jeżeli chcemy, aby te informacje w innym języku, proszę zadzwonić 01932 723553

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Ashford and St. Peter's Hospitals
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Vaginal Prolapse Repair with Biological mesh

Department of Urogynaecology

Patient Information

Vaginal Prolapse Repair with Biological Mesh

What is a vaginal prolapse?

A prolapse of the vagina occurs due to a weakness in the supporting tissues to the vagina. This weakness can cause symptoms of a bulge that appears from the vagina. It is usually worse on straining, walking and lifting. Commonly symptoms are worse in the evening.

What are my options?

No treatment
Whilst vaginal prolapse can be uncomfortable and unpleasant, it is not life-threatening and having no treatment is a perfectly reasonable option, especially if you are not particularly aware of it and it is not causing any problems

Vaginal oestrogens
These will not cure the prolapse, but if the tissues lack oestrogen it can help to reduce the symptoms.

Physiotherapy
If the prolapse is mild, physiotherapy (Pelvic floor exercises) can help to reduce the symptoms. It will not cure the prolapse, but can help to reduce the symptoms. In many cases, surgery can be avoided

Vaginal Support Pessaries
There are a wide variety of pessaries which hold the prolapse in place. The pessary will need to be changed every 4-6 months but

MHRA
Regulating Medicines and Medical Devices

Summaries of the safety/adverse effects of vaginal meshes for prolapse

A number of reports of complications associated with meshes have been reported to the MHRA, in a few cases of a particularly severe nature leading to further medical conditions. The most frequent reported adverse events have included pain, sexual problems, mesh exposure and erosion and occasionally injury to nearby organs such as bladder or bowel.
PLEASE NOTE This leaflet describes biological absorbable meshes only. Extreme adverse advents are typically associated with synthetic non-absorbable meshes used for vaginal prolapse, which we do not use in this department.

		Post-operative pain / discomfort after six months	Erosion	Deteri-oration in sexual function six months post-operatively	Need for reoperation on sling / tape / mesh	Organ perforation
Prolapse surgery: anterior / posterior						
Synthetic non-absorbable	Percentage of women suffering complication	5.5%	6.5%	15.3%	4.8%	2.1%
	Range	(-)	(0.9%-9.6%)	(12.8%-17.7%)	(0.9%-10.9%)	(0.9%-2.8%)
	Studies	1	13	2	9	4
Biological absorbable	**Percentage of women suffering complication**	**2.7%**	**1.2%**	**No studies**	**3.2%**	**0.0%**
	Range	**(0.8%-7.5%)**	**(0.0%-21.4%)**		**(1.0%-5.4%)**	**(-)**
	Studies	**3**	**7**		**2**	**1**

without discomfort after this time you should b able to resume driving. However, advise your insurance company and follow their advice and policy rules to ensure you are covered.

Return to work - 4 to 6 weeks. This will depend on what your work entails and whether it involves heavy manual work.

Follow up

You should be seen in clinic approximately 3 months after the operation by either one of our specialist nurses or doctors

If you have any acute illness, please contact your GP.

If you need to ask for advice then please ring the ward you were admitted to or the Urogynaecology department on 01932 722124 Monday to Friday.

Further Information

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty.
If they cannot resolve your concern, please contact our Patient Experience Team on 01932 723553 or email asp-tr.patient.advice@nhs.net. If you remain concerned, the team can also advise upon how to make a formal complaint.

Author: Kate Anders **Department:** Urogynaecology
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they can avoid the need for surgery altogether or be used temporarily should you which to defer surgery

Surgery
Surgical procedures will be offered if clinically indicated. The type of surgery will depend on the type of prolapse and whether you have had previous prolapse surgery

What is a vaginal prolapse repair with Biological Mesh?

A vaginal repair with biological mesh is used in the treatment of vaginal wall prolapse when previous vaginal prolapse repair may have failed. Approximately 30% of women who have an anterior repair and 10% of women who have a posterior repair get a recurrence of their prolapse. This can be due to many reasons. Weak tissue, obesity, chronic constipation, heavy lifting and chronic cough are the commonest reasons for a prolapse to return.
A vaginal repair with mesh is designed to give weak tissues additional support.

The repair can be performed on either the front wall (anterior) or the back wall (posterior) but seldom on both at the same time. Anterior wall prolapse can cause bladder symptoms, including frequency, urgency, incontinence and difficulty with bladder emptying. Urodynamic (bladder function) tests maybe performed prior to surgery to ascertain the impact on bladder function, even if you have no symptoms.

Posterior wall prolapse may cause bowel symptoms, including constipation and difficulty in passing stool. For some women ano-rectal studies may be performed before surgery

What is Biological Mesh?

Biological (biodesign) mesh is a biodegradable and absorbable 'natural' material manufactured within a sterile laboratory setting. It is made from the proteins isolated from pig intestine and further developed to make a mesh. The material contains no cells, only the isolated proteins and therefore there is no risk of infection or disease from the animal.

Before the operation

Medications
You will be asked to stop any blood thinning medications such as aspirin, ibuprofen, diclofenac or clopidogrel 2 weeks before the operation.
If you are on warfarin or heparin, we will liaise with both you and the haematology department about a regime to come off these medications.

Please bring all your medications with you when you attend the hospital and only stop those medications you have been advised to

Consent
You will be asked to sign a consent form which confirms you have agreed to the procedure. If you do not understand anything or

Bowels - Avoid constipation and straining when opening your bowels as this puts unnecessary pressure on the repair

Stitches - All stitches are dissolvable. If you see any stitch material it is better to leave it alone. If it is bothersome it can be trimmed by your GP or nurse. Do NOT pull them

Medication - Please finish the course of any antibiotics you may have been prescribed. If you have been previously prescribed medication (e.g. Fesoterodine, Solifenacin) for an underlying overactive bladder you should continue to take these unless otherwise instructed. Any topical oestrogen cream or pessary (vagifem) can be restarted in around 4 weeks and should be continued as prescribed

Sexual intercourse - avoid penetrative intercourse for 4 - 6 weeks. It may feel superficially tender to start but this should settle down with time

Lifting - You should avoid heavy lifting as a long term lifestyle change if you have had prolapse surgery.

Exercise - avoid vigorous sports and swimming for 6 - 8 weeks. As a long term rule avoid sit ups or heavy weight training. You can gradually introduce gentle exercise into your daily routine after 4 weeks. Pelvic floor exercise should resume once you feel comfortable

Driving - you should avoid driving for at least 2 weeks to allow the wounds to heal. Once you are able to perform an emergency stop

- *Thrombosis.* The risk of blood clots in the leg or lung is increased by immobility and if you are overweight or smoke. This risk will decrease by quick mobilisation and weight loss/ smoking cessation prior to your operation. You maybe required to wear TED stockings

- *Stress incontinence (with anterior repair*). In some women this risk can be predicted by performing urodynamic studies prior to surgery

- *Recurrence of prolapse.* For some this can be as high as 30%. Although the aim of any surgery is to repair the prolapse we cannot cure the inherent weakness that resulted in the prolapse in the first place. Avoidance of heavy lifting and constipation may reduce this risk

- *Reaction to or erosion of the mesh.* The SIS mesh is absorbable and biodegradable so it does not have the risk of erosion in the same way as synthetic meshes. Allergic reaction to the mesh is unusual.

Recovery at home

Personal hygiene - It is better to shower than bathe for long periods of time for the first couple of weeks. It is advisable not to use tampons for around six weeks. Mild vaginal discharge is part of the normal healing process. If it becomes excessive or offensive it may indicate an infection

would like someone with you, please let the consenting doctor know before you sign.

Eating and drinking
You will be advised when you need to stop eating and drinking prior to the procedure depending on the type of anaesthetic

The anaesthetic and operation

The anaesthetic
The operation can be done under either a local anaesthetic (awake), spinal anaesthetic (awake but numb from waist down) or general anesthetic (asleep).

The operation
- The operation takes approximately an hour excluding anaesthetic time
- Your legs will be raised into stirrups. Please let us know if you have any hip or back problems
- Local anaesthetic and weak adrenaline (to reduce any bleeding) is injected into the vaginal wall
- An incision (cut) is made on the wall of the vagina along the prolapse.
- The skin is gently folded back. The tissue underneath is pulled and stitched together to tuck the bulge of the prolapse inwards.
- The mesh is placed on the tissues and then stitched into place.
- The excess skin is removed and the remaining vaginal skin is closed with a row of dissolvable stitches.

After the operation

- Once you are ready you will be taken to recovery and on to the ward if staying overnight. This would be usual if you have had a spinal anaesthetic
- You may experience some discomfort/pain for the first 24-48 hours. Painkillers will be provided but please ask if any pain is not relieved by the painkillers you are given
- After a local anaesthetic you should be able to pass urine normally as soon as you feel the urge.
- After a spinal anaesthetic or possibly general anaesthetic you will have a catheter in place and possibly a vaginal swab to reduce any bleeding overnight. This is removed the following morning
- Once you are awake you will be able to drink and eat normally. You should gradually increase your fluid intake to 1.5 to 2 litres a day
- You will be able to go home once you are comfortable and passing urine normally
- You may receive some take-home medication including painkillers and/or antibiotics

Vaginal bleeding

- You should expect some bleeding for a couple of weeks. The initial bleeding should gradually tail off and become like a light period after a few days. If it becomes painful and/or heavy instead, you may have an infection and should go to see your GP straight away.
- You may also have some vaginal discharge for a few weeks. Providing it is not excessive, it is a normal part of the healing process.

What if I don't pass urine?

- This is not uncommon but is usually temporary.
- If you cannot pass urine, you will have a catheter inserted to rest your bladder. You will be allowed home with the catheter, shown how to use it and change the bags.
- You will be seen back on the ward a week later to remove the catheter and try again to pass urine.

What are the risks?

No surgery is without its risks and whilst prolapse surgery is safe, there are some risks associated with this particular kind of surgery.

- *Pain.* Pain killers will be offered on a regular basis, but please ask if they are not controlling any discomfort.

- *Bleeding.* This can occur from the wound site or be seen in the urine.

- *Infection.* Either wound, urine or chest. Antibiotics will be given

- *Difficulty in passing urine*. If difficulty emptying your bladder persists a further catheter maybe inserted to rest the bladder for a longer period of time. Occasionally, a few women are taught self catheterisation. If you have any bladder emptying difficulty before the operation you may need to be taught this before going on the waiting list

- *Dyspareunia*. Pain on sexual intercourse.