Outstanding Care, Compassionate People, Healthier Communities

NHS Sherwood Forest Hospitals NHS Foundation Trust

INFORMATION FOR PATIENTS

Vaginal hysterectomy for prolapse

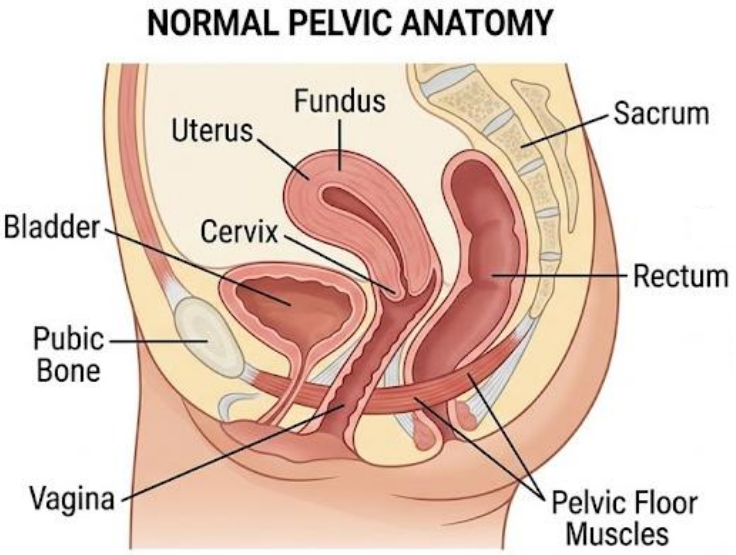
We advise you to take your time to read this leaflet, any questions you have please write them down on the sheet provided (towards the back) and this can be discussed at your next appointment. It is your right to know about the operations being proposed, why they are being proposed, what alternatives there are and what the risks are. These should be covered in this leaflet.

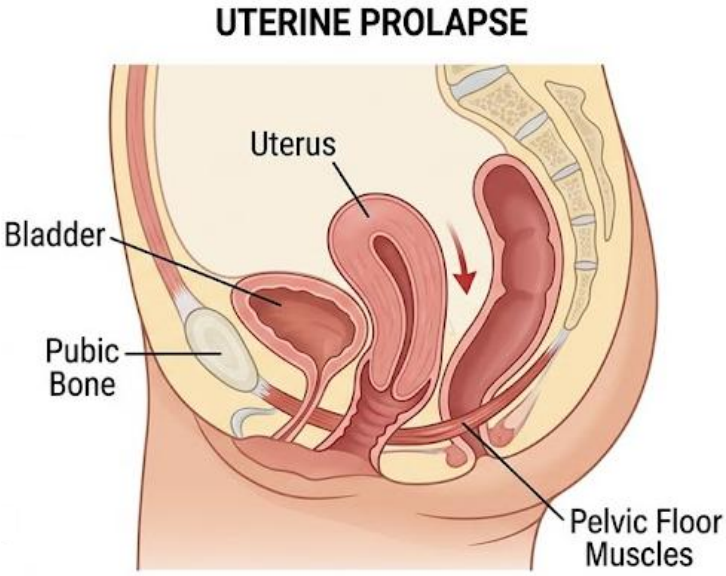
This leaflet details what a uterine prolapse is, what alternatives are available within our Trust, the risks involved in surgery and what operation we can offer.

What is a uterine prolapse?

Prolapse occurs when the pelvic floor muscles, their attachments or the vagina have become weak. The pelvic floor muscles form a 'sling' or 'hammock' across the opening of the pelvis. These muscles, together with their surrounding tissue, are responsible for keeping all the pelvic organs (bladder, uterus, vagina, and rectum) in place.

Uterine or womb prolapse is when the womb is bulging down into the vagina. Essentially a 'uterine prolapse' describes the structure bulging into the vagina – the uterus (womb).





What is a vaginal hysterectomy?

A vaginal hysterectomy is an operation where the womb and cervix are removed via the vagina, so there are no cuts in your tummy unless there are complications. The ovaries are not usually removed at the same time as they are much higher and difficult to reach.

Benefits to having a vaginal hysterectomy

The main aim of having this surgery is to reduce the bulge in the vagina, therefore following this operation you should feel more comfortable. In addition to this it removes the risk of future problems with the womb and cervix such as cancers. In addition, it removes the need for any future cervical smears, and you will no longer have periods.

General risks of surgery

There is risk associated with any type of surgery, below are general risks all surgery pose:

- Anaesthetic risk
- Haemorrhage
- Infection
- Deep vein thrombosis (DVT).

If you are at significant risk of any of the problems listed above, you may require a review before the operation. If you are worried about any of the risks, please discuss this with your doctor.

Specific risks of a vaginal hysterectomy

Failure to cure
If the operation cures the prolapse it may fail to improve your overall symptoms.

Getting another prolapse
There is a 10% chance of the prolapse returning and a 30% chance of another prolapse occurring in a different part of the vagina.

Dyspareunia
Pain in the vagina for the first six weeks can be common as the wound heals. Sexual intercourse can also be painful; this usually get better over time but can be long-term.

Changes to bowel and bladder habits
Correcting the prolapsed organ can sometimes shift other pelvic organs such as the bladder and bowel. Sometimes this can have a positive effect - bladder and bowel function improves. Sometimes it can cause new symptoms of incontinence which may need treatment in the future depending on how bothersome the symptoms are.

Damage to bowel, bladder and ureter.
Risk of perforating the bladder is 5 in 1000 and damage to bowel is 1-5 in 1000. If there is a bladder or bowel injury at the time of surgery, it is usually noticed at the time and repaired in theatre. Very occasionally the damage is not noticed but will need to be repaired later. The ureter is a narrow tube that connects your kidneys to the bladder. The risk of damage to ureters is 2-4 for every 10,000 operations.

Alternative options

Lifestyle changes
If the prolapse is not bothersome you may not need any treatment. Losing weight if you are overweight and avoiding risk factors that may make the prolapse worse such as heavy lifting, smoking (leading to long term cough) and constipation may help control your symptoms.

Pelvic floor exercises
Strong pelvic floor muscles can help prevent prolapse dropping further. Nevertheless, pelvic floor exercises are unlikely to help if the prolapse is outside of the vagina. A specialist pelvic floor physiotherapist can explain and ensure you are doing the exercises correctly.

Surgery
There are other surgical options available. Information about other surgeries can be discussed with your clinician or scanning the QR code at the end of this leaflet can help you make choices about which surgery is best for you.

Before the operation

You will be invited to a pre-operative appointment before the operation. At this appointment a nurse will assess your suitability for the operation and essentially make sure you are well enough to go ahead. You may sign the consent form at this point, or this could be done on the day of the operation.

The operation can be done with a spinal or general anaesthetic. You may have a choice of which anaesthetic is used.

After the operation

The operation is usually performed as a day case procedure meaning you will go home on the same day if you are well enough. It is advisable to take regular paracetamol to manage pain after the operation. You may have had a catheter inserted during the operation, this will be removed once you leave theatre and staff will ensure you have had a wee before you go home.

Following the operation, you will be seen back in clinic 12 weeks after the operation and reviewed by the specialist nurse. You will have stitches, however, these will dissolve on their own and not require removing.

It is important to avoid heavy lifting becoming constipated after your surgery, particularly in the first weeks.

After six weeks gradually build up your level of activity. By three months you can return to normal levels of activity as the deep stitches will have dissolved and scar tissues will have begun to form.

You should be able to return to a light job after around six weeks, and a busy job after 12 weeks.

You can drive as soon as you feel able to do so, perform an emergency stop and be able to twist comfortably. Check with your insurance company before driving as some have set criteria and you may not be insured to drive

When to seek advice

If you have any of the following symptoms after your operation, please contact your GP or gynaecology specialist nurse for advice.

- Heavy vaginal bleeding.
- Smelly vaginal discharge.
- Severe pain.
- Pain or discomfort when passing urine.
- Constipation.
- Warm, painful, swollen leg.

Contact details:

- **Holly West** (Urogynaecology Clinical Nurse Specialist) 01623 622515, extension 6944 or 07770835302

- **Urogynaecology patient pathway coordinator:** 01623 622515, extension 3514 (for Mr Morgan, Miss Gupta and Mr Samuels).

If you feel you need urgent advice, please call ward 14 on 01623 622515, extension 2314.

Scan this code to view a decision aid for stress urinary incontinence.

Things I need to know before I have my operation

Please list below any questions you may have, having read this leaflet.

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Please describe what your expectations are from surgery.

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Further sources of information

NHS Choices: www.nhs.uk/conditions
Our website: www.sfh-tr.nhs.uk

Patient Experience Team (PET)
PET is available to help with any of your compliments, concerns or complaints, and will ensure a prompt and efficient service.

King's Mill Hospital: 01623 672222
Newark Hospital: 01636 685692
Email: sfh-tr.PET@nhs.net

If you would like this information in an alternative format, for example large print or easy read, or if you need help with communicating with us, for example because you use British Sign Language, please let us know. You can call the Patient Experience Team on 01623 672222 or email sfh-tr.PET@nhs.net.

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