Pre- and Post-operative Instructions: Anterior And Posterior Repair
Informed Consent

As part of informed consent, your doctor will talk to you about:

• What will be done during the surgery
• Why you need it
• Risks of surgery
• Risk of not having any treatment
• What other choices you may have

You may also be asked to consent to Blood Transfusion and/or Blood Products, consent for Tissue Samples for Research Purposes, and/or consent for Photography.

Make sure you understand this information. Don’t be afraid to ask questions. Have your doctor go over something if it is not clear to you.

What is an Anterior and Posterior repair?

The procedure is performed when the base of the bladder and the rectum (“cystocele and rectocele”) are bulging into the vagina. The front and back wall of the vagina (which cover the bladder and rectum) will be repaired. This surgery is done to help to bring the vagina into position. A cystoscopy (a look inside the bladder using a long, thin viewing tool) may be performed to make sure the bladder and the ureters are intact. A urine drainage catheter is inserted into the bladder through the urethra (from below) to be removed by your nurse the day of surgery or the next day.
What are the risks of this procedure?

The risks of this procedure may include the following:

1. A bad reaction to the anesthetic. This is minimal in an otherwise healthy person.

2. Bleeding. Blood loss is usually minimal. There is a very small chance of requiring a blood transfusion if there is a large amount of blood lost but this is only done if necessary.

3. Infection. This can usually be treated with antibiotics.

4. Injury to the bladder, urethra, uterers, bowel, nerves, or vessels. This is also a minimal risk. If these rare situations do occur, they are usually repaired at the time of the surgery without any significant long-term problems.

5. Frequent and urgent urination. This usually resolves itself between two to three months.

6. Difficulty to urinate. This may happen due to the swelling around the urethra. A catheter will be inserted in the bladder for a few more days and will be removed at the doctor's office.
7. If non-absorbable synthetic mesh has been used, in some cases it is possible to have an “erosion” of the mesh through the lining of the vagina which may need to be trimmed away.

**What should I do before surgery?**

At your Pre-admission Unit (PAU) visit, please bring a list of all the drugs you take (including all prescription and non-prescription medications and supplements). You will have an opportunity to ask any further questions, routine blood tests may be taken, and consultation with an anesthetist may be necessary.

You should not eat or drink after 12 midnight the night before your surgery. You should come to the Admitting Department at the hospital on the day of your surgery.

**What happens after surgery?**

Usually, you will go home the day of surgery. Elderly patients or those with certain medical conditions may stay overnight. Before your discharge, the urine drainage catheter may be removed, and your bladder will fill normally. You should try to pass urine every three to four hours. Take your time, and when you feel like you have finished urinating, lean forward off the toilet seat and then sit down again, and give an extra push to try to empty your bladder completely. Very rarely, you may go home with a catheter draining your bladder for three or four days (alternatively, your nurse will teach you to place a catheter in and out of the bladder yourself).

**What if I go home with a Temporary Urine Drainage Catheter?**

You may not be able to urinate immediately after surgery due to swelling around the urethra, which is normal and gradually improves. In this case, you will be discharged home with the catheter. Before leaving Hospital, the nurses will ensure that you are able manage the catheter and small drainage
bag (“leg bag”). The catheter will be removed in the office in three or four days, and you will again try to urinate (in only very rare cases is a second week of catheter drainage required for swelling to decrease).

What happens after I go home?

You will be given a prescription for pain medication (usually Tylenol 3® and/or Naproxen®). Take the Naproxen® with meals, twice a day, but stop if you have an upset stomach. Use Tylenol 3® if the Naproxen® is not enough to control the pain. To avoid constipation, ensure you drink adequate fluids (six to eight glasses per day), take Colace (a stool softener) twice a day, and use Milk of Magnesia if you do not have a bowel movement within two days. Avoid caffeinated drinks because they tend to irritate the bladder.

You may take showers or baths. Regular daily and household activities are acceptable immediately after surgery; however, any heavy lifting (i.e. more than 10 or 20 pounds) or straining (e.g. sit-ups, strenuous exercise) should be avoided for six weeks. You should not drive for at least two weeks.

Nothing should be placed into the vagina until after your six-week check-up. You may return to work in four to six weeks, depending on the physical demands of your job. Please phone the office for a follow-up appointment, which will occur six weeks after your procedure.

What warning signals should I look for?

1. It is important to contact your doctor if you experience any of the following symptoms after your cerclage is placed:
   - Fever over 38 degrees Celsius (100.4 degrees Fahrenheit)
   - Heavy bleeding
   - Pain not relieved by pain medication
   - Vomiting

2. If you have a burning sensation when you urinate and think you have a bladder infection, call the office or your family doctor to leave a urine sample (if the sample shows an infection, you will be called within 24 to 48 hours and given an antibiotic prescription).
In case of emergency:

Go to the Mount Sinai Emergency Department or, if you live outside of Toronto, go to your nearest Emergency Department.

For non-urgent questions, please contact your surgeon’s office.

Why are students taking part in my care?

Mount Sinai Hospital is a teaching hospital affiliated with the University of Toronto and the team includes medical students and residents. This should enhance your hospital experience by providing you with additional care from these doctors-in-training. Your willingness to allow students to take part in your care enhances the experience of those who are eager to learn, helping to ensure well-trained doctors in the future. They are fully supervised, and are only given responsibilities that are appropriate to the level of education they have. Final responsibilities always rest with the staff physician. The people taking care of you should always introduce themselves and ask your permission before commencing any care.