Pre- and Post-operative Instructions: Vaginal Hysterectomy with Anterior and/or Posterior Repair
What is a vaginal hysterectomy with anterior and/or posterior repair?

This surgery involves combining vaginal hysterectomy surgery with anterior and posterior repair surgery. It is all done through the vagina and there is no abdominal incision.

The uterus is removed through the vagina and the front and back wall of the vagina (which covers the bladder and rectum) will also be repaired if they are bulging into the vagina.

The ovaries will be left in place unless they look abnormal. A cystoscopy (a look inside the bladder using a long, thin viewing tool) is performed to make sure the bladder and ureters are intact. A urine drainage catheter is inserted into the bladder through the urethra (from below) to be removed.

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.
by your nurse the next day. The success rate is about 85 to 90 per cent, and there is a small chance that your bladder may drop down again in the future. You will be unable to become pregnant again.

What are the risks of this procedure?

The risks of the procedure include, but are not limited to, the following:

- **Anesthetic risk**: which is minimal in otherwise healthy patients

- **Risk of bleeding**: very rarely, bleeding may require an abdominal incision to control. There is a very small chance you may require a blood transfusion if there is a large amount of blood loss but this is quite rare

- **Risk of infection**: (usually treated with antibiotics)

- **Minimal risk of injury to bladder, bowels, nerves, vessels or ureters (tubes draining the kidneys into the bladder)**: this is also a minimal risk. If these rare situations do occur, they are usually identified and repaired at the time of surgery without any significant long-term problems

- Although some women may complain of **vaginal dryness** or painful intercourse after surgery, this usually disappears within a few months. Intercourse may become more comfortable than before surgery
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 (water may be consumed up to four hours before the surgery). You should come to the Admitting Department on the main floor of Mount Sinai Hospital on the day of your surgery.

What happens after surgery?

Usually, you will go home one or two days after surgery. On the morning of the first day after surgery, the urine drainage catheter will 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. Please measure the amount of urine in the white measuring “hat” which will be placed on the toilet seat. If you cannot empty your bladder well during your hospital stay, the nurse will drain your bladder with a small tube every four to six hours. 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. Please call you surgeon’s office or go to your nearest Emergency Department if you have:
   - 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, call either your surgeon’s 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).
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.
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