GYNAECOLOGY PROGRAM

Pre- and Post-operative Information: Urogynaecology and Reconstructive Pelvic Surgery
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.

Genital prolapse is a condition where a woman feels a protrusion or bulge coming down through the vaginal opening. This could be the vaginal walls (“cystocele, rectocele, enterocele, and/or vault prolapse”) or the uterus and cervix (“uterine prolapse”). Depending on the specific part of the genital area that is coming down, surgery may be performed through the vagina and/or through a laparoscope (i.e. a camera through the belly button). This surgery might be performed together with surgery for urine leakage (“stress incontinence”), using a sling (i.e. “TVT” or “TOT”). Depending on the specific type of prolapse, a synthetic mesh may be used.

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. Very rarely, bleeding may require an abdominal incision to control. 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. Although some women complain of vaginal dryness or painful intercourse after surgery, this usually disappears within a few months. Intercourse may become more comfortable than before surgery.

8. 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.

The Day of Your Pre-Admission Unit (PAU) Appointment

The purpose of the pre-admission visit is to make sure you are ready for surgery. A nurse will interview you to see if you have any special needs while you are in Hospital, provide some information about what to expect with your surgery and recovery and help you plan ahead for your discharge home. There is no need to fast or miss taking any of your regular medications on the day of your PAU appointment. In fact, please bring your medications along with you. You should also bring along any recent letters or test results you may have received from a specialist (e.g. Cardiologist or Respirologist).
The Day Before Surgery

1. The night before your surgery you should use a Fleet enema to clean out your rectum prior to surgery. If you do not know how to use an enema, your pre-admission nurse will give you instructions during your PAU visit.

2. You are not to eat or drink anything after midnight. This is so you have an empty stomach for surgery. Your PAU nurse will have told you if you need to take any of your own medications on the morning of your surgery. If you need to take any of your own pills, you should take them with small sips of water only.

The Day of Surgery

1. Report to the Admitting Department on the main floor; bring your provincial Health Card and your Mount Sinai Hospital card. Please arrive two hours before your assigned surgery time.

2. Once you have been admitted and receive your hospital armband, you will be directed to the Same Day Admissions Unit on the 5th floor. When you arrive on the unit you may expect some or all of the following preparations for surgery;
   a) A nurse may start an intravenous (IV) line in your arm
   b) You may be given a pair of support stockings to wear to surgery
   c) You may be given medication by needle to prevent blood clots
   d) An antibiotic may be given through the intravenous line (this is often given in the operating room)

3. Your surgery will be performed in the operating room on the 5th floor, and after surgery you will spend approximately two hours in the Post-Anesthetic Care Unit (PACU), also on the 5th floor.

4. If you have brought a family member or friend to hospital with you, they may accompany you throughout the process up until you enter the operating room. Family and/or friends should then wait in the Surgical Waiting Room located on the main floor, room 351, until you return to your bed on the nursing unit.
What to Expect After Surgery

What can I eat?
You may have ice chips, then clear fluids and, eventually, a caffeine-free regular diet.

How will I feel?
You may feel nauseated; this often passes quickly. If the nausea or vomiting does not pass, you may be given medication that will help.

When does the intravenous come out?
Your IV will stay in place until you are drinking well, as assessed by your health care team and you do not need it for any medications.

How will I empty my bladder?
You will have a drainage catheter. This will be removed the morning after surgery.

Why do I need a catheter?
It is common to experience voiding problems immediately after incontinence and pelvic reconstructive surgery.

Starting the first day after surgery, the catheter will be removed and the nurse will instruct you to pass urine into a measuring container. The amount of urine remaining in the bladder (“residual”) will be measured by either catheter or bladder scan.

You will be taught to record all your urine passed on a bladder function record sheet kept at your bedside.

When does the vaginal packing come out?
On the first day, the vaginal packing will be removed by the nurse, if placed by your surgeon during your procedure (not all patients will have one).

What do I do while I have vaginal bleeding and discharge?
Due to some vaginal bleeding and/or discharge, you will wear a sanitary napkin. For hygiene purposes, the sanitary napkin must be changed at least once every four hours.
How much activity can I do?

1. It is important to do deep breathing and coughing exercises every hour after surgery to help prevent any kind of lung congestion.

2. It is also important to move around in bed and do calf exercises (point and flex your toes and ankle circles) to promote blood circulation and prevent complications related to blood clots.

3. The morning after surgery the nurse will assist you out of bed. After that, you will be encouraged to increase the amount of activity you do each day (i.e. walking in the hallway).

4. Avoid strenuous activity and heavy lifting (greater than ten pounds) for six weeks after surgery. You may do light housework (cooking, dusting) but nothing that requires heavy lifting or straining (grocery bags, vacuums, suitcases, children).

What about pain relief?

It is normal to experience some pain or discomfort. The nurse in the PACU will give you something for pain relief through your IV to help you get comfortable. Once you are awake, the Acute Pain Service will set you up with a plan to manage your pain. This could involve intermittent needles or rarely a computerized pump called PCA, and then in pill form once you are eating and drinking.

When might I expect healing to occur and have better bladder control?

Some leakage of urine can be expected in the period immediately after surgery. Do not be concerned if you experience some urgency (feeling like you have to void in a hurry). Do not hold your urine for more than a couple of hours and always remember to double void (lean forward and give some extra pushes) until you think your bladder is empty.

If you have significant burning with urination, you should leave a urine sample with your doctor to check for infection.
How do I care for my abdominal dressing (if I have an abdominal incision)?
You will have a dressing on your incision if the surgery was done through the abdomen. Two days after surgery, the underlying dressing will be removed. The area will be cleaned and a new dressing applied every day or the area left open to air.

How will I feel after surgery and when I go home?
1. Many people feel tired following surgery; it is important to get plenty of rest at home.
2. You may still have some pain or discomfort. You will be given a prescription for pain medication.
3. You may still have some vaginal bleeding or discharge lasting up to six weeks after you return home. Remember to continue to change your sanitary napkin at least once every four hours.
4. Do not insert anything into the vagina for at least six weeks after your surgery. This includes: tampons, douches, taking tub baths, swimming and having sexual intercourse. This is important as there is an incision(s) in the vagina which are healing too.

What about eating?
Continue to limit or avoid the following foods and beverages containing caffeine: cola, chocolate, coffee, tea, and alcohol. Increase intake of foods high in dietary fibre such as whole grain cereals, raw fruits, vegetables and bran muffins for breakfast to help prevent constipation. It is very important to drink one to two litres of fluid each day; especially water. Do your drinking from breakfast until supper, and not immediately before going to sleep.

When will I go home?
You should be ready for discharge home approximately one to two days after surgery. Please make arrangements for someone to be available to pick you up from the hospital on the day of discharge.
Sometimes, patients experience difficulty passing urine after their surgery and go home with indwelling (from the urethra) catheters. This will be removed in the Urogynaecology unit at a later date, usually within three to seven days.

**What warning signs should I be concerned about?**

- A severe burning sensation when passing urine
- Bloody, or very cloudy urine
- Persistent fever greater than 38.0 degrees Celsius (100.4 degrees Fahrenheit), chills, or sweating.
- Increasing redness and/or tenderness, foul-smelling fluid (pus) around, or from the incision site.
- Increased abdominal pain, tightness and feeling of fullness.
- Vomiting and inability to drink liquid for greater than four hours.
- Increase in vaginal bleeding (soaking a sanitary napkin every hour or less), foul-smelling discharge and large blood clots.
- Shortness of breath or chest pain
- Swelling and redness of lower legs or calves

**In case of an emergency:**

Go to the Mount Sinai Hospital Emergency Department or, if you are not a Toronto resident, to the Emergency Department of your nearest hospital.

**If you have other questions, please call:**

- Your PAU nurse before your surgery
- Your surgeon’s office after your surgery
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.