Intermountain® Healthcare

Anterior Vaginal Wall Repair Surgery

What is it?

An **anterior vaginal wall repair** is a surgery to strengthen the front (anterior) wall of the vagina. It is done to treat a **cystocele** (sinking or bulging of the bladder into the vagina) or **urethrocele** (sinking of the urethra into the vagina).

Cystocele and urethrocele can be caused by strain that weakens the tissues supporting your vagina and other pelvic organs. Pregnancy and vaginal childbirth, chronic constipation, and heavy lifting can all increase your risk of cystocele and urethrocele.

Why do I need it?

Your doctor may recommend an anterior vaginal wall repair if your cystocele or urethrocele is causing symptoms such as these:

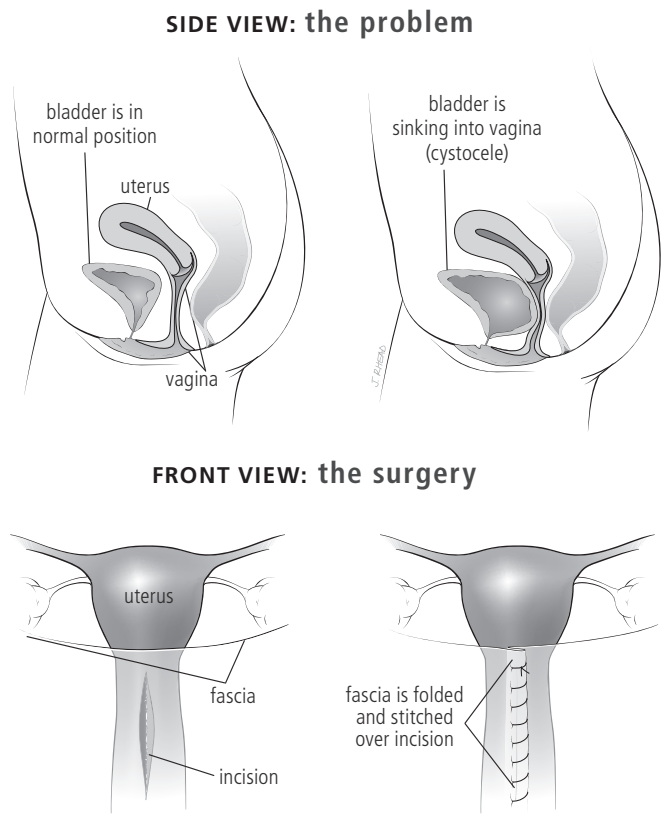
- Difficulty emptying your bladder completely
- A feeling of bladder "fullness" all the time
- Leaking urine when you cough, sneeze, or lift
- Frequent bladder infections
- Bulging or pressure in your vagina
- Vaginal pain during sex

Because this repair is a major surgery, a doctor will often suggest it after other treatments have failed. It is often done at the same time as a hysterectomy (a surgery to remove the uterus).

How is it done?

Surgery to repair the anterior vaginal wall includes these general steps:

- The surgeon makes an incision (cut) through the front wall of your vagina.
- Your bladder is moved to its normal position.
- Stitches are sewn in the tissue (**fascia**) between your vagina and bladder. These stitches hold the walls of your vagina in the correct position.
- The vaginal incisions are closed with stitches and the vagina may be packed with gauze.



Anterior vaginal wall repair surgery strengthens the front (anterior) wall of the vagina to restore the bladder and urethra to a normal position.

Note that the internal stitches used in this surgery will eventually be absorbed by the body. They don't need to be removed.

Talking with your doctor about anterior vaginal wall repair surgery

To decide whether to have this repair surgery, talk to your doctor. Discuss the surgery's potential benefits, its risks, and your treatment alternatives. The table on the next page lists the most common of these, but other benefits and risks may apply in your unique medical situation.

What happens BEFORE the surgery?

Here's what you can expect before anterior vaginal wall repair surgery:

- You'll have blood and urine tests.
- The day before your surgery, you'll be asked to fast (not eat anything).
- Hair on your pubic area may be clipped to help keep the incision sites sterile.
- To prevent infection, you'll be given antibiotics.
- A nurse will place an IV — a small tube put through a needle into a vein — in your arm or wrist to deliver fluids, medication, or blood as needed.
- You'll be attached to monitors and given anesthesia. Depending on your preference and on how your surgery will be done, you may have general anesthesia (which puts you completely asleep during the surgery) or a regional anesthesia (which blocks the feeling in the lower part of your body).
- A catheter — a thin tube — will be placed in your bladder. The catheter drains urine from your bladder during the surgery.

What happens AFTER the surgery?

After the repair surgery, you may need to stay in the hospital for a few days. Here's what to expect:

- To help prevent blood clots, your nurses will encourage you to walk as soon as possible after surgery. Also, a pneumatic compression device will massage your legs by inflating and deflating.
- You'll have some pain. Your doctor will prescribe medication to help control the pain.
- You'll have vaginal bleeding and discharge. Sanitary pads will help absorb this.
- You'll learn how to care for yourself at home during your recovery period. Your nurse will go over the instructions in the next section of this fact sheet and will answer any questions you have.

How do I care for myself at home?

Recovery is different for every woman, and has a lot to do with the type of surgery you've had. **It can last anywhere from 3 to 8 weeks.** This section gives information to help you know what to expect — and what to do — as you recover at home. (Be sure to follow the specific instructions of your own care team if they're different from what you see here.)

Vaginal discharge

After a repair surgery, it's normal to have light vaginal discharge for up to 6 weeks. At first, the discharge tends to be bright red or pink. Gradually, it changes to a brownish or yellowish color. Here's what to do to take care of yourself:

- Use pads to absorb discharge. Change them every time you go to the bathroom.
- Do NOT douche, use tampons, or have sex. Ask your doctor when it's okay to do so.
- Wipe front to back after going to the bathroom. This helps prevent infection.
- **CALL YOUR DOCTOR** if the discharge becomes foul-smelling, or if the discharge becomes heavier than a light menstrual period.
- **GET EMERGENCY CARE** if your bleeding is heavier than a normal menstrual period, or if you pass bright red clots.

Potential benefits	Risks and potential complications	Alternatives
The aim of **anterior vaginal wall surger**y is to repair and strengthen the wall between the vagina and the bladder to: • Relieve pain and discomfort caused by the cystocele or urethrocele • Improve urinary control • Allow for more physical activity and more comfortable sexual activity	• Repair failure, or a recurrence of the cystocele or urethrocele • Blood clots in the veins or lungs • Infection • Bleeding during or after surgery • Injury to the bladder, ureters, urethra, or vagina • Urine leakage from the vagina (fistula) • Irritable bladder • Problems related to anesthesia • Sexual dysfunction caused by poor healing of the vaginal incisions or from damage to nerves	• Exercises to strengthen the supporting muscles around the vagina and bladder • Hormone cream applied to the vagina • Pessary (a device placed in the vagina to hold the bladder and urethra in place)

Pain

Your pain and soreness should gradually go away as the days pass. Cramps, a bloated abdomen, and low back pain are all common complaints. To help ease and monitor your pain, do these things:

- Take any medication as prescribed. Often your doctor will prescribe medication to treat pain. Follow your doctor's instructions carefully.
- **CALL YOUR DOCTOR** if you have:
  - Any increase in your pain, or if pain medication isn't working
  - A lot of bloating or swelling in your abdomen
  - Pain, redness, or swelling in one leg or in your groin
- **GET EMERGENCY CARE** if you have chest pain, a cough (not from a cold), or trouble breathing.

Fatigue

It's normal to feel tired after surgery. Your body is healing. Try these tips to help speed the process:

- Try to get at least 8 hours of sleep each night.
- Take rest periods throughout the day.
- Tell your family what they can do to help you get the rest you need.
- **CALL YOUR DOCTOR** if you become more tired (rather than less) each day, or if you're dizzy for more than a few seconds at a time.

Infection

You don't need to care for the incisions made in your vagina. The internal stitches will dissolve on their own. However, you must be alert to any signs of infection.

- **CALL YOUR DOCTOR** if you have any of these symptoms:
  - Ongoing red bleeding from your vagina. (It's normal to have a small amount of bloody discharge — but not red bleeding — at home.)
  - Fever of 100.4°F (38.0°C) or greater.
  - Flu-like symptoms (for example, chills, body ache, fatigue, or headache).
  - Increase in pain, or pain medication that isn't working.

Bathing

You may take a shower after the first 48 hours, but do NOT soak in a bath, hot tub, or swimming pool. However, you may sit in a few inches of warm water ("sitz bath").

Sexual intercourse

Don't have sexual intercourse until your doctor specifically says you may safely do so. Explain to your partner: to protect the healing, it's important to check with the doctor before resuming sexual activity.

Physical activity and exercise

During your recovery, light activity is good for you. It helps prevent problems such as gas, stiffness, weakness, and blood clots. The trick is being active at the right level. Here are a few guidelines:

- Take it easy for the first 2 weeks. This means:
  - Don't sit or stand for more than half an hour at a time.
  - Don't push, pull, or strain.
  - Don't lift anything heavier than 5 pounds. And when you're picking things up, bend carefully at the knees and lift slowly.
  - Don't do housework or yard work. Get your family to pitch in, or hire help.
  - You can drive as soon as your pain is gone and you are NOT taking narcotics.
  - Take short walks several times a day. Ask someone for support if you feel shaky or dizzy. Start with short distances, and work up to longer walks.
- Avoid climbing stairs if it hurts — but climb them as soon as you can do so without pain.
- **ASK YOUR DOCTOR** when it's okay to return to work or do more strenuous exercise. (Most patients can return to work within 2 weeks.)

Note: You don't need to care for the incisions made in your vagina. The internal stitches will dissolve on their own. However, do be alert to any signs of infection, such as fever or flu-like symptoms. **Follow all the advice on this sheet about when to call the doctor.**

Gas

Many women have gas after surgery. Here are some things to do to prevent or treat gas:

- Walk more often or a little farther every day.
- Stay away from carbonated drinks — and don't use a straw. Drink warm drinks.
- Lay on your left side, with your knees drawn up to your chest. Or get on your knees and lean forward, placing your weight on your folded arms with your buttocks in the air.
- When you have gas, gently press on your abdomen every hour, following these steps:
  1. Take a few deep breaths. Blow out slowly.
  2. Place your hands below your navel with the fingertips touching.
  3. Take a deep breath and hold it for 5 counts.
  4. Breathe out slowly and completely through your mouth while pressing in and down on your abdomen.
  5. Move your hands a half-inch and repeat steps 2 to 4 several times, working in a circle across your lower abdomen.
- **CALL YOUR DOCTOR** if you have continuing or severe abdominal swelling or bloating.

Constipation

Constipation after surgery can add to your discomfort. Here's what to do to prevent and relieve constipation:

- Drink at least 6 to 8 glasses of water each day.
- Eat high-fiber foods. Fresh fruit, vegetables, and whole grain bread are good options.
- Don't strain with bowel movements.
- Take a stool softener or laxative if your doctor recommends it. Do NOT use an enema.
- **CALL YOUR DOCTOR** if you can't relieve constipation with the measures listed above.

Urination

After surgery, you might have trouble urinating. This might be due to your surgery. But it may also come from pain medication, discomfort, or anxiety. Here's what to do:

- Don't strain or bear down while going to the bathroom. This can damage the area of your recent surgery.
- Urinate while sitting in a few inches of warm water.
- Don't let your bladder get too full. Believe it or not, it's easier if you urinate more often.
- Do Kegel exercises to strengthen the muscles around your vagina, bowel, and bladder. To start, tighten the muscles you use to stop the flow of urine. Hold for a count of ten, then relax the muscles slowly. Repeat several times a day, working up to 100 Kegels a day.
- If you can't urinate on your own before you leave the hospital, you may need to go home with a **urinary catheter** (a small tube to drain urine from the bladder). Until you can urinate on your own, follow these instructions:
  - **If you go home with a catheter in place,** follow the nurse's instructions for caring for the catheter and drainage bag. Do any exercises you've been taught. And make sure you know when and how the catheter will be removed.
  - **If you need to self-catheterize,** a nurse will teach you how before you leave the hospital. Be sure to self-catheterize as often as your nurse has told you to — usually every 3 to 4 hours during the day.
- **CALL YOUR DOCTOR** if you:
  - Can't urinate, or have ongoing difficulty urinating
  - Have problems with your catheter, or with self-catheterizing
  - Have bloody, cloudy, or foul-smelling urine
  - Have burning, painful, or frequent urination

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