Anterior Vaginal Wall Repair Surgery

What is anterior vaginal wall repair surgery?

An anterior vaginal wall repair is a surgery to strengthen the front (anterior) wall of the vagina. It is done to treat a sinking or bulging of the bladder into the vagina, called a cystocele [SIS-tuh-seel]. The surgery is also performed to treat a sinking of the urethra into the vagina, called a urethrocele [yoo-REE-thruh-seel].

These conditions can be caused by strain that weakens the tissues supporting your pelvic organs. Vaginal childbirth, chronic constipation, and other types of strain can increase your risk of cystocele and urethrocele.

Why do I need it?

Your doctor may recommend an anterior vaginal wall repair if your condition is causing:

• Difficulty emptying your bladder completely or 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, or pain during sex

Your doctor will often suggest it after other treatments have failed. It is often done at the same time as a surgery to remove the uterus, called a hysterectomy [his-tuh-REK-tuh-mee].

Talking with your healthcare provider

This repair is a major surgery. To decide whether to have it, talk to your healthcare provider. 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.
How is the surgery done?

This surgery includes these general steps:
1. The surgeon makes an incision (cut) through the front wall of your vagina.
2. Your bladder is moved to its normal position and stitches are sewn in to hold it in place.
3. The vaginal incisions are closed with stitches and the vagina may be packed with gauze. The internal stitches will be absorbed by the body over time.

What happens before the surgery?

Here’s what you can expect before surgery:
- The day of your surgery, you’ll be asked to fast (not eat anything).
- You may have blood and urine tests.
- The hair on your pubic area may be clipped.
- 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, medicine, or blood as needed.
- You’ll be given anesthesia to either put you completely asleep or to block 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.

Potential benefits

- Relieve pain and discomfort caused by the cystocele or urethrocele
- Improve urinary control
- Allow for more physical activity and more comfortable sexual activity

What happens after the surgery?

After surgery, you may need to stay in the hospital for one or more 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 compression device will massage your legs by inflating and deflating. You may be given injections of blood thinner medicines.
- You’ll have some pain. Your doctor will prescribe medicine to help control it.
- You may have some vaginal bleeding and discharge. Sanitary pads will help absorb it.
- You’ll learn how to care for yourself as you recover. Your nurse will go over these instructions and will answer any questions you have. Ask your healthcare am for a copy of the Intermountain fact sheet Anterior Vaginal Wall Repair Surgery: Home instructions to take with you when you leave.

<table>
<thead>
<tr>
<th>Potential benefits</th>
<th>Risks and potential complications</th>
<th>Alternatives</th>
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<tr>
<td>• Relieve pain and discomfort caused by the cystocele or urethrocele</td>
<td>• Repair failure, or a recurrence of the cystocele or urethrocele</td>
<td>• Exercises to strengthen the supporting muscles around the vagina and bladder</td>
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<tr>
<td>• Improve urinary control</td>
<td>• Blood clots in the legs or lungs</td>
<td>• Hormone cream applied to the vagina</td>
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<td>• Allow for more physical activity and more comfortable sexual activity</td>
<td>• Infection</td>
<td>• Pessary (a device placed in the vagina to hold the bladder and urethra in place)</td>
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<tr>
<td>• Repair failure, or a recurrence of the cystocele or urethrocele</td>
<td>• Bleeding during or after surgery</td>
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<td>• Irritable bladder</td>
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<td>• Injury to the bladder, ureters, urethra, or vagina</td>
<td>• Problems related to anesthesia</td>
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<tr>
<td>• Urine leakage from the vagina</td>
<td>• Sexual dysfunction</td>
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