

After Anterior or Posterior Vaginal Repair or Sacrospinous Ligament Suspension: What you need to know



What is an anterior or posterior vaginal repair?

A prolapse is when one organ pushes against another organ. This can affect normal organ function. Anterior and posterior vaginal repair are surgeries to repair prolapse.

- **Anterior (cystocele) repair** fixes a prolapse when the bladder presses against the vagina.
- **Posterior (rectocele) repair** fixes a prolapse when the rectum presses against the vagina.

Both surgeries are done through a small cut in the wall of the vagina. The surgeon pulls tissue together to strengthen the vaginal wall and prevent future prolapse.

What is a sacrospinous ligament suspension?

A sacrospinous ligament suspension restores support to the vagina.

The surgeon sews the vagina to the sacrospinous ligament through a small cut in the wall of the vagina. The stitch may slowly dissolve or be permanent.

What to expect after surgery

If you have a general anesthetic:

- You may have an oxygen mask over your nose and mouth when you wake up
- You may have a sore throat for a few days. This is normal and usually goes away on its own.

If you have a spinal anesthetic, read the separate information sheet about how to care for yourself. If you have sedation medication with your spinal anesthetic, you may feel drowsy for the rest of the day.

What can I do?

- You may not feel like yourself for the first day. Rest in bed until you feel better. **DO NOT** do other activities for the rest of the day.
- If you feel nauseous, try sips of ginger ale and eat some dry crackers. If you feel like eating, try small amounts of foods that are easy to digest, like soups and cereals. Drink lots of fluids for 2-3 days, when you can.

How can I keep myself safe?

- If you go home on the day of surgery, you **MUST** have a responsible person who knows you well take you home.
- For 24 hours after surgery:
 - Someone **MUST** stay with you.
 - **DO NOT** drive, operate heavy machinery or make important decisions.
 - **DO NOT** drink alcohol or use recreational substances. The effects will add to those of the surgery medications.

Caring for yourself at home

- **Activity:** On the day of your surgery, rest. You may then slowly return to your normal activities over the next 2 days.
 - Avoid strenuous activities such as heavy lifting (over 10 pounds), exercise, and housework (vacuuming) for 6 weeks, unless your surgeon tells you otherwise.
- **Hygiene:** You may shower any time. Do not go in a bathtub, hot tub, or swimming pool until your surgeon says it is safe. This reduces your risk of infection and helps you heal.
- **Bleeding:** Vaginal spotting for 3-4 weeks is normal. Use a pad (no tampons or menstrual cups) until the bleeding stops.

- **Incision care:**
 - If you have sutures, they are inside you (not visible) and will dissolve in 2-4 weeks.
 - If vaginal packing is in place, remove it the day after surgery. To do this, pull gently. It should come out easily without resistance.
- **Sexual activity:** Do not insert anything in your vagina for 6 weeks.
- **Bladder control:** If you go home with a urinary catheter, read the catheter care handout. Drink lots of fluids and urinate every 4-6 hours to prevent infection.
- **Bowel function:** Constipation is common after surgery. You can take **Polyethylene Glycol** (PEG) or Metamucil as needed, with lots of water.
- **Pain:** You may have pain for the first week after surgery. Take pain medications routinely for the first two days. After that, take only as needed.
 - If you need to cough or sneeze, support your lower abdomen with your hands or a pillow to decrease discomfort.

Pain medication

- Take pain medication if you need it.
- If you have a prescription, follow the instructions from your doctor and pharmacist.
- If you do not have a prescription, you can take the following medications:

Acetaminophen (Tylenol) 1000 mg every 6 hours
Next dose at: _____ **am/pm**

AND / OR

Ibuprofen (Advil/Motrin): 400 mg every 6 hours
Next dose at: _____ **am/pm**

OR

Naproxen 440 to 500 mg every 12 hours
Next dose at: _____ **am/pm**

NOTE: Naproxen is available without a prescription as 220 mg tablet (take 2 tablets). Prescription Naproxen comes in 500 mg tablets (take 1 tablet).

Do NOT take Naproxen with Ibuprofen (Advil/Motrin) or Diclofenac (Voltaren).

Gynecologist

Doctor's Sticker Here

Follow-up visit

- Contact your gynecologist's office to make a follow up appointment. Make sure you go to the appointment. It is important to see your gynecologist after this procedure.



Contact your Gynecologist or go to Emergency if you:

- Have vaginal bleeding that is increasing, heavy (soaks 1 full pad in 1 hour) or lasts longer than 3-4 weeks.
- Have bad-smelling vaginal discharge.
- Have a fever or chills.
- Have severe pain, and pain medication does not help.
- Have nausea or vomiting for more than 24 hours, and you cannot keep fluids down.
- Cannot pee for 8 hours after you leave the hospital.

DO NOT go to the Urgent Care Centre at BC Women's as it is ONLY for pregnant patients.