

Avoiding constipation after vaginal repair surgery

Following vaginal repair surgery it is best to avoid putting pressure on the vaginal area by straining to use your bowels. If constipation becomes a problem while you are in hospital you will be given a laxative to help relieve it.

Once you are back to a normal diet after your surgery you can help prevent or relieve constipation by eating high fibre foods and drinking plenty of fluid.

Fibre, which is the roughage in plants, increases the bulk and softness of the stool and makes it less likely that you will have to strain to use your bowel. Eat regularly over the day. Your body needs food every few hours to stimulate the bowel.

For the best results include fibre from a variety of foods.

Try the following high fibre foods:

- Fruits and vegetables (leave skins on if possible)
- Wholemeal and wholegrain bread (types with lots of grain contain more fibre and some people find soy and linseed bread helps their bowels)
- High Fibre breakfast cereals such as muesli, Allbran, Guardian, Healthwise, Bran Plus, etc.
- Dried beans such as baked beans, kidney beans, split peas
- Dried fruit, nuts
- Brans such as wheat bran, rice bran, barley bran or oat bran can also help. Start with one to two table spoons. More may cause wind or bloating.
- Prunes work well for some people. As well as fibre, they contain a substance that stimulates the bowel. Start with six prunes or 1/2 cup of prune juice.

Drink plenty of fluid - at least seven or eight cups a day. Fibre works by absorbing fluid. If you don't drink enough it can make the constipation worse. Don't drink too much strong tea and coffee as these make you produce a lot of urine and can 'dry you out'.

Don't ignore the urge to go to the toilet when it comes. If you need to, take the laxatives that have been prescribed for you. If your bowels are not working or you are still having to strain, contact your GP/doctor.



All enquiries to:

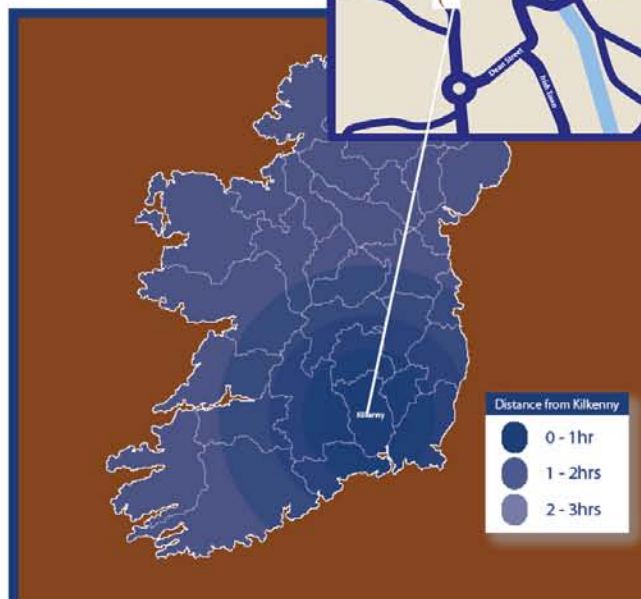
on Tel: 056 779 5302 Fax: 056 779 5303
www.womenshealth.ie



How to Find Us

The Women's Health Group and South East Fertility are located in Kilkenny City. We are located on Dean Street which is just beside Irishtown a stones throw from the city centre. Its easily accessible and has ample parking in the surrounding area. The completion of the new M9 motorway has cut down drive times and we are now within 3 hours of most of Leinster, Munster and Connacht.

Kilkenny is a vibrant city and has many amenities, so if you wanted to make a day trip out of your visit to us you will find plenty to do and see.



Patient Information Vaginal Prolapse Surgery



What is vaginal prolapse?

Vaginal prolapse is a common condition where the bladder, uterus and or bowel protrudes into the vagina. This can cause symptoms such as a sensation of a vaginal lump, constipation, difficulty emptying the bowel or bladder or problems with sexual intercourse. Treatment is only indicated when the prolapse is symptomatic. The majority of women will have improvement of symptoms following an operation.

Treatment options:

Vaginal pessary

For some women it will be suitable to try a vaginal pessary instead of surgery. Vaginal pessaries are a device which supports the vagina and need to be changed every 3 to 6 months. Vaginal pessaries have been proven to be as successful as surgery in relieving prolapse symptoms in these women.

Surgery

Depending on the severity of your symptoms and the type of prolapse your doctor may suggest you have surgery. The aim of surgery is to provide support for your vagina or uterus. Previous experience has shown that about 70% women undergoing conventional vaginal prolapse surgery have a successful outcome.

What happens during surgery?

Women undergoing vaginal prolapse surgery can have the operation with regional (spinal) anaesthetic or general anaesthetic.

There will be incisions made inside the vagina and the tissue supporting the vagina will be strengthened with stitches. This may be at the front or the back walls of the vagina or both, depending on the type of prolapse you have.

The incision inside the vagina is then closed with stitches that will dissolve in 1-2 weeks.

An additional stitch (sacrospinous fixation stitch) may be required at the top of the vagina or into the cervix to support the vagina. This stitch may cause some temporary discomfort in the buttock which may persist for up to three months.

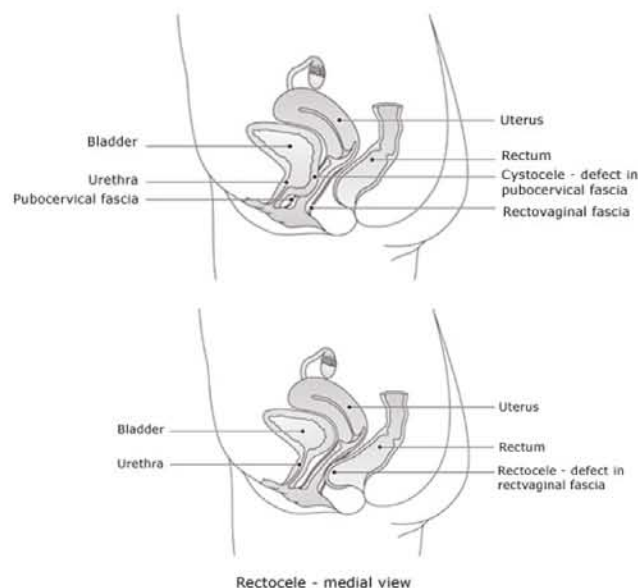
In some women, mesh may be used to reinforce the prolapse repair.

At the end of the operation a catheter will be inserted into the bladder to drain urine and a material pack will be placed in the vagina to prevent bleeding. These will remain in place for one to two days. They will be easily removed by a nurse in the ward.

Antibiotics will be given during the surgery and, if mesh was used in the operation, the antibiotics may be continued for one week.

If you still have your womb (uterus), your doctor may suggest that you need a hysterectomy at the same time as your prolapse repair. Some reasons for recommending this include:

- prolapse of the uterus itself
- period problems



Are there any complications?

Possible complications and discomforts from vaginal surgery for prolapse include pain, infection, perforation of the rectum or bladder, injury to the ureters, recurrence of symptoms such as urinary incontinence or difficulty voiding and/or prolapse and pain with intercourse.

There are general risks involved with having an operation, including the risks involved with having an anaesthetic, bleeding and the possible need for a blood transfusion, infection within the pelvis or wound and there is a risk of clots in the legs that can travel to the lungs.

Recovery time and instructions following surgery

Most women stay in hospital for two to five days. You can go home once you are feeling well and once you are able to pass urine with no problem. It is important to rest after the operation and allow the area to heal.

For the first two weeks:

- restrict your activity
- rest as much as possible
- vaginal loss will be minimal and light pink for up to two weeks.

For the first two to four weeks:

- keep your activity light and easy
- avoid heavy lifting (nothing heavier than four kilograms), including shopping bags, washing baskets and children.
- avoid playing sport, swimming and impact exercises such as jogging or jumping for four weeks
- you may have a sudden, moderate vaginal loss in the first eight to ten days, which should then stop
- any stitches that you still have in when you go home will fall out once they dissolve in about ten days (and up to three weeks). These do not need to be removed.

For the first six weeks:

- abstain from sexual intercourse.

You may:

- drive a car after 1-2 weeks; however, check this with your car insurance provider.

Pain relief

- We suggest that you take paracetamol (such as Panadol) every four hours for two weeks (medications with codeine, like Panadeine, are constipating).
- Ensure you take some time each day to rest.

Maintain good bowel habits

- Try to drink approximately 1.5 litres of fluid each day.
- Maintain a healthy diet.
- Use Metamucil or a similar preparation (available at chemists) if required to promote a soft, easy stool.