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BI-21.005E

Posterior vaginal wall repair

Posterior Colporrhaphy

JAN YPERMAN ZIEKENHUIS

PATIENT DETAILS

Patient label

HOME NURSING DETAILS

Last name + first name:

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Phone number:

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Email address:

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This information brochure was prepared with the utmost care. It contains general information and is intended to complement the conversation with your healthcare provider. Jan Yperman Hospital, our doctors and staff are not liable for errors or deficiencies in this brochure.

You can send comments and/or suggestions to communicatie@yperman.net.

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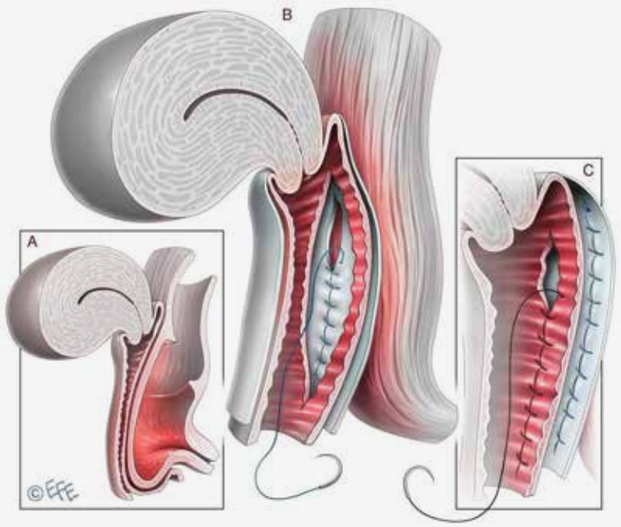
Questions?
Ask your attending doctor or a nurse.



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What is a posterior colporrhaphy?

A posterior colporrhaphy or **'posterior vaginal wall repair'** is a surgical procedure performed to correct a **prolapse of the rectum** (rectocoele). During the procedure, the supporting tissue between the vagina and rectum (the rectovaginal septum) is repaired with soluble sutures. The operation is performed **entirely via the vagina.** So, there are no external scars. **No synthetic materials** are used.

Sometimes a posterior vaginal wall repair is combined with a **'perineoplasty'**. This is a repair of the perineum, the piece of skin between the vagina and the anus. This may be necessary if the **perineum** has been damaged, for example, by a cut or tear during childbirth. In that case, there are sutures outside the vagina.

The **success rate** of a posterior colporrhaphy is **between 70% and 90%**. Occasionally, the prolapse may reoccur over time or a different organ may prolapse.

What happens during a posterior colporrhaphy?

In a posterior colporrhaphy, the doctor makes a vertical **incision** in the **posterior wall** of the vagina, after which the vaginal mucosa is detached from the underlying connective tissue layer (the rectovaginal septum). This **weakened connective tissue layer** is then **repaired and reinforced with soluble sutures.** The physician may also attach a soluble mesh that provides additional support. If necessary, excess vaginal mucosa is removed afterwards. Finally, the mucosa is closed again with soluble sutures.

The procedure takes on average **45 minutes** and can be performed under both general and regional anaesthesia (epidural). Consult with your doctor about which anaesthetic is most suitable. During surgery, we administer a single preventive dose of antibiotics via an IV. You will also receive a catheter. At the end of the procedure, a vaginal tampon will be inserted to limit blood loss.

Preparation for surgery

Before surgery, you have a **preoperative anaesthesia consultation** to discuss your medical history and any allergies. You will also be asked about whether you are taking any medication that must be temporarily stopped before the procedure (such as blood thinners).

The procedure date will be scheduled with your attending physician. The day before the procedure, you will be contacted with the exact time you need to be at the hospital.

You must not eat anything starting six hours before your admission. You may drink clear liquids (water, apple juice, coffee and tea without milk and sugar, sports and soft drinks) until your arrival at the hospital, depending on your thirst.

We also discuss this during the preoperative consultation.

Recovery after surgery

After the operation, you stay in the **recovery room** until you are sufficiently awake or you can move your legs properly (after an epidural anaesthesia). You will then be taken to the ward.

After surgery, you usually stay for **one night in the hospital**. The morning after the procedure (around 6 a.m.), the bladder catheter and vaginal tampon are removed. The nurse checks whether you can urinate properly. You will be asked to urinate in a bidet. Afterwards, we check whether the bladder is sufficiently empty using a bladder scan (bladder ultrasound). If you urinated sufficiently so that not too much urine remains in the bladder, you can go home around noon.

Recovery after a posterior colporrhaphy **usually goes smoothly**. For the first **six weeks**, **relative rest** is recommended. Avoid strenuous physical activity, such as lifting and intense exercise. Light activities, such as walking, cycling and household chores, are allowed. To allow the vaginal wound to heal properly, **swimming, bathing, tampon use and sexual activity** are **not recommended** for six weeks. During bowel movements, you must **avoid pushing hard**.

Slight blood loss may occur up to **one week** after the operation. If you experience heavy bleeding (beyond normal menstruation), contact your doctor. Also, you may experience **increased vaginal discharge during the four to six weeks** due to the presence of dissolvable sutures in the vagina.

A **check-up appointment** is scheduled with your attending physician after four to six weeks.

Risks and complications

All surgical procedures carry certain risks and potential complications.

General risks during surgery:

- Risks due to **anaesthesia:** These complications are generally very rare and primarily depend on your general medical condition. At the preoperative anaesthesia consultation, we go over your medical history and any home medications.

- **Infection:** There is always a small risk of infection despite the physician performing the procedure in sterile conditions and the preventive antibiotics you receive for the procedure.
    - Bladder inflammation (occurs in about 5% of patients). To detect this early, we always take a urine culture on the day after surgery.
    - Infection of the surgical area (the posterior wall of the vagina).

- **Bleeding:** Blood loss during a vaginal prolapse repair is usually quite limited. Severe bleeding requiring a blood transfusion is very rare (<1%).

- **Thrombosis (clot in a blood vessel):** All surgical procedures have an associated risk of a thrombosis. This is why you receive preventive anti-thrombosis injections during your admission. You will also be given compression stockings. We recommend you wear these stockings until you regain mobility. If you have experienced thrombosis in the past (or have other risk factors), you may also need to continue injections for several weeks after the procedure.

Specific complications in an anterior colporrhaphy:

- **Bladder injury:** During a posterior colporrhaphy, the doctor operates close to the rectum. So there is a small risk of intestinal damage. If this happens, the doctor repairs it immediately during the procedure.

- **Constipation:** Difficult bowel movements are a common problem after surgery. You must absolutely avoid pushing hard after a prolapse correction. We recommend making your bowel movements as easy as possible after the procedure by:
    - Using laxatives temporarily.
    - Eating a high-fibre diet and drinking plenty of water.

Contact details

Doctors

- dr. E. Bauters
- dr. O. Brouckaert
- dr. L. Deblaere
- dr. J. Quintelier
- dr. E. Rossey
- dr. A. Vandenameele
- dr. I. Vanderbeke
- dr. P. Vryens

Reachable at

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Gynaecologie — Route 21

Secretariat opening hours
Physical: 8 a.m. – 12:30 p.m. & 1:30 p.m. – 6 p.m.
Phone: 8:30 a.m. – 12:15 p.m. & 1:30 p.m. – 5:30 p.m.

Serious complaints or emergencies?

Please immediately contact

- your attending physician
- the hospital's emergency department
  057 35 60 00

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