Complications?

- With any surgery there is always a small risk of complications.
- Anesthetic problems. With modern anesthetics and monitoring equipment, complications due to anesthesia are very rare.
- Bleeding. Serious bleeding requiring blood transfusion is unusual following vaginal surgery (less than 1%).
- Post operative infection. Although antibiotics are often given just before surgery and all attempts are made to keep surgery sterile, there is a small chance of developing an infection in the vagina or pelvis.
- Bladder infections (cystitis) occur in about 6% of women after surgery and are more common if a catheter has been used. Symptoms include burning or stinging when passing urine, urinary frequency and sometimes blood in the urine. Cystitis is usually easily treated by a course of antibiotics.
- Constipation is a common postoperative problem
- Pain with intercourse (dyspareunia). Some women develop pain or discomfort with intercourse.
- Damage to the bladder or ureters during surgery is an uncommon complication which can be repaired during surgery.
- Incontinence. After a large anterior vaginal wall repair some women develop stress urinary incontinence due to the unkinking of the urethra (tubefrom the bladder).
- This is usually simply resolved by placing a supportive sling under the urethra section).
- **Mesh Complications.** If mesh is used for reinforcement there is a 5-10% risk of mesh extrusion requiring trimming
  Pain can develop associated with the mesh requiring part or all of the mesh to be removed.

How successful is the surgery?

- Quoted success rates for anterior vaginal wall repair are 70-90%.
- There is a chance that the prolapse may come back in the future, or another part of the vagina may prolapse for which you need further surgery.
- Recurrence rates are less than 20% in the next 3 years

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PATIENT INFORMATION BROCHURE

CYSTOCOELE REPAIR (ELEVATE-SYNTHETIC)

Patient well-being is my first priority!

Cystocoele Repair (Surgisis Elevate Synthetic)

Why is it done?

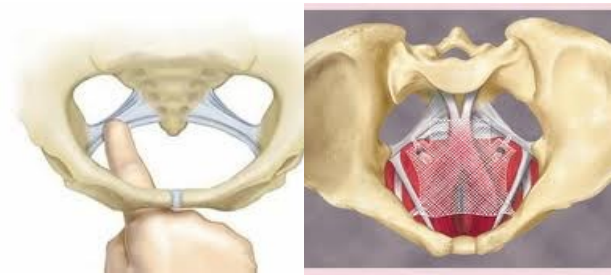
- The aim of surgery is to relieve the symptoms of vaginal bulge and/or laxity
- Improve bladder function without interfering with sexual function
- Used where own natural tissue is too weak to use

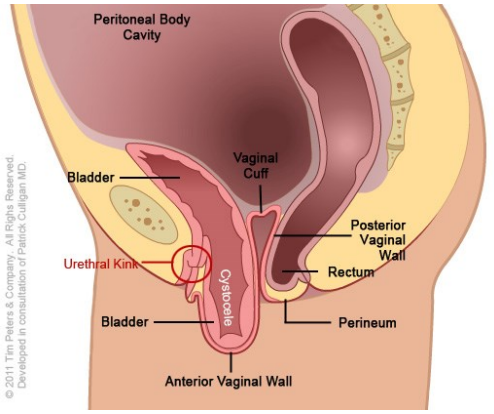
Pre-requirements

- An informed consent is required from the patient and a pre-admission clinic will be arranged.
- Patients may not eat or drink from midnight the previous evening.
- Patients are to refrain from smoking before the procedure.
- **Patients allergic to IODINE/CHLORHEXIDINE should clearly state this at the pre-admission clinic as well as to theatre staff and Dr Schoeman.**
- Any anti-coagulants such as Warfarin or Aspirin must be stopped 7 days prior to surgery. This may be replaced by once daily Clexane injections.
- Pre-operative blood tests are required 4 days prior to surgery.
- Patients with cardiac illnesses require a cardiologist/ physician report.
- A chest X-ray is required for patients with lung disease.
- Be prepared for an 2-3 day stay.

How is it done?

- This procedure is done under a spinal / general anaesthetic, as decided by the anaesthetist.
- There are many ways to perform an anterior repair
- An incision is made along the center of the front wall of the vagina starting near the vaginal entrance and finishing near the top of the vagina.
- The vaginal skin is then separated from the underlying supportive fascial layer using local anaesthetic in Saline solution.
- The weakened fascia is then repaired using absorbable stitches,
- Sometimes excessive vaginal skin is removed and the vaginal skin is closed with absorbable sutures, these usually take 4 to 6 weeks to fully absorb.
- Reinforcement material in the form of synthetic (permanent) mesh may be used to repair the anterior vaginal wall.
- Mesh is usually reserved for cases of repeat surgery or severe prolapse.
- A cystoscopy may be performed to confirm that the appearance inside the bladder is normal and that no injury to the bladder or ureters has occurred during surgery.
- A pack may be placed into the vagina and a catheter into the bladder at the end of surgery.
- If so, this is usually removed after 3-48 hours. The pack acts like a compression bandage to reduce vaginal bleeding and bruising after surgery.





What to expect after the procedure?

- When you wake up from the anesthetics you will have a drip to give you fluids and may have a catheter in your bladder.
- The surgeon may have placed a pack inside the vagina to reduce any bleeding into the tissues.
- Both the pack and the catheter are usually removed within 48 hours of the operation.
- It is normal to get a creamy discharge for 4 to 6 weeks after surgery. This is due to the presence of stitches in the vagina; as the stitches absorb the discharge will gradually reduce.
- If the discharge has an offensive odor contact your doctor.
- You may get some blood stained discharge immediately after surgery or starting about a week after surgery. This blood is usually quite thin and old, brownish looking and is the result of the body breaking down blood trapped under the skin.