University Hospitals of Leicester
NHS Trust

Treatment options for vaginal prolapse

Gynaecology

Information for Patients

Last reviewed: November 2024
Next review: November 2027
Leaflet number: 924 Version: 2

What is prolapse?

A prolapse is a bulge of the walls of the vagina or the womb dropping down into the vagina.

The muscles and ligaments that support the vagina/womb separate or stretch. They can no longer support the organs. This is usually due to pregnancy or childbirth. Prolapse can affect the front wall, back wall or the womb (or top of the vagina after hysterectomy).

The bladder sits just above the front wall of the vagina. If the fibrous tissues in the front of the vagina separate, the bladder drops down in to the gap. This is called a cystocoele.

The bowel sits behind the back wall of the vagina. If the fibrous tissues in the back of the vagina separate, the bowel drops down in to the gap. This is called a rectocoele or enterocoele.

When there is a prolapse of the womb itself, the womb drops down into the vagina or even comes right outside the vagina. The top of the vagina can also be affected by prolapse if you have had a hysterectomy before. This is called a vault prolapse.

1, 2 or all 3 parts of the vagina can be affected by prolapse in any combination.

The main problems a prolapse causes are

- bulging and aching in the vagina
- pain in the lower tummy or lower back
- problems during sex
- when the prolapse is outside the vagina, the skin can become very sore. It may turn into an ulcer. It can bleed where it rubs on the underwear.

There may also be urinary or bowel problems such as loss of bladder control. Treating the prolapse will not always help with urinary or bowel problems. It may even make them worse.

Treatment options for prolapse other than surgery

1. Doing nothing is a choice if a prolapse is not causing any problems. But a prolapse may get bigger. If it does get bigger, you can come back and see us for treatment.
2. Pelvic floor exercises strengthen the muscles that support the vagina. They will not get rid of the prolapse but may make you feel more comfortable. A nurse or physiotherapist in our department supervise pelvic floor exercises.
3. Vaginal pessaries are plastic devices that are put into the vagina. They hold up the prolapse. Some patients may be able to look after some types of pessary themselves. Others need to be changed every 4 to 6 months in the GP practice or clinic. Some pessaries may
    - stop you from having sex,
    - cause a vaginal discharge
    - sometimes cause bleeding.

(Click on the links or scan the QR code to read the leaflets)

Surgery for prolapse

If you want more children, we will say that you need to wait until your family is complete before having surgery, as the prolapse could come back again. The treatments above are more suitable for you until then.

It is common to have a mix of operations to deal with all the affected areas. They are usually carried out through the vagina.

Before your operation we may need to ask for your consent for other operations to deal with your prolapse. These will depend on the examination of your prolapse whilst you are having the operation.

Common operations for vaginal prolapse are:

- **Pelvic floor repair**

These operations do not involve using mesh.

A front wall repair is also called an anterior vaginal repair. A cut is made along the front wall of the vagina. We separate the bladder from the vagina. We put supporting stitches in to hold the bladder back.

A back wall repair is also called a posterior vaginal repair. A cut is made along the back wall of the vagina. We separate the back passage from the vagina. We put supporting stitches in to hold the bowel back.

- **Vaginal hysterectomy**

If you still have your womb, you may need to have a vaginal hysterectomy if it is coming too far down into the vagina. At the time of a hysterectomy, the neck of the womb (cervix) is also removed. We do not remove the tubes and ovaries unless we are also doing a keyhole operation to remove them at the same time.

- **Sacrospinous fixation**

Sometimes we may offer you a sacrospinous fixation. This operation lifts the top of the vagina. It may be needed if you have a large prolapse affecting this area. The top of the vagina is stitched to tough tissue higher up in the pelvis to hold the top of the vagina up. It is called the sacrospinous ligament. A separate leaflet is available for this operation.

- **Vaginal vault or womb prolapse** (see leaflet 1558 at yourhealth.leicestershospitals.nhs.uk)

This is surgery done through your tummy. It uses mesh. It can be done as keyhole or as an open operation. The mesh is stitched between the top of the vagina (vault) or neck of the womb (cervix) and the sacrospinous ligament. It will hold up a prolapsed womb or vaginal vault after an earlier hysterectomy. It is thought to last longer than sacrospinous fixation. A separate leaflet is available for this operation.

What do I need to do before the operation?

You will need to have a pre-assessment appointment in the weeks before your operation. You will have blood tests and a general health check to make sure that you are fit for surgery.

You can also talk about any concerns that you have and ask questions.

It is important to be as fit and healthy as possible. Good health before your operation will help reduce your risk of developing complications and speed up your recovery.

- If you smoke, try to stop smoking. https://www.nhs.uk/live-well/quit-smoking/10-self-help-tips-to-stop-smoking/
- Eat a healthy, balanced diet and try to lose weight if you are overweight.
- Exercise regularly.
- You may be asked to use vaginal oestrogens (cream or pessaries) for at least 2 weeks before the operation. These help to improve the strength of the tissues, so they heal better.

Risks of surgery

- **Anaesthetic problems:** These are very rare. The risk of a serious problem caused by the anaesthetic is 1 in 10,000. Risk of death from the anaesthetic is 1 in 100,000.
- **Heavy bleeding:** There is a risk of bleeding with any operation. Heavy bleeding is uncommon (1 to 3 in 100 cases). If you bleed heavily you might need to be given blood during or after surgery. Sometimes there can be bruising of the vagina or vulva.
- **Infection:** There is a risk of infection after any operation. A serious infection is rare. We lower the risk of infection by giving you antibiotics during your operation. An abscess can occur where the infection is more severe (1 in 3000).
- **Deep vein thrombosis (DVT):** This is a clot in the deep veins of the leg. It can occur in 4 to 5 out of 100 patients. A serious problem sometimes occurs when a clot in the leg travels up to the lungs. If you wear special stockings this lowers the risk of clots. We also give you injections to thin the blood. We will give you more information about this.

- **Damage to other organs nearby:** This can include bowel (5 in 1000), bladder or the urine tube between the kidney and bladder (2 in 1000 or more often with repair of the front wall) and blood vessels. These complications are uncommon but can mean it takes longer for you to recover. Sometimes we do not find these injuries at the time of surgery. You may need to have another operation.
- **Your prolapse may come back (recurrence):** Prolapse operations are not always successful. About 1 in 3 women have another prolapse during their lifetime. This is because the vaginal tissue can weaken again, or a different part of the vagina may prolapse. The prolapse can come back in the same part of the vagina, another part or the top of the vagina.
- **Pain:** General pelvic or vaginal discomfort is common and usually settles with time. It can be managed with regular painkillers. You may have some pain during sex. This may be permanent (1 in 10 women). The sacrospinious fixation operation can sometimes cause pain in the buttock. It settles on its own with time in most cases. Long term pain after major surgery may happen in 2 out of 100 cases.
- **Reduced feeling or pain during sex:** Sometimes the feeling during sex may be less. Sometimes your orgasm may be less intense. Some women may also have pain in the vagina after surgery from scarring or narrowing of the vagina (15 in 100 women).
- **Change in bladder function:** Peeing too often or needing to rush to go to the toilet for a pee (overactive bladder symptoms) may get better after prolapse surgery. Such bladder problems can sometimes start or get worse after the operation, such as some leakage of pee (urine) when you cough or sneeze. About 1 in 10 women may find they have worse bladder function. If you have this, please tell us so that we can treat you for it.
- **Change in bowel function:** Sometimes patients can become constipated after the operation. You need to avoid straining on the toilet. You may need to use laxatives. Often having a poo is easier in the longer term.
- **Risk of death** in the first 6 weeks after surgery from all causes is rare (37 women out of every 100,000 women having prolapse surgery).
- **Mesh issues:** damage to internal organs: bladder, bowel, blood vessels, ureters (tubes between kidneys and the bladder), mesh erosion / exposure, infection of mesh, inflammation of sacral bone, painful sex.

What happens during a vaginal hysterectomy?

- You will have an anaesthetic.
- We will insert a catheter (tube) into your bladder to drain pee away. You will be examined.
- We will make a cut in the vagina. It will run along the top of the vagina and around the cervix (neck of the womb) for a vaginal hysterectomy.
- We will cut the blood vessels and ligaments to the womb and tie them off. This releases the womb from the tubes and ovaries. The tubes and ovaries are not usually removed during a vaginal hysterectomy.
- The womb is then removed from below and sent for routine tests.

- The top of the vagina is sewn together with dissolvable stitches.
- A pack (long strip of gauze) is often placed in the vagina like a big tampon. This helps to reduce bleeding. The nurses will remove it with the catheter the next day by the nurses.
- Once the operation is finished you will wake up in the recovery area. You will stay for about 1 hour before being moved to the ward.

What happens during a vaginal repair?

- You will have an anaesthetic.
- We will insert a catheter (tube) into your bladder to drain pee away. You will be examined.
- We will make a cut in the vagina. It will run down the front or back of the vagina for a repair.
- The prolapsed bowel or bladder is pushed back into its correct position.
- We may repair any tears in the deeper vaginal tissues where the bulge of the prolapse is.
- We then insert stitches into the vagina to support the prolapsed bowel or bladder.
- The vagina is then closed again with dissolvable stitches. Meshes are not used.
- A pack (long strip of gauze) is often placed in the vagina like a big tampon. This helps to reduce bleeding. The nurses will remove this and the catheter the next day.
- Once the operation is finished you will wake up in the recovery area. You will stay here for about 1 hour before being moved to the ward.

After the operation - in hospital

After having a hysterectomy or repair, you may wake up feeling tired and in some pain. This is normal after this type of surgery.

We will give you painkillers to help reduce any pain and discomfort and anti-sickness medicines.

You might have a drip in your arm, a catheter in the bladder and sometimes a pack in the vagina. These tubes will usually stay in place for 1 night. If the plan is for you to home on the same day as your operation these will be removed before you wake up from the operation.

After the pack and catheter have been removed you should be able to pass pee normally. It may be a little slow at first.

Sometimes, due to swelling around the bladder neck, the catheter may need to be replaced until the swelling has settled. Sometimes this can take a week or so, but you will not need to stay in the hospital for that time.

We will give you injections to keep your blood thin and reduce the risk of blood clots. You normally have them once a day until you go home.

Your recovery time

The length of time it will take before you are well enough to leave hospital will depend on your age, your general health, and the support that you have at home. You may be able to go home the same day or the next day.

If you live by yourself, you may be able to get help from your local NHS authority while you are recovering from your operation. Your GP/ hospital staff should be able to advise you further about this.

Once you go home after the operation

You are likely to feel tired and may need to rest in the daytime from time to time for a month or more. This will slowly improve.

Do not use tampons or have sex for 6 weeks. This could increase the risk of infection.

Moving about is very important. Using your leg muscles will reduce the risk of clots in the back of the legs (DVT). This can be very dangerous.

It is important to avoid putting pressure on the repair. This is very important in the first weeks after surgery. Avoid any heavy lifting. You may need to take laxatives to make sure your poo is soft, and it is easy to have a poo. You may find it comfortable to hold your tummy to get support the first few times you go to the toilet. The deep stitches dissolve during the first 3 months. The body will slowly lay down strong scar tissue over the next few months.

It is important for you to do pelvic floor exercises after your operation, even though you have stitches.

Start with what is comfortable and then slowly increase.

Aim for 10 long squeezes, up to 10 seconds each, followed by 10 short squeezes.

You should do pelvic floor exercises at least 3 times a day.

Make these exercises part of your daily routine for the rest of your life.

Things to tell your doctor during your recovery

While most women recover well after a hysterectomy or repair, complications can happen. You should seek medical advice from your GP, the hospital where you had your operation, or call 111 if you have any of the following:

- **Burning and stinging when you pee or needing to pee too often:** This may be due to a urine infection. It can be treated with antibiotics.
- **Heavy, fresh or smelly vaginal bleeding or bleeding which starts up again:** You may also be feeling unwell and have a temperature (fever). These symptoms may be because of an infection or a small collection of blood in the wall of the vagina after repair or at the top of the vagina. This is called a vault haematoma after hysterectomy. Treatment is antibiotics. Sometimes you may need to be admitted to hospital for antibiotics to be given through your vein. Rarely, you may need to go back to theatre to have this drained.
- **Tummy pain that is getting worse with a temperature (fever) or** not wanting to eat and

being sick (vomiting): This may be because of damage to your bowel or bladder. You will need to be re-admitted to hospital for urgent tests. You may need another operation.

- **A painful, red, swollen, hot leg** or difficulty putting weight on one of your legs may be caused by a deep vein thrombosis (DVT). If you have **shortness of breath, chest pain or cough up blood**, it could be a sign that a blood clot has travelled to the lungs (pulmonary embolus). If you have these symptoms, you should seek medical help right away. Call 999 or go to the Emergency Department.

Getting back to normal

Returning to work: This will depend on how you feel and what sort of work you do.

If your job does not involve manual work or heavy lifting, you may be able to return after 4 to 8 weeks.

Driving: Do not drive until you are comfortable wearing a seatbelt and can safely make an emergency stop. This can be anything from between 3 and 8 weeks after your operation. You may want to check with your GP that you are fit to drive before you start. Some car insurance companies need a certificate from a GP stating that you are fit to drive. Check this with your car insurance company.

Exercise and lifting: After your operation we will give you information and advice about suitable forms of exercise while you recover.

Walking is always recommended. You can swim after the bleeding has stopped. Do not try to do too much. You will feel more tired than usual

Do not lift any heavy objects during your recovery period. If you must lift light objects, make sure that your knees are bent, and your back is straight.

Sex: After your operation, you must wait at least 6 weeks before having sex. We recommend that you do not have sex until any vaginal discharge has stopped, and you feel comfortable and relaxed. You may have some vaginal dryness. You should use lubricants if this is the case.

Many women can have a loss of sexual desire (libido) after the operation. This usually returns once they have fully recovered.

Birth control: You no longer need to use contraception to prevent pregnancy after having a hysterectomy.

You will need birth control if you are only having a vaginal repair unless you are not having sex with a fertile man or you are past the menopause. However, you will still need to use condoms to protect yourself against sexually transmitted infections (STIs) if needed.

Follow up

Patients are not always seen for follow up in the hospital. You may be asked to make an appointment to see your GP for a check-up. In some cases, you may see your consultant in the hospital.

Further information

https://bsug.org.uk/pages/for-patients/bsug-patient-information-leaflets/154

British Society of Urogynaecology (BSUG) database

We will ask for your consent to collect information about your surgery and recovery. The information is stored in a secure online database. The information collected helps us learn about and keep track of our practice.

Contact numbers for advice

Pre-assessment Clinic (open Monday to Friday, 8am to 4.30pm):	0116 258 4839
Leicester General Hospital - Ward 31 (24 hour service):	0116 258 4843
Leicester Royal Infirmary - Gynaecology Assessment Unit (24 hour service):	0116 258 6259
Urogynaecology Nursing Office:	0116 204 7897

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہِ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔

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Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email equality@uhl-tr.nhs.uk

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