VON VOIGTLANDER WOMEN'S HOSPITAL
MICHIGAN MEDICINE

Vaginal Hysterectomy, Sacrospinous Ligament Suspension and Vaginal Wall Repair

What is a vaginal hysterectomy?

It is the removal of the uterus and cervix through the vagina.

Removal of the tubes and ovaries (salpingo-oophorectomy) is a decision best made on an individual basis.

When is this surgery used?

It is used to treat prolapse (sagging down) of the uterus as well as other diseases of the uterus.

What is a sacrospinous ligament suspension?

It is a surgery that is used to lift up the top of the vagina and hold it in place. Four stitches are used to hold the innermost part of the vagina to the sacrospinous ligament (a ligament is a tough band of tissue). The stitches are usually placed in the right sacrospinous ligament rather than the left because the right side is farther away from the large bowel. Over time, the stitches will gradually dissolve as scar tissue forms to hold the vagina in place. Because the ligament is deep in the right buttock, it is normal to feel pain or discomfort there for up to 3 months after surgery. The pain will gradually decrease as the stitches dissolve and normal after-surgery swelling goes away.

When is this surgery used?

It is used to repair vaginal prolapse. Normally, the vagina is held in place by layers of muscles and connective tissue. Vaginal prolapse occurs when these tissues fail.

Prolapse can mean:

- The vagina slides down out of the vaginal opening, like a pocket turning inside out.
- The wall of the vagina that supports the bladder slides down.
- The wall of the vagina that is over the rectum slides down.

What is vaginal wall repair?

It is surgery that restores normal support to the vaginal walls. The surgeon makes an incision (cut) in the top or bottom vaginal wall and then stitches together the stronger tissues that are underneath the soft skin that lines the inside of the vagina. The skin is then also repaired and stitched together. **No synthetic mesh is used in vaginal wall repair surgery**. A graft made from animal tissue may be used **if** you and your doctor have talked about this and made it part of the plan for your surgery.

When is this surgery used?

An anterior vaginal wall repair is used to treat prolapse of the vaginal wall under the bladder, also called a cystocele or dropped bladder. A posterior repair treats prolapse of the vaginal wall over the rectum, also called a rectocele. Your doctor will decide if you need one or both vaginal walls repaired. Sometimes this decision is best made during surgery.

How do I prepare for surgery?

- Before surgery, a pre-op appointment will be scheduled with your doctor at their office or with a nurse practitioner or physician assistant in the preoperative anesthesia clinic.
- Depending on your health, we may ask you to see your primary doctor, a specialist, and/or an anesthesiologist to make sure you are healthy for surgery.
- If your surgeon recommends lab work before surgery, **the lab work is best done at least 3 days before surgery.**

- Some medications need to be stopped before the surgery. Instructions on which medications you should stop and which you should continue will be provided at your pre-operative appointment.
- You will need to shower at home before surgery. Instructions will be provided at your pre-operative appointment.
- Do not wear makeup, nail polish, lotion, deodorant, or antiperspirant on the day of surgery.
- Remove all body piercings and acrylic nails.
- If you have a "Living Will" or an "Advance Directive", bring a copy with you to the hospital on the day of surgery.
- Most patients recover and are back to most activities in 4-6 weeks. You may need a family member or a friend to help with your day-to-day activities for a few days after surgery.

What can I expect during the surgery?

- Once in the operating room, you will receive general anesthesia before the surgery to keep you from feeling pain.
- After you are asleep and before the surgery starts:
    - The Anesthesia providers will determine how best to support your breathing during surgery.
    - A catheter may be inserted into your bladder to drain urine and to monitor the amount of urine coming out during surgery.
    - Compression stockings will be placed on your legs to prevent blood clots in your legs and lungs during surgery.
- Photographs may be taken during the surgery and placed in your medical records.

What are the possible risks from this surgery?

We work very hard to make sure your surgery is as safe as possible, but problems can occur. Below, we tell you about some of the possible problems that can occur.

Possible risks during surgery include:

- **Bleeding:** If there is excessive bleeding, you may receive a blood transfusion. If you have personal or religious reasons for not wanting a transfusion, it is critical that you discuss this with your doctor **prior to surgery.**
- **Damage to the bladder, ureters** (the tubes that pass urine from the kidneys to the bladder), **or bowel:** If damage occurs, it will be repaired while you are in surgery if possible. The risk of damage is about 1-2 in 100.
- **Need for an abdominal incision:** Bleeding or injury to the bladder, ureters, or bowel may require your doctors to make an abdominal incision to repair the problem. The location and size of the incision will depend on the exact problem. The risk of needing an abdominal incision is less than 1 in 100 (less than 1%).
- **Nerve damage:** We are very careful to position you so that there is no harmful pressure on your nerves during surgery, but there is a small risk that this will happen. Your nerves can also be damaged by the surgery itself. The overall risk of nerve damage is 2 to 10 in 100. Nerves often recover, but it can take many months.
- **Death:** All surgeries have a risk of death. The chance of dying from this kind of surgery is less than 1 in 10,000.

Possible risks that can occur days to weeks after surgery:

- **Blood clot in the legs or lungs:** Swelling or pain, shortness of breath, or chest pain are signs of blood clots. The risk of getting a blood clot after surgery is about 1 in 500.
- **Bowel obstruction:** A blockage in the bowel that causes abdominal pain, bloating, nausea, or vomiting. The risk of bowel obstruction is less than 1 in 100 (less than 1%).

- **Discomfort during sexual activity:** If this occurs, we can often help you address it. The risk of new discomfort following surgery is less than 5 in 100.
- **Infection:** Bladder or surgical site infection are the most common examples. A bladder infection causes urinary urgency, frequency, and pain with urination. A surgical site infection may cause redness, swelling, or pain at or near the surgical site. Fever is also a common symptom of infection.
- **Prolapse symptoms:** The risk of prolapse happening again after a prolapse repair surgery is up to 20 in 100 and usually happens many years after the surgery.
- **Scar tissue:** Tissue thicker than normal skin forms where surgery was done. There may be pain at the scar tissue. Scar tissue rarely requires treatment.
- **Urinary symptoms:**
    - It is very common that you may temporarily be unable to empty your bladder normally when you urinate. Within the first 2 weeks after surgery, the risk of incomplete bladder emptying is up to 40 in 100. If needed, you will be taught how to use a catheter.
    - New or worse bothersome urinary urgency or leaking because of urgency. These symptoms often gradually go away around 6 months after the surgery. The risk of this is not the same for everyone. Talk to your doctor if you have questions about this.

What happens after the surgery?

- You will be taken to the recovery room and monitored for a short time before going to the observation unit.
- Depending on the length of your surgery, you may not be able to eat or drink anything until the next morning or you will be started on a liquid diet. When you are feeling better, you may return to a regular diet.
- You may have cramping, feel bloated, or shoulder pain.

- You may have a scratchy or sore throat from the tube used for your anesthesia.
- You may:
    - Be given medications for pain and nausea if needed.
    - Have the tube in your bladder removed in the recovery room. This will usually be removed within a few hours of your surgery.
    - Have compression stockings on your legs to improve circulation.
    - Be restarted on your routine medications.
    - Be given a small plastic device at your bedside to help expand your lungs after surgery.
    - Start walking as soon as possible after the surgery to help healing and recovery.

How can I improve my chances of a good recovery?

Physical fitness

Research shows that getting more physical activity before surgery can lower your risk for problems after surgery. Walking is a great way to improve your fitness level before surgery. Even if you start walking just a few weeks before surgery, it can make a big difference. If you want to do a fitness program with over-the-phone support, ask your doctor for a referral to the Michigan Surgical & Health Optimization Program (MSHOP).

Weight

If you are overweight, your recovery after surgery might be more difficult. If you are interested in weight loss programs such as nutrition counseling or the metabolic weight loss program, please let us know so that we can explore your eligibility for those services.

Quit smoking

Smoking can affect your surgery and recovery. Smokers may have difficulty breathing during the surgery and tend to heal more slowly after surgery. If you are a smoker, it is best to quit 6-8 weeks before surgery. If you are unable to

stop smoking before surgery, your doctor can order a nicotine patch while you are in the hospital.

Smoking is harmful to your recovery. If you smoke, your:

- Risk of having a lung problem is at least twice that of a non-smoker.
- Surgical incision will not heal as well, and you have a higher risk of Infection.
- Heart works harder.

How do I quit smoking?

Tips for quitting:

- Set a quit date. Involve your friends and family.
- Talk with your primary care provider about prescription medicines to help you quit.
- Ask your surgeon for a referral to the M-Healthy Tobacco Consultation Service

Tobacco Consultation Service

You can receive tobacco treatment services to assist you in quitting tobacco use before surgery. The 6-week program covers:

- Preparing to quit
- How quitting affects your body
- Tobacco treatment medications
- Setting a quit date
- How to live free of tobacco
- Relapse prevention

Explore and use the resources shown below. If you have a smartphone, there are many phone apps that can help you quit.

Phone resources to help you quit:

- Michigan Department of Community Health Tobacco QUIT NOW: (800)784-8669
- National Cancer Institute: (800) 4-CANCER
- Nicotine Anonymous (12-step approach): (415) 750-0328

Online resources to help you quit:

- How to Quit (CDC-Office on Smoking and Health): https://tinyurl.com/zjr83mj8
- Tips From Former Smokers-How to Quit Smoking (CDC): https://tinyurl.com/32tjwbfz
- BecomeAnEX (Truth Initiative and Mayo Clinic): https://www.becomeanex.org

When will I go home after surgery?

Most patients go home safely on the same day of surgery. Patients usually spend a few hours in the recovery room and are discharged home from there. If you have concerns about care at home, please discuss discharge planning with your physician.

At home after surgery:

It is common not to have a bowel movement for a few days after surgery, especially if you are using opioid pain medication after surgery.

Call your doctor right away if you:

- Develop a fever over 100.4˚F (38˚C)
- Start bleeding like a menstrual period or (and) are changing a pad every hour
- Have severe pain in your abdomen or pelvis that the pain medication is not helping
- Have heavy vaginal discharge with a bad odor
- Have nausea and vomiting
- Have chest pain or difficulty breathing

- Leak fluid or blood from the incision or if the incision opens
- Develop swelling, redness, or pain in your legs
- Develop a rash
- Have pain with urination

Caring for your incision:

- Your repairs and incision will be closed with sutures that dissolve. Depending on the suture, the time for this to occur will be 3 weeks to 3 months. Suture removal is rarely necessary.

Vaginal bleeding:

- Spotting is normal.
    - Discharge will change to a brownish color followed by yellow cream color that will continue for up to four to eight weeks.
    - It is common for the brownish discharge to have a slight odor because it is old blood.

Menopausal symptoms:

If you have not yet stopped having periods and your ovaries are removed during surgery, you will experience menopause. Symptoms of menopause may include hot flashes, vaginal dryness, mood changes, and vaginal discomfort with intercourse. If these symptoms cause you discomfort, please talk with your doctor.

Before the age of 45 there is a greater risk of thinning and broken bones after your ovaries are removed. It is important to get the right amount of calcium and vitamin D from your diet or a supplement. Your doctor may want you to have a bone density scan to evaluate your bone health.

Diet: You will continue with your regular diet.

Medications:

- **Pain:** Non-opioid pain medications, like Tylenol and Motrin, are routinely recommended for consistent use in the first few days after your surgery. In addition, you may need opioid pain medication. We will discuss with you individually, if and how much is appropriate for you.
- **Stool softeners:** Use of Colace, fiber supplements or MiraLAX can help soften stool and avoid straining. Ask your physician if you have concerns about this. It is more likely you will need these if you are using large amounts of opioid pain medications.
- **Nausea**: Anti-nausea medication is not typically prescribed. Tell your doctor if you have a history of severe nausea with general anesthesia.

Activities:

- **Energy level:** It is normal to have a decreased energy level after surgery. During the first week at home, you should minimize any strenuous activity. Once you settle into a normal routine at home, you will slowly begin to feel better. Walking around the house and taking short walks outside can help you get back to your normal energy level more quickly.
- **Showers:** Showers are allowed 24 hours after your surgery.
- **Climbing:** Climbing stairs is permitted, but you may require some assistance when you first return home.
- **Lifting:** For 6 weeks after your surgery, we recommend you avoid heavy or repetitive lifting.
- **Driving:** The reason you are asked not to drive after surgery is that you may be prescribed pain medications. Even after you stop taking pain medication; driving is restricted because you may not be able to make sudden movements due to discomforts from surgery.
- **Exercise:** Exercise is important for a healthy lifestyle. You may begin normal physical activity within hours of surgery. Start with short walks and

gradually increase the distance and length of time that you walk. To allow your body time to heal, you should not return to vigorous exercise until you talk to your physician at your post-op appointment.

- **Intercourse:** No vaginal sexual activity for 6 weeks after surgery.
- **Work:** Most patients can return to work between 4-6 weeks after surgery. You may continue to feel tired for a couple of weeks.

Follow-up with your doctor:

You should have a post-operative appointment scheduled with your doctor for 4-6 weeks after surgery.

If you have any further questions or concerns about getting ready for surgery, the surgery itself, or after the surgery, please talk with your doctor.

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