Urogynaecological Society of Australasia

INFORMATION SHEET

Recovery after Pelvic Organ Prolapse Surgery

Surgery for vaginal prolapse is a generally well-tolerated procedure. There are, however, a few things that you need to manage to ensure your recovery is smooth.

Pain

Pain or discomfort in the vagina, perineum and lower abdomen is to be expected for 4–6 weeks after surgery. This can usually be managed successfully with a combination of paracetamol and anti-inflammatories (for example, ibuprofen and diclofenac. Sometimes, women need stronger pain relief for the first few weeks after surgery. Pain relief in the early postoperative period is best taken at regular intervals; don't wait for pain to become severe before taking medication. Staying on top of any pain will help to keep you mobile and to recover more quickly.

Bladder

Initially your bladder function can be erratic after prolapse surgery and range from difficulty voiding to incontinence. If you have had a sling you may notice a change in your urine stream – it may be slower or spray a little. This is normal. It is important that you relax completely when voiding and do not strain or push to empty your bladder, as this will activate the sling and may make it harder for you to empty your bladder.

Maintain a normal fluid intake (aim for a total intake of 1.5–2 litres a day) and try to pass urine around every 4–6 hours during the day. You may experience a burning sensation when you pass urine for the first week after the surgery. This is normal and may be related to the passage of a catheter and/or cystoscope during the operation. Taking Ural sachets can often alleviate this discomfort. If this sensation persists for more than 2 days then you may have developed a bladder infection. Please see your GP for a urine test and commence antibiotics if an infection is present. Difficulty voiding and urinary incontinence experienced following prolapse surgery frequently resolve but need to be discussed with your gynaecologist.

Bowels

While more complete bowel emptying is frequently reported after surgery, initially bowel function may be erratic varying from too loose to constipation. Pain associated with the surgery, pain medications containing codeine, reduced oral intake and reduced activity can all contribute to the development of constipation. It is important to avoid excessive straining to pass a bowel motion as this can put pressure on the sutures (stitches) in the vagina.

Be mindful of your fluid intake and increase your dietary fibre during this time. If constipation develops, taking simple laxatives such as Coloxyl or lactulose once to twice a day, which can be dispensed over the counter at your pharmacy, is usually adequate. If you are having trouble passing a bowel motion, laxatives that contain macrogol can be added to help.

Wound care

Cuts are often made in the vagina during the surgery. There will be bleeding from the vagina, which should turn into a brownish discharge within a few days of the surgery. This is usually present for a few weeks until the vaginal skin has healed. If the discharge increases in amount, becomes bright red or smells please contact your GP or gynaecologist as an infection may have developed.

Depending on the surgery, a combination of dissolvable, slowly dissolvable and permanent sutures will have been used. There are no sutures that need removal. Sometimes, as the sutures dissolve they can be seen as small pieces of loose thread in the discharge or when you wipe. This may be accompanied by a small amount of spotting.

Sexual activity
Abstain from sexual activity until your review with your gynaecologist. It is important that the vaginal skin incisions have completely healed before you start sexual activity again. Sometimes your partner may be aware of sutures in the vagina, which may take up to 3 months to be fully absorbed.

Physical activity
For the first 6 weeks light activity only – no heavy lifting (not more than 15kg), no straining, no strenuous exercise. Following that period of time gradually increase your activities but listen to your body and if you feel tired then rest. General anaesthetic can continue to have an effect on your energy levels for weeks after the surgery and it is important that you allow yourself the time to regain your energy levels.

The risk of deep vein thrombosis/blood clots in the leg increases after surgery. Continue to wear compression stockings until you are fully mobile. While it is important to rest following surgery, try not to have extended periods of inactivity. When sitting, or in bed, move your ankles and legs intermittently. Avoid crossing your legs.

Driving
You should not drive if you are taking strong painkillers or if you are not confident that you could perform an emergency stop if needed. As a general guide, avoid driving until you are pain free. Some insurance companies place restrictions on driving after surgery, so check your policy details.

Return to work
You should be ready to return to work 6 weeks after surgery. The timeframe depends on your recovery and the type of work you do. It is best to discuss your specific situation with your gynaecologist.

Follow up
Usually you will be reviewed by your gynaecologist 6 weeks following surgery. The plan for re-starting any blood thinning medications (aspirin, dabigatran, clopidogrel, rivaroxaban, warfarin etc) that were ceased prior to surgery should be discussed with your gynaecologist before discharge from hospital.

This statement has been developed by the Urogynaecological Society of Australasia (UGSA).

Disclaimer: This information is intended to provide general advice to practitioners. This information should not be relied on as a substitute for proper assessment with respect to the particular circumstances of each case and the needs of any patient. This document reflects emerging clinical and scientific advances as of the date issued and is subject to change. The document has been prepared having regard to general circumstances.