SHORE FOR WOMEN

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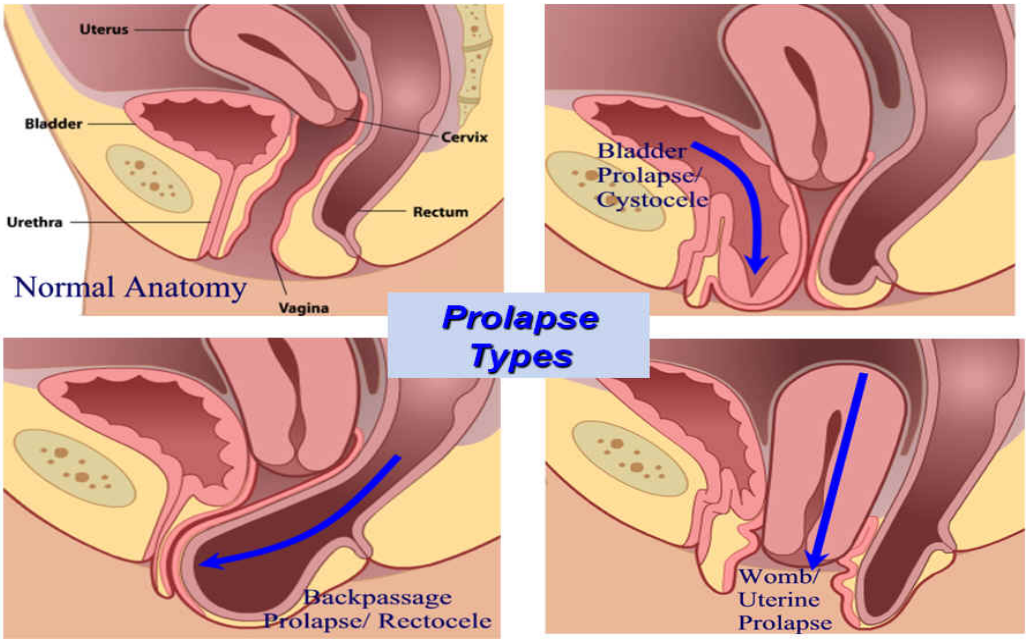
# Surgery for Vaginal Prolapse

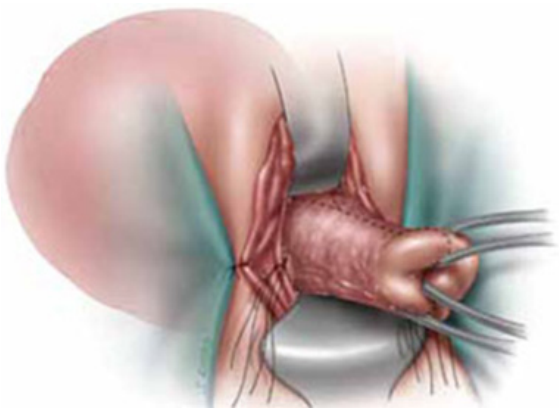
**During his career, Dr. Colin Walsh has successfully performed surgery for hundreds of women with vaginal prolapse. He performs vaginal prolapse surgery at North Shore Private Hospital.** Surgery is only recommended for cases where the prolapse is causing bothersome symptoms for the patient. Every woman is different and every woman's prolapse is unique. The best operation for you depends on:

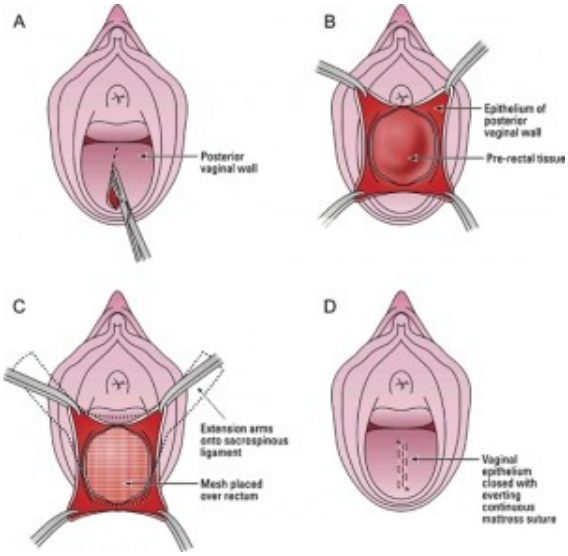
- which structures (bladder, bowel or uterus/cervix or a combination) are actually prolapsing
- the severity of your prolapse – is it mild, moderate or severe?
- whether you have had previous surgery for your prolapse
- whether you also have symptoms of urinary or faecal (bowel) incontinence




## Vaginal Hysterectomy

The standard operation for women with uncomplicated prolapse is removal of the cervix and uterus through the vagina. All the stitches are placed inside the vagina, with no scars on the outside. It takes about 45 minutes and is usually performed under general anaesthetic (asleep). The tubes/ovaries are not removed during this surgery. Usually women recover very quickly after a vaginal hysterectomy and go home after 3-4 nights. Overall complication rates are low and include bleeding, infection, damage to the bladder/ureters and vault prolapse.






*During a posterior repair, an incision is made in the back wall of the vagina and the rectocele is reduced*

## Anterior / Posterior Vaginal Repair

While a hysterectomy successfully treats prolapse of the cervix/uterus at the top of the vagina, it does not help with prolapse through the front or back of the vagina. Cystocele and rectocele need to be treated with vaginal reconstructive surgeries (repairs), which are different to a hysterectomy but are often performed during the same operation.

During the repairs, the bulges at the front wall or back wall (or both) are reduced into the correct position and the skin over the prolapse strengthened using the woman's own vaginal tissues. Each repair takes 20-30 minutes to perform and both repairs are not always needed.

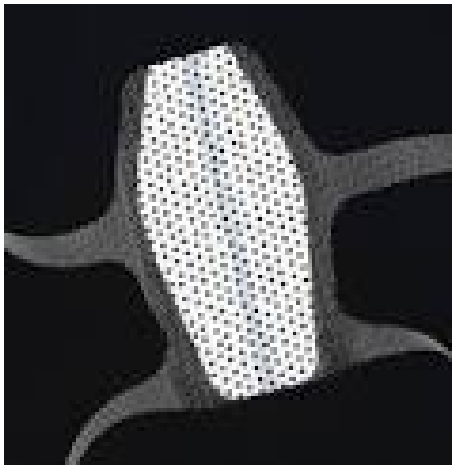
The risks from a repair include bleeding, infection, damage to the bladder (anterior repair) or bowel (posterior repair), vaginal narrowing and painful intercourse if the repair is tight, worsening incontinence or trouble emptying the bladder (anterior repair).

## Vaginal Prolapse Repair using Mesh

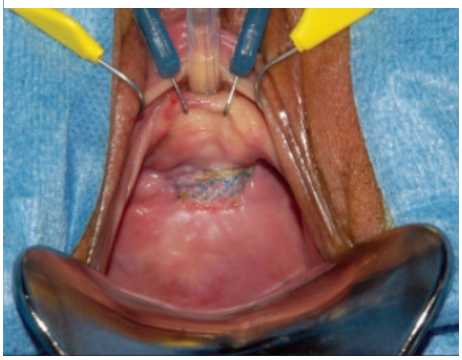
No surgery for prolapse lasts forever. Operations for prolapse only fix the prolapse itself, they cannot address the underlying cause (which, for many women, is childbirth). All prolapse surgeries are associated with recurrence rates of 20-30% depending on the patient and number of years since the operation. As such, many younger women end up needing another surgery for prolapse in the future.

Because of these high rates of recurrence, the concept of using a small film of plastic mesh to reinforce the vaginal repair was developed. Although it seems that using mesh does offer extra strength to the repair, in approximately 10% of women their body "rejects" the mesh (mesh exposure), which can cause major difficulty [1]. Therefore, using mesh during a vaginal prolapse repair is best reserved for women with previous unsuccessful surgery or those with very severe prolapse.

Dr. Colin Walsh has successfully treated many women with vaginal mesh and can advise you on for your particular situation. At **SHORE FOR WOMEN**, we only consider using mesh if the patient has already had a failed prolapse surgery and after women have been fully counselled about the risks and benefits of vaginal mesh repair. We do not recommend the use of vaginal mesh in primary surgeries.



*A thin layer of plastic mesh can be used to reduce recurrence risk*



*Mesh "exposure" is a serious complication, affecting 10% of cases*

**References**

1. **Walsh CA**, Slack M. Pelvic Organ Prolapse. In: Shaw RW, Luesley D, Monga A, ed Gynaecology, 4th edition. Elsevier; 2010; 849-864.