

Vaginal Hysterectomy

with Anterior and/or Posterior Repair

Patient Information

The Surgery

This surgery involves the removal of the uterus through the vagina. The front and back wall of the vagina (which cover the bladder and rectum) will also be repaired if they are bulging into the vagina and the ovaries will be left in place unless they look abnormal. A cystoscopy (procedure used to look inside the bladder) is performed to make sure the bladder and ureters are intact. A urine drainage catheter is inserted into the bladder through the urethra to be removed by the nurse the next day. The success rate is about 85-90% and there is a small chance that things may drop down again in the future. You will not be able to get pregnant anymore.

The Risks

The risks of the procedure include but are not limited to the following:

- Anesthetic risk, which is minimal in an otherwise healthy person;
- Risk of bleeding. Very rarely, this may require an abdominal incision to control bleeding. There is a very small chance of requiring a blood transfusion if there is a large amount of blood lost but this is only done if it is extremely necessary.

- Risk of infection (usually treated with antibiotics).
- Injury to bladder, bowels, nerves, vessels or ureters. This is also a minimal risk (if these rare injuries do occur, they are usually identified and repaired at the time of surgery without any significant problem in the long-term).
- Although some women may complain of vaginal dryness or pain with intercourse after surgery, this usually will resolve itself within a few months and may even get better than before the surgery.

Before the Surgery

- At your pre-admission clinic visit, please bring with you a list of all the medication (from pharmacy) you take (including all prescription and non-prescription medications and supplements).
- A routine blood test may be taken and a consultation with an anesthetist may be necessary.
- You should come to the admitting department at the hospital on the day of the surgery.
- You should not eat or drink after midnight the night prior to your surgery (water may be taken up to 4 hours before the surgery).

After the Surgery

- You will usually go home 1 or 2 days after surgery.
- On the morning of the first day after surgery, the urine drainage catheter will be removed, and your bladder will fill normally. You should try to pass your urine every 3 to 4 hours.
- Take your time, and when you feel that you have finished urinating, lean forward off the toilet seat and then sit down again, and give an extra push to try to empty your bladder completely.
- Please measure the amount of urine in the white measuring "hat" which will be placed on the toilet seat.
- If you cannot empty your bladder well during your hospital stay, then the nurse will drain your bladder with a small tube every 4 to 6 hours.
- Very rarely, you may have to go home with a catheter draining your bladder for 3 or 4 days.

If You Need to Go Home With a Temporary Urine Drainage Catheter

- You may not be able to urinate immediately after surgery due to swelling around the urethra, which is normal and gradually improves. In this instance, you will be discharged home with the catheter.
- Before leaving the hospital, the nurses will ensure that you are able to manage the catheter and small drainage bag ("leg bag").
- The catheter will be removed in the office 3 or 4 days later, and you will again try to urinate (in only very rare circumstances will a second week or longer of catheter drainage be required for further swelling to decrease).

After You Go Home

- You will be given a prescription for painkillers (usually narcotics and/or Naproxen).
- Take the Naproxen with meals, 2 times a day, but stop if you have an upset stomach.
- Use the narcotic if the Naproxen is not enough to control the pain.
- To avoid constipation, ensure adequate fluid intake (6 to 8 glasses per day) and use Milk of Magnesia if you do not have a bowel movement within 2 days.
- Avoid caffeinated drinks because they tend to irritate the bladder.
- You may take showers or baths.
- You may continue to do your usual daily and household activities immediately after surgery, however, any heavy lifting (more than 20 pounds) or straining (sit-ups, strenuous exercise) should be avoided for 3 months. No driving for at least 2 weeks.
- Nothing should be placed into the vagina until after your 6 week check-up.
- You may return to work in 4 to 6 weeks, depending on the physical demands of your job.
- Please phone the office for a follow-up appointment in 6 weeks.

