

Bwrdd Iechyd Prifysgol Abertawe Bro Morgannwg University Health Board

Pelvic Floor Unit / Department of Gynaecology Ward 17, Singleton Hospital, Sketty, Swansea, SA2 8QA © 01792 205666

**Secretary Direct Line: 01792 285688**. B Fax: 01792 285874

## ARTIFICIAL MESH REPAIR FOR TREATMENT OF PELVIC ORGAN PROLAPSE

## WHAT IS PELVIC ORGAN PROLAPSE?

The vagina and the uterus are supported by several ligaments in the pelvis, which also help to support the bladder and the rectum. Prolapse occurs when these supports are weakened and pelvic organs drop from their natural position and sometimes protrude from the vaginal opening.

## WHEN IS PROLAPSE TREATED?

Prolapse which doesn't cause any symptoms will not need any treatment. The most common symptoms of prolapse are: feeling a lump in the vagina, vaginal heaviness or discomfort. These can be worse on standing and as the day progresses. Sometimes patients with prolapse complain of difficulties in passing urine, urinary frequency, loss of bladder or bowel control, discomfort or lack of sensation with sexual intercourse.

## HOW IS THE PROLAPSE TREATED?

Many patients are helped by pelvic floor exercises and/or a vaginal pessary. Some patients require surgery.

One of the modern vaginal operations for prolapse is the insertion of soft, synthetic, permanent mesh. The mesh is placed under the vaginal lining through incisions in the vagina and held in place by the extensions of mesh, which exit near the creases of the thighs or on the buttocks. Depending on the type of prolapse, mesh might be placed under the front wall of the vagina (anterior) or under the back wall of the vagina (posterior) or under both (total). The mesh can also support the top of the vagina and the uterus if it is also prolapsing.

Occasionally mesh is used to support these organs during conventional open or laparoscopic abdominal surgery.

# WHY USE A MESH?

Conventional or mesh surgery for prolapse does not always provide long lasting support. Artificial meshes to provide extra strength are used for many hernia repairs throughout the body and are now suitable for use in the vagina. The expectation is that mesh prolapse repairs will provide excellent long term support and less disturbance of sexual function than other surgical techniques.

#### RISKS AND CONCERNS

Injury to blood vessels in the pelvis may lead to bleeding or postoperative bruising. The bladder and bowel are very close and may be damaged during any prolapse repair.

The procedure is designed to support the pelvic organs. This is usually helpful but occasionally leads to irritation and dysfunction of bladder and bowel as they adapt to their supported position.

Infection and pain in vagina or buttocks can also occur after vaginal surgery. In some cases vaginal scarring and mesh exposure can cause discomfort and pain with intercourse.

In mesh surgery there is a risk of the vaginal skin not healing well. This can allow the mesh material to become exposed in the vagina, which may need to be recovered.

Other problems that can occur are bowel obstruction, inflammation or infection in bones or ligaments. Surgical implantation of mesh is permanent and some complications may require additional surgery that may or may not correct the problem.

## FOLLOWING THE PROCEDURE

We routinely insert a vaginal pack/swab and bladder catheter in theatre, which are removed after 24 -48 hours. Following this most patients can go home if comfortable and their bladder is emptying properly.

The prolapse may return in the same or different part of the pelvis so please follow the advice carefully.

You may have a vaginal discharge for between 3 & 6 weeks. If this becomes heavier and offensive then extra antibiotics may be needed. (You will have been given antibiotics during and sometimes for a few days after the procedure).

Some patients return to normal daily activities within 3-4 days. Most completely recover in a 4-8 weeks period. Constipation, straining, heavy lifting and strenuous exercises should be avoided for 12 weeks. You can drive when you feel comfortable sitting and are able to do an emergency stop (you may need to check with your insurance company). You should avoid sex for about 6 weeks.

## FOLLOW UP

We would like to see you in the clinic 3 months after surgery. If you experience any problem with passing water, contact suite 17 Tel: 01792 285384

If you experience other problems contact

Mr. Emery's secretary Tel: 01792 285688

A member of the team may contact you by letter or telephone several months after the procedure to check on progress.

For further information and guidance on mesh repairs :

www.nice.org.uk/ipg283publicinfo