

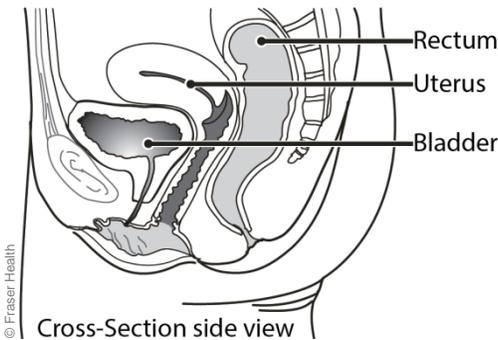
Anterior / Posterior Repair: Vaginal Approach

Your Surgery and Recovery at Home

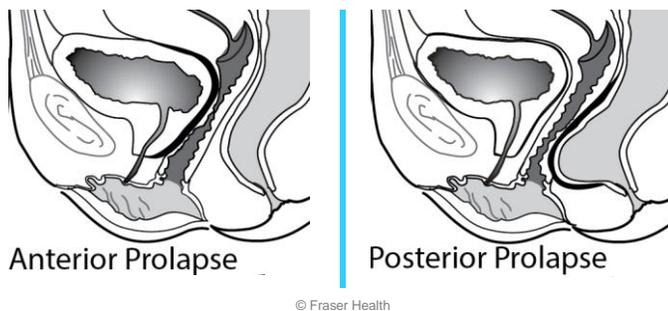
What is anterior / posterior repair?

This is a surgical repair of your pelvic floor.

Normally, the muscles of your pelvis and sides of your vagina help hold your bladder and rectum in place. The front wall (anterior) of your vagina supports your bladder and urethra. The back wall (posterior) supports your rectum.



When your muscles or the sides of your vagina become loose or less elastic, your bladder (anterior prolapse) and/or rectum (posterior prolapse) can bulge into the vagina. This can cause bladder and urinary problems, such as leaking urine (pee) or a frequent urge to urinate (go pee). It can also make it hard to have a bowel movement.



How is the surgery done?

Going through your vagina, the surgeon makes cuts (incisions) in the front and/or back walls of your vagina. We call this a 'vaginal approach'.

Your bladder and/or rectum are pushed back into their normal place. The muscles and vagina wall are then repaired.

This surgery usually takes about 1 hour.

You usually go home the same day as the surgery. This depends on your health before surgery and your recovery.

Going home checklist

- You have someone to drive you home.
- You have a responsible adult to stay with you for the first 24 hours, or if needed.
- You know what medicine(s) to take, as well as when and how to take them.
- You know what you cannot do for 24 hours (because of anesthetic) including:
 - × no driving or operating hazardous machinery
 - × no drinking alcohol or using any substance or street drug
 - × no making important decisions or signing legal documents

Appointments after surgery

See your family practitioner* 7 to 10 days after surgery

My appointment is on: _____

See your surgeon 3 to 4 weeks after surgery.

My appointment is on: _____

*Family practitioner refers to family doctor or nurse practitioner

Caring for Yourself at Home

Activity and Rest

Balance your activity and rest for the first few days.

Try to get 8 hours of sleep each day. Take rest breaks during the day, as needed.

No tub baths for 1 week after surgery. Take only showers.

Do not lift, push, or pull anything over 5 kilograms (10 pounds) for 4 weeks. This includes carrying children and groceries.

Do not have sexual intercourse for at least 6 weeks or for as long as your surgeon says.

You can usually return to driving 1 week after surgery, when you can shoulder check and do emergency braking. If you are not sure about driving, check with your surgeon. **Do not drive or drink alcohol** if you are taking an opioid medication.

Drinking and Eating

Return to your normal diet. You might feel sick to your stomach (nausea) or throw up (vomit). This should not last long. It is important to stay hydrated.

If you feel sick or throw up:

- Drink 'flat' ginger ale, clear soups, and clear fluids, and eat mild foods until you feel better. Other good choices include dry toast, crackers, popsicles, and gelatin dessert (such as Jell-O). Stay away from caffeine, carbonated soft drinks, and acidic fruit juices while feeling sick.
- Drink and eat small amounts often.
- Rest in bed until you feel better. Place a cool, damp cloth on your face and neck.
- Try not to smoke or be around smoking. It can make your nausea worse.

You can get constipated if you are less active, eating less fibre, or taking opioid pain medication. To prevent constipation:

- Drink water throughout the day.
- Eat high fibre foods such as bran, prunes, whole grains, vegetables, and fruit.
- Walk and move around as much as you can.

If you continue to be constipated, talk with a pharmacist or family practitioner about taking a laxative.

Vaginal drainage or discharge

You might have some vaginal spotting for 4 to 8 weeks. It starts as a brownish colour and turns to a creamy yellow colour. Wear sanitary pads until this drainage stops. Make sure you change the pad often.

Do not use tampons or douche for at least 8 weeks.

Cleaning Personal Areas

For the next 7 days, clean the area between your clitoris and anus (called perineum - say 'pair-uh-nee-uhm'):

- after urinating or having a bowel movement (pooping)
- when you change your sanitary pad

To clean yourself, pour warm tap water over your perineum. Always wipe yourself from front to back. Use a clean tissue or piece of toilet paper each time you wipe. (Your nurse will show you how to do this.)

To pour water over your perineum, you can:

- Use a squeeze bottle.
- Use a hand-held shower.

Managing pain

If you have been living with pain before surgery, be sure to tell your surgeon how you manage this pain, such as with medicines, herbs, supplements, cannabis products, other substances, massage, yoga, meditation, etc. This helps your surgeon create the best plan with you for managing pain after surgery.

Your surgeon gives you instructions to take pain medicine. This might include a prescription for an opioid (narcotic).

Your pain should be at a comfortable level that allows you to move, take deep breaths, cough, and to do every day activities. Take your pain medicine regularly for the first day or so, even if you have just a little pain. Also do other things to help ease your pain or distract you from the pain, such as slow breathing, listening to music, watching T.V.

Non-prescription pain medicines:

- acetaminophen (Tylenol®)
- non-steroidal anti-inflammatory drugs (NSAIDs)
Examples: ibuprofen (Advil®, Motrin®)
 naproxen (Naprosyn, Aleve®)

NSAIDs are not for everyone after surgery. If you have (or have had) health problems such as stomach ulcers, kidney disease, or a heart condition, speak with your surgeon or family practitioner before using NSAIDs.

Prescription pain medicines with opioids (narcotics):

- Tramacet® (tramadol and acetaminophen)
- Tylenol #3® (codeine and acetaminophen)
- Oxycocet® / Percocet® (oxycodone and acetaminophen)

Note: These medications also have 300 to 325mg acetaminophen in each tablet. All total, **do not** take more than 4000mg of acetaminophen in 24 hours (too much can harm your liver).

Safe use of opioid pain medicines

If you are using any medicines that have opioids (narcotics) in them, take note of the following safety information.

- Tell your surgeon if you have sleep apnea. Opioids can make your sleep apnea worse.
- Your pain should lessen over the first week. You should not need to take opioid pain medicine for more than 1 week.
- Always use the least amount possible for the shortest amount of time.
- Common side effects include constipation, feeling sick to your stomach (nausea), a dry mouth, sweating, dizziness, and feeling drowsy.
- **Do not** crush, cut, break, chew, or dissolve opioids before taking. Doing this could cause serious harm, even death.
- While taking opioid pain medicines, **do not** drive, drink alcohol, or start taking any new sleeping pills.
- Store opioid medicines in a secure place. Keep out of sight and out of reach of children, teens, and pets.
- Never share your opioid medicine with anyone else.
- Take any unused opioid medicines back to your pharmacy to be safely disposed.
Do not keep unused medicines at home.

Always read the label and/or information from the pharmacist about how to take medication safely.

Questions about medications? Speak to your local pharmacist. After-hours, call 8-1-1 and ask to speak to a pharmacist.

When to get help

Call your surgeon or family practitioner

if you have any of the following:

- foul smelling fluid from your vagina
- a fever over 38°C (101°F)
- stinging, burning, or pain with urinating
- nausea or throwing up not going away
- a dry mouth, passing tiny amounts of dark urine, and feeling thirsty
- pain does not ease with pain medicine, or stops you from moving or recovering
- redness, tenderness, or pain in your calf or lower leg
- feel increasingly tired or dizzy

Can't contact your surgeon or family practitioner?
Have any questions about your recovery?

- **Call Fraser Health Virtual Care**

10:00 a.m. to 10:00 p.m., daily

1-800-314-0999

fraserhealth.ca/virtualcare

- **Call 8-1-1** (HealthLinkBC) to speak to a registered nurse any time - day or night.

HealthLinkBC is available in 130 languages.

For an interpreter, say your language in English. Wait until an interpreter comes on the phone.

- **Call 9-1-1** if you have any:

- trouble breathing or shortness of breath
- chest pain
- sudden severe pain

Go to the nearest Emergency Department

if you have any of the following:

- not urinated within 8 hours of surgery and your bladder feels full
- bright red bleeding from your vagina, soaking a sanitary pad within 1 to 2 hours

Questions you might have:
