

Surgery for Prolapse and Incontinence – after your operation

Now that you have had your operation it is very important that you look after your pelvic floor. If you don't, you increase the risk that your problem comes back. For the best long-term results the advice in this leaflet should be followed.

Why?

Research has shown that your best chance of long term cure from incontinence or prolapse is at the time of your first operation. It has also been shown that repeat operations are less successful, carry greater risks to you and are much harder to perform.

What can make the prolapse or incontinence come back?

Basically, the same things that contributed to it in the first place. Anything that places strain on the tissues and ligaments within your pelvis and vagina can damage the healing after surgery; these are things that increase the pressure within your abdomen (tummy) such as

- Heavy lifting
- Strenuous or incorrect exercise
- Prolonged coughing
- Constipation and straining
- Standing for a long time
- Being overweight

How can I help myself?

Remember that if you try to do too much too soon after your operation, it may not heal up as strongly as it could.

Immediately after the operation

Listen to the nurses, physiotherapists and doctors on the ward. Ask questions if you don't understand anything that you are told or may have read.

The physiotherapists will talk to you about exercises after surgery. Gentle exercises at first. But pelvic floor exercises should be introduced after a few days and continued for life.

When I get home (from hospital discharge to 6 weeks)

Much of this is covered in the leaflet we have given you before your operation. If you have misplaced it, or can't find it ask for another before you go home.

- It is extremely important that you start your pelvic floor exercises again, don't lift anything heavy (heavier than a full kettle), don't get constipated or stand for too long.
- After 3 weeks short walks and swimming can be started. No high impact exercise.
- Constipation should be prevented by continuing with the laxative you used before your operation and whilst in hospital. If it doesn't work talk to your pharmacist or the nurse at your doctor's surgery.

At six weeks (from 6 to 12 weeks)

- At six weeks you will be about 70% healed. You should have returned to normal activities but may need to remind yourself of the effects that simple everyday things can have on your operation.
- At 12 weeks the healing should be complete.
- If your work involves heavy lifting either ask for lighter duties or divide up loads and take more frequent journeys.
- Pushing a heavy shopping trolley can be damaging, reduce the weight of goods in the trolley. Try to get help when shopping: if not possible limit what is in each bag and don't carry too many at once (no more than the equivalent of 6 cans of beans).
- During house work you may want to move furniture. Please don't do so. Ask for help.
- It is often hard to avoid lifting small children. If you can, encourage them to come to you and sit on your lap when you are sitting down.
- Exercise is an important part of returning to health after surgery. If you wish to take vigorous or strenuous exercise heavy weights, sit-ups and full press-ups can be damaging. If in doubt ask either your physiotherapist or gym trainer.

After 3 months

The operation is fully healed. If you have heeded the advice in this leaflet it will go a long way to protect your operation.

Remember:

- Always be careful, especially with heavy lifting and strenuous exercises.
- Sit-ups are bad for the pelvic floor.
- Keep doing your pelvic floor exercises. We can't overemphasise this to you.
- Protect your pelvic floor when coughing etc.
- Eat and exercise sensibly to prevent constipation and obesity, and to keep yourself fit.
- Don't smoke – avoid the cough.

Any other questions?

Who can I ask?

Before you go home you will be given our contact telephone number. We will try to answer your questions helpfully.

Can sex harm my operation?

No, but it is advisable to refrain from full penetration until after your 6 week check-up. Minor problems in resuming sex following repair operations are common. The scar(s) can be tender at first, especially the posterior repair scar. The natural vaginal lubrication may be reduced and the vagina feel dry, but with gentleness and the use of a lubricant such as SYLK these problems are usually soon overcome.

Report any persistent problem to your doctor, as with proper care all women should be able to resume full sexual activity following repair operations if they wish.

Need I have any stitches removed?

No, all the stitches we use during this type of surgery are dissolvable and should not be removed except in special circumstances and only upon the advice of your surgeon. If you have any stitches that remain for many days and are painful or irritating we suggest you either phone the help number you were given by the hospital, or ask your own doctor.

Are there any exercises to help my pelvic floor?

Yes. You should continue to look after your pelvic floor for life with the exercises taught to you by our physiotherapists. And look after yourself (see “after 3 months” above).

We think we have provided answers for a large number of frequently asked questions and things patients recovering from surgery worry about.

If we have missed anything please let us know.

If you have any questions, please ask them.

