Mesh vaginal repair is an operation performed under general or spinal anaesthetic to correct pelvic organ prolapse. This is where the front and/or back walls of the vagina (front passage) and/or uterus (womb) or the vaginal vault, (top of the front passage) in patients who had their uterus (womb) removed, slip down.

The operation is carried out using mesh. Mesh is a net-like sheet of synthetic material (medical plastic).

It is used to provide additional support for body tissues to become stronger. The aim is to help reduce the risk of prolapse happening again (recurrence).

This has been a major success in hernia surgery, with significant reduction in recurrence. Mesh use in vaginal surgery is relatively new. There is evidence to show it to be safe and effective.

However, this evidence is limited to smaller studies and further work is looking at longer term benefits. This is why its use is often limited to patients who had recurrence, especially those who had more than one operation and those who had recurrence soon after surgery.
Why do I need a mesh pelvic floor repair?

The repair is done to improve or resolve prolapse. This condition occurs over time and is often caused by damage during childbirth. Being overweight, heavy lifting, chronic constipation and a lack of hormones after the menopause can also play a role.

The condition can cause sense of bulge, discomfort, urinary and bowel problems and sexual difficulties. The advice of the doctor is given according to your individual problems and symptoms.

What can I expect before the operation?

At your pre-op assessment and on your admission day the nurse will go through your hospital stay and explain your operation. Please do let us know about any concerns you have or if there is any information you think we should know about that will make your stay with us more comfortable.

You will need to make arrangements for your family, children or any other commitments that you have prior to coming in to hospital and to cover the length of your recovery.

You will see an anaesthetist and the doctor performing the surgery before you go to theatre. It is not unusual to feel anxious; the nursing staff will gladly discuss how you are feeling and talk you through your emotions. If you have not already signed the consent form on booking, the doctor will go through it with you before you go to theatre. If you have not completed a quality of life questionnaire, you may be given one to complete.

You will be asked for permission to enter your data on the national database for continence and prolapse surgery. This is a quality control measure to compare the safety and effectiveness of such procedures at the hospital against other units in the country.
You will be given a frequency volume chart and quality of life questionnaire to complete and bring with you as you attend for follow up after surgery. This will enable assessing the benefit of surgery for you.

What does the operation involve?

A cut is then made in the wall of the vagina to introduce the mesh. The vaginal wound is then closed with sutures that may take long time to absorb. This helps covering the mesh till complete healing.

Mesh repair can be carried out for one or both walls of the vagina. You may have mesh repair for one wall and standard repair without using mesh for another wall or mesh may be used in all parts of the repair.

What are the risks?

There are risks with any operation but these are small. The main risks associated with mesh pelvic floor repair are:

**Common risks:**
- Initial difficulty in passing urine. This is usually managed by leaving the catheter for longer and you can go home with a leg bag for few days. Rarely, patients may need clean intermittent self catheterisation.
- Postoperative pain.
- Urinary tract infection, which may need antibiotics.
- Wound infection, which may need antibiotics.
- Wound bruising and delayed wound healing.
Uncommon risks:

- Overactive bladder symptoms, such as frequency and urgency of micturition (urination) may happen, but this can be managed with medication.
- Damage to the bladder and/or bowel, which will be repaired at time. If such injury is not identified and repaired at the time, there is a risk of fistula, but this is extremely rare.
- Late onset difficulty passing urine. This may manifest days or even weeks after being able to pass urine smoothly. The management is the same as initial difficulty passing urine, either by using a catheter with a leg bag and/or clean intermittent self catheterisation.
- Venous thrombosis and pulmonary embolism (blood clot in leg/lung). These are prevented by elastic stockings and injections that thin the blood to prevent a clot.
- The mesh may erode into the vagina, bladder or bowel. This is very rare but may require excision (removal) of the eroding mesh. It can also get infected. This is also rare but may require removal of the mesh. The mesh used is synthetic one that has been shown over the years to have very low rates of erosion and infection.
- Pain with intercourse and pelvic pain. This is uncommon and is usually managed with pain killers but may require injections of local anaesthetics and steroids or even removal of the mesh in rare circumstances.
- Whilst the operation may improve the sense of bulge, there is small chance that urinary, bowel and/or sexual problems may persist. It is hoped however they will at least improve to some degree.
- Unmasking of stress incontinence of urine, which was hidden by the kink of the urethra, associated with prolapse. This will need assessment and will be managed by pelvic floor exercises. It may however require a small operation that entails the insertion of a mid-urethral tape sling, like tension-free vaginal tape (TVT) sling.
• Failure to improve or cure prolapse, or its recurrence with time. This may require re-assessment and might necessitate repeat surgery.
• Haemorrhage requiring blood transfusion.
• Return to theatre for example because of bleeding.

In order for you to make an informed choice about your surgery please ask one of the doctors or nurses if you have any questions about the operation before signing the consent form.

What can I expect after the operation?

As you come round from the anaesthetic, you may experience episodes of pain and/or nausea. Please let the nursing staff know and they will assess you and take appropriate action.

You will have a pack in the vagina (front passage) and a catheter in the bladder (water works) to save you having to go to the toilet. You will have a drip to give you fluids, though you will be able to eat and drink.

You may have a PCA pump (Patient Controlled Analgesia) to control your pain. This is not common and will be discussed with you before the operation by the anaesthetist. The nurses will assess you regularly to ensure that the PCA is effective. We will use a pain score to assess your pain 0-10; 0 = No Pain, 10 = Very Strong Pain.

Your nurse will be checking your blood pressure, pulse, breathing and temperature and monitor any vaginal bleeding. S/he will also ask you to move from side to side and to do leg and breathing exercises once you are able, this will help prevent any pressure damage, deep vein thrombosis or chest infection.
The first 12 hours after the operation:

You may also experience pain and will be given pain killers to alleviate this.

Day 1-2 after the operation:

The drip is usually removed the next day. The nursing staff will assist with washing as necessary and encourage early mobilisation. We would normally expect you to sit out of bed and begin to walk around the day after your operation.

Day 3 after the operation:

The pack and catheter will come out. You will be able to go home when you are passing urine without difficulty.

You will be asked to pass urine in a jug and will have a scan to measure how much urine is left in the bladder. It is best to forget that you need to pass urine and drink and walk as you would normally do. This helps your bladder is likely to work as normal.

You may also find it difficult to open your bowels at first, we will give you mild laxatives to soften your stools and prevent constipation and straining.

What about going home?

You will be seen and assessed by the gynaecology team the following day to check on your recovery and decisions will be made about your care, this information will be shared with you. You may then be able to go home. Please feel free to ask questions about your operation and recovery at any time.
The average length of stay following mesh pelvic floor repair is 3 days. As you physically recover from your operation, the nursing team will discuss your convalescence.

To ensure you have a good recovery you should take note of the following:

**Rest:** During the first two weeks at home it is common to feel tired, exhausted and emotional. You should relax during the day gradually increasing the number of things you do each day. Avoid crossing your legs when you are lying down.

**Vaginal bleeding:** You can expect to have some vaginal discharge/bleeding for few days after surgery. This is like a light period and is red or brown in colour. Sanitary towels should be used not tampons to reduce the risk of infection.

**Stitches:** The wounds in the vagina will be closed by dissolvable stitches. We can have a shower but it is better to avoid a bath till complete healing of the wounds, usually within 2 weeks.

**Housework:**

**Weeks1-2:** We recommend that you do light activities around the house and avoid any heavy lifting (not more than 1.5kgs in each hand).

**Weeks 3-4:** We recommend that you gradually introduce lighter household chores, dusting, washing up, making beds and ironing. You may begin to prepare food and cook remembering not to lift any heavy items.

**Weeks 4-6:** By this time you should resume normal daily activities, but continue to refrain from straining till 3 months after surgery, to ensure good healing of the vagina.
**Exercise:** Exercise is important and it is advisable to go for short walks each day, increasing the distance gradually. You should avoid straining or heavy exercise for 3 months, to ensure good healing of the vagina. You may return to light exercise such as gentle cycling and swimming after 4-6 weeks. You will be able to manage the stairs on your arrival home. We encourage you to do pelvic floor exercises. You will be given a physiotherapy booklet titled ‘Fit for Life’ to guide you.

**Diet:** A well balanced nutritious diet with high fibre content is essential to avoid constipation. Your bowels may take some time to return to normal after your operation and you may need to take laxatives. You should include at least 5 portions of fruit and vegetables per day. You should aim to drink at least 2 litres of water per day.

**Sex:** You should usually allow 4-6 weeks after the operation before having sex to allow the vaginal wound to heal. You may wish to try a vaginal lubricant from your local pharmacy. If after this time you are experiencing pain or any problems with intercourse then you should see your GP.

**Returning to work:** This will depend on the nature of your work. If you work in an office base environment, you will need 4–6 weeks off work. If your work involves lifting and exertion, you will need 3 months off work. The hospital doctor will provide a sick certificate for this period.

**Driving:** It is usually safe to drive after 12 weeks but this will depend on your level of concentration and ability to perform an emergency stop. It is advisable to check with your car insurance company.
What about follow up?

You will be invited for follow up, usually about 12 weeks after surgery. During this follow up appointment, your symptoms will be reviewed and you will be examined, to assess wound healing, and your quality of life questionnaire will be checked. If you have problems before this you can either contact your doctor or contact the hospital to bring the appointment forwards.

Are there any alternatives to having a mesh pelvic floor repair?

You will have been offered vaginal pessaries, before being offered surgery.

Alternative procedures for prolapse:
- Standard non mesh repair, where the tissues underneath the vagina are sutured together to reduce the prolapse.
- Operations using mesh through abdominal (open tummy) or laparoscopic (key hole) route. These operations have been in standard practice for longer and do have good results, but they are more invasive than mesh pelvic floor repair.

These can be discussed with your doctor.
Who can I contact with any concerns or questions?

You should contact your doctor or the hospital if you notice increased temperature, wound swelling and/or pain, smelling discharge from the wounds in the front passage, blood in urine or motion, abdominal distension and/or failure to open your bowel.

If you have any problems or questions, please use the telephone numbers to contact us.

**Princess Royal Hospital:** 01444 441881 Ext. 4013

**Royal Sussex County Hospital:** 01273 696955 Ext. 4013

**Urogynaecology Unit at Lewes Victoria Hospital:** 01273 474153 Ext. 2178

**Useful links:**
- [www.iuga.org/resource/resmgr/Brochures/eng_vaginalmesh.pdf](http://www.iuga.org/resource/resmgr/Brochures/eng_vaginalmesh.pdf)