

Enhanced Recovery Programme



Gynaecology - Vaginal Repair

Patient Information Leaflet

October 2017

VERSION CONTROL SCHEDULE

Enhanced Recovery Programme – Vaginal Repair

Version : 4.0 – Final

Version Number	Issue date	Review from previous issue
1.0 (final)	April 2012	Original
2.0	February 2014	Reviewed (no changes) ratified
2.1	April 2014	diabetes advise added
3.0	May 2014	Ratified
4.0	October 2017	Ratified

The Enhanced Recovery Programme

The Enhanced Recovery Programme aims to improve the experience and wellbeing of people who require surgery. It aims to promote your health and wellbeing helping you to return to normal as soon as possible.

There is a great deal of research available on Enhanced Recovery After Surgery, which states that the sooner you get out of bed, begin to walk and start eating and drinking, the quicker the recovery.

With this new approach to care, recovery after surgery is more comfortable, easier and happens more quickly.

This approach involves:

- Pre-operative advice and information
- Carbohydrate rich drinks before surgery
- Tailored postoperative pain relief
- Early feeding after surgery
- Early mobilisation after surgery

These elements speed up recovery and reduce the possibility of complications such as chest infections and muscle wastage.

The Enhanced Recovery Programme aims to ensure patients are involved in their own care.

We ask that you play an active role in your recovery and work in partnership with all of the gynaecology team to achieve this.

Staff involved

The Enhanced Recovery programme focuses on providing the highest quality care using a multidisciplinary approach, which means you **may** receive input and care from several different members of staff throughout your stay, for example:

Your Consultant and his/her team of Doctors

- Anaesthetist
- Pre-operative clinic nurse
- Theatre/Recovery Nurse
- Physiotherapist
- Ward Staff (Manager/Sister/Staff Nurses/Auxillaries)
- Discharge Co-ordinator
- Dietician
- Pain Team
- Enhanced Recovery Team

What is a Vaginal Repair?

There are four types of repair for vaginal prolapse:

Anterior Repair – This is the repair of the anterior (front) vaginal wall. Usually due to cystocele or urethrocele

Cystocele is a prolapse of the bladder neck caused by weakness of the anterior vaginal wall

Urethrocele is a prolapse of the urethra caused by a weakness of the anterior vaginal wall

Posterior Repair – This is a repair of the posterior (back) vaginal wall usually because of a rectocele

Rectocele is a prolapse of the rectum caused by weakness of the posterior vaginal wall

Manchester Repair – This is a repair of the anterior and posterior vaginal walls, with removal of part of the cervix. This operation is usually performed for a prolapse of the uterus

Pelvic Floor Repair – This is a repair of the anterior (front) and posterior (back) vaginal walls

Common causes of Prolapse

The most common cause of prolapse is childbirth. However, as you get older these muscles can become weak and a prolapse can occur as a result of straining when constipated, chronic coughing, being overweight, persistent heavy lifting and menopausal changes.

How is the operation performed?

Your operation will be performed through your vagina so there will be no abdominal incisions (cuts). You will have stitches inside which need to heal.

Are there any risks?

Most women who have a vaginal repair performed have no problems and recover well after their operation.

Although all necessary precautions are taken occasionally some women may suffer with:

- A slight fever
- Smelly vaginal discharge
- Difficulty passing urine

If you do experience any problems following your surgery please inform staff on the unit or your Consultant.

BEFORE YOUR SURGERY

It is important that you are as fit as possible before your operation. You should try not to be overweight as this increases the risks associated with surgery. It may be advisable to see your GP or a dietician for advice.

It is important to be in the best state of health possible prior to your surgery, this can be achieved by increasing the amount of exercise you do and maintaining a healthy diet.

Any medical conditions such as, blood pressure problems should be known to your G.P and be under treatment.

Smoking and Alcohol

Smoking prior to surgery delays wound healing and increases your risk of developing chest complications both in the long and short term. Prior to hospital admission we advise that you stop smoking at least 2 weeks before and for at least 6 weeks after. If you require assistance with stopping smoking prior to surgery please visit your GP for advice. Tameside Hospital is a non smoking site.

Alcohol intake should also be reduced prior to admission and for around 6-8 weeks after. If your intake is excessive please inform clinic staff or visit your GP.

Begin to think about how you will cope on return from hospital. You will need to make arrangements for family and/or friends to support you on discharge from hospital

DIETARY INFORMATION

Research shows that if you are well nourished and hydrated before and after your surgery you are likely to recover better and more quickly.

You should try to eat as normally as possible up until your surgery.

- Eat regular meals containing protein foods such as meat, fish, eggs, cheese, lentils and milk.
- Include carbohydrate foods at each meal such as cereals, bread, rice, pasta and potatoes.
- **If you are underweight or experiencing unintentional weight loss**
 - * Avoid using low fat foods / drinks – use full fat milk, margarine / butter, cheese, and yogurts, within your tolerance
 - * Include extra snacks e.g. yogurts, cheese and crackers, rice pudding etc. and nourishing fluids e.g. full fat milk

It is advisable to see your GP to investigate causes for un-intentional weight loss

What is Pre Load?

Pre Load is a carbohydrate powder. It is used to prevent dehydration, lethargy and insulin resistance which can help you recover quicker. It has a pleasant lemon flavour when diluted in water.

Pre load is not given to diabetic patients as this will increase your blood sugar level, which may impact on your operation and recovery.

You will have:-

- * **800mls of Preload to sip between 7pm – 11pm on the night before surgery.** You can drink water, tea, coffee etc at this time also. (This is 2 sachets of preload dissolved in 800mls of water). We suggest you have a late snack then no solids 6 hours prior to admission.
- * **On the morning of your surgery you will have 400mls of Pre Load to sip.** This should be consumed in full 2 hours before surgery. You should stop drinking water 2 hours before surgery. (This is 1 sachet of pre load dissolved in 400 mls of water).

After your surgery you should eat and drink as soon as you feel able, and try to continue to eat as normally as possible. This will help you in your recovery.

If you are having difficulty eating, the nurses will monitor your intake, and refer you to the dietician.

Pre-operative Assessment Clinic

The purpose of your pre-operative assessment visit is to provide information and prepare you for your surgery.

We will also ask you questions about your medical history, general health and wellbeing. This allows us to ensure you are at optimum health before your surgery. It also gives us the opportunity to make sure arrangements have been made for your admission and discharge.

Routine bloods tests and a heart tracing (ECG) may be ordered.

Whilst in pre-operative assessment clinic your nurse will outline the Enhanced Recovery Programme and the importance of your role.

As part of the Enhanced Recovery Programme planning your discharge begins at pre-operative assessment clinic. You will need to make arrangements for family and/or friends to support you on discharge from hospital. If this is not possible please inform the nurse at clinic as it may be necessary to arrange some support for you at home.

You will need to bring contact details of the person who will take you home after discharge, if there is nobody available to do this please inform the clinic.

Medications

Please ensure you bring all your current medications, inhalers, creams, eye drops, ointments and any non-prescribed/herbal medications with you to clinic and on admission to the ward. Where possible please bring your medications in their original packaging. Alternately you can bring a copy of GP prescription if convenient.

In pre-op the nurse will go through your medication and identify any which need to be stopped prior to admission for your operation, ideally herbal medication should be stopped at least two weeks prior to your operation, as these can sometimes cause complications during your surgery.

Admission

On the day of your surgery you will be admitted to the Same Day Admissions Unit which is located in the Day Surgery Endoscopy Unit. After your procedure you will be transferred to the Integrated Surgical & Gynaecological Unit.

The visiting times are 3pm to 4.30 pm and 6.30pm to 8 pm every day.

The ward has a quiet period every day after lunch to allow patients to rest. The ward is closed to visitors during this time.

Please nominate one person to ring the ward with any enquiries as answering multiple phone calls greatly impacts on time nurses could spend with patients. Please advise your family members that specific details of your condition cannot be discussed over the telephone.

Flowers are not permitted on the unit.

Please be assured that it is a very rare occurrence that we have to cancel patients on the day of planned surgery.

Day of Admission

Please bring in the following items:

- All medications in their original packaging if possible.
- Day clothes- practical shoes which must have backs. Comfortable, loose clothing is recommended whilst in hospital
- Nightclothes, dressing gown and slippers (practical and well fitting, mule type slippers are **not** safe for walking around the ward after your operation)
- Toiletries and towels (please note there are no facilities for washing patient's belongings in the hospital)

We advise that expensive jewellery, personal belongings and large amounts of money are NOT brought into hospital. We suggest that patients keep no more than £10 with them at any one time.

Most patients will be admitted on the morning of their surgery. Research has shown that this reduces anxiety. If the healthcare team feel you need to be admitted sooner you will be contacted.

You will be able to eat normally up to 6 hours before your operation and be allowed clear fluids up to 2 hours before surgery, unless otherwise directed. Clear fluids means water/black tea or coffee or cordial **no milky drinks are allowed**.

Day of Surgery

On the day of surgery a shower should be taken (this should be at home prior to arrival at the hospital). This ensures your skin is as clean as possible prior to your surgery and can help to reduce the risk of wound infections.

On the day of surgery you will be seen by your surgeon or a member of their team. You will be asked to sign a consent form prior to the operation, during this time the doctor will explain the procedure and any potential risks/complications which may occur. This is your opportunity to ask any questions in relation to your surgery and your recovery.

During your stay you will be reviewed by your team of doctors on a daily basis.

On the day of your surgery you will be seen by an Anaesthetist who will discuss the types of anaesthesia and pain relief and antisickness you may be given, which will supplement the information you receive in pre op clinic. It is common for this operation to be performed either under General Anaesthesia or Spinal or a combination of two.

You will also be required to change into a hospital gown.

The staff on the unit and escort staff will ask you some questions from a form called a "pre-operative check list".

You will be asked to confirm your signature on your consent form and whether you understand what the surgeon is planning to do and that you are aware of potential risks/complications.

You will be escorted to the adjacent theatre for your operation

After Surgery

When you wake up from surgery you will be in the recovery room. You will have oxygen in place through a facemask and an intravenous drip (which gives you fluid directly into a vein). Once the Recovery Nurse feels you are ready to be transferred to the ward, your transfer will be arranged.

On return to the ward your nurse will closely monitor your vital signs, including:

- Blood Pressure
- Pulse
- Respirations and oxygen levels
- temperature
- Urine output
- Conscious level
- Nausea and Pain scores

You will be assisted in adjusting your position on a regular basis. Please be aware that these observations are important and staff will have to wake you in the night to continue to monitor you safely.

After your surgery it is essential you perform deep breathing and circulatory exercises as explained to you in pre-op clinic. These should be done at least 5 times an hour.

It is important that after surgery you follow the daily routine that is outlined for you in the Enhanced Recovery Programme.

On return from surgery you may have *Flowtron boots* (intermittent compression boots) in place which are designed to reduce the incidence of clots in your legs also known as DVT's (Deep Vein Thrombosis). You may also receive a small injection each day to reduce the risk of DVT'S.

Mobilisation

Early mobilisation is a major aspect of the Enhanced Recovery Programme and promotes a faster recovery from your surgery.

Following your surgery you will be encouraged to mobilise as soon as possible. The staff on the ward will assist you to sit out of bed a few hours following your surgery. If you are unable to do so, you will be encouraged to sit upright in bed and regularly change your position.

The morning after your surgery you will be expected to get out of bed and sit out for most of the morning.

Every day you will be encouraged to mobilise four to six times a day. This is an essential part of your recovery and will help you return to normal. Early mobilisation also helps to prevent complications which are associated with prolonged bed rest and reduced mobility.

Tubes and Drips

Your intravenous drip will remain in place until you are taking adequate amounts of oral fluids.

You will probably have a catheter (a tube into your bladder) for around 24 hours, to allow your bladder to drain and allows us to monitor your urine output and maintain

your comfort immediately after surgery. This is usually removed at 6am the morning after your surgery, unless the Consultant/Team specify otherwise.

Diet and Fluids

You can eat and drink as normal and to your tolerance, we may monitor your food intake to ensure you are eating and drinking enough to help you in your recovery.

Sickness

Sometimes people experience feeling or being sick after an operation. If you do develop such symptoms please inform staff and they can give you some medication (sometimes in injection form) to help relieve this.

Pain

You will be provided with regular medication to control the pain, which will be prescribed according to your requirements. It is important that you inform staff if your pain is not relieved by the medication provided, as adjustments can be made. Severe pain on very rare occasions could indicate a problem with the surgery and therefore should be reported to staff.

Vaginal Pack

You will have a vaginal pack in place after your operation, this may cause a slight discomfort. The pack is usually removed at 6am the day after surgery. Your nurse will also monitor the amount of blood loss you experience per vagina (PV) following your operation.

Exercises following surgery

It is an essential part of your recovery to perform breathing and circulatory exercises

The following techniques will help to reduce the above problems:

- ❖ **Positioning** Whilst in bed, it is important not to slump down as this restricts your chest expansion and air cannot get to the bottom of your lungs. Try to sit up as much as possible
- ❖ **Deep breathing exercises** These exercises increase the amount of oxygen in your blood, promote healing of tissue and help to prevent chest infections. It is important to clear any phlegm or mucus you might have with deep breathing and coughing.
- ❖ **Bed/Chair exercises** It is important after your operation to keep as active as possible. This is needed to help promote good circulation and prevent joint stiffness/muscle weakness. This can be achieved by bed exercises and walking on the ward.
- ❖ **Getting out of bed and walking** The nursing staff on the ward will assist you out of bed the first day after your surgery and then help you to increase your mobility. Once you are home aim for a 10-15 minute walk every day gradually increasing this over the following weeks.
- ❖ **Posture** Make a conscious effort to sit and walk up tall try to avoid stooping and rounding of the shoulders. This prevents backache and poor posture.

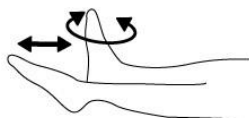
- ❖ **Rest** Rest is as important as exercise. You may tire more easily at first, this will gradually improve.

Deep breathing exercises- repeat EVERY HOUR

Follow this sequence when doing your deep breathing exercises:

- ❖ Breathe in deeply
- ❖ Pause for a second or two, then sigh out gently
- ❖ Repeat 5 times, then
- ❖ Perform a fast breath out 'HUFF' as though you are 'steaming up a window'
- ❖ Rest for a few breaths and then repeat the cycle once more

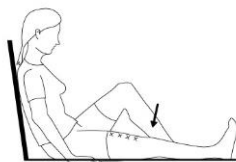
Bed/Chair Exercises- Repeat 5 times per day



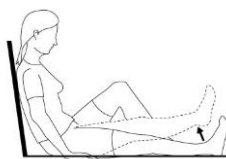
Circle your feet and ankles and move your feet up and down **15 times**



Gently bend your knees up and down one at a time **10 times each**



Straighten your knees and tense the muscles on the front of your thigh. Hold for a count of 5. Rest and **repeat 5 times**



Sit or lie with the leg out straight. Tighten the thigh muscles, straighten the knee and lift the whole leg six inches up off the bed. Hold for three seconds then lower slowly. Rest and **repeat 5 times**

- ❖ **Walking 10 minutes and progressing to 30 minutes walking in total per day, have somebody with you until you feel confident to walk by yourself**

If you have any problems with these exercises or any severe pain in your legs or another area, then **STOP** and let the nurse looking after you know immediately.

- ❖ **These exercises should be continued after discharge until you are doing your normal daily activities, unless advised otherwise by a healthcare professional.**

Pelvic Floor Muscle Exercises

The pelvic floor muscles run between your legs from your pubic bone (at the front) to the base of your spine (at the back). They are in the shape of a sling which supports and holds up the bladder, womb and bowel.

Improving the strength in your pelvic floor muscles can help prevent leakage of urine from the bladder, improve bowel control and reduce the risk of prolapse.

Exercising the pelvic floor muscles after vaginal surgery can help to reduce discomfort and swelling and also aids healing.

Exercises

Once in a comfortable position (this can be sitting, standing or lying down).

- Breathe out, then draw up the front and back passages as strongly and intensively as possible, rather like when you are trying to stop the flow of urine, then let go and relax.
- The feeling is like a 'squeeze and lift' sensation. This is a pelvic floor contraction

Try to remember not to hold your breath, or squeeze you legs or tighten your buttocks. **Begin gently and stop if it starts to hurt.**

Once you are able to do the above exercise, you may want to try these 2 exercises below.

- Briskly contract your muscles as strongly as you can, and try to **hold** the contraction for a maximum of 10 seconds, try to lift higher with each second counted. Then release/rest for the same number of seconds.
- Contract your pelvic floor briskly then immediately release/relax. Try to repeat these for a maximum of 10 repetitions

Try to perform these exercises at least 3-5 time a day. You should rest for at least 4 seconds between each contraction to prevent tiring of the muscles, and remember **begin gently and stop if it starts to hurt**

Discharge Home

It is our aim for you to be in your own home recovering as soon as possible. It is important that adequate support from your family and friends is organised prior to your surgery, as adequate rest is also an important part of your recovery. We aim to discharge you from hospital in line with your expected date of discharge so please take note of the number of days assigned to your procedure.

Preparing to leave the hospital

You must arrange for a family member or friend to collect you from the ward on your day of discharge.

You will need to bring into hospital a set of outdoor clothes to go home in.

When you leave hospital

A discharge letter will be sent to your GP detailing the events of your hospital stay.

A 7 day supply of your medications/pain relief will be provided from the hospital

pharmacy it is important that you contact your GP before your supply runs out.

On discharge from hospital you should expect to receive a follow up phone call from a member of the nursing team around day 5 following surgery. This is to check on your progress and to provide support and answer any concerns or questions you may have after surgery.

If you experience any problems within the first few weeks of discharge please contact the ward for advice. Staff are available 24 hours a day. After this please contact your GP who will decide whether you need to be referred back to the hospital.

At home

Following your operation we advise that you avoid housework such as Hoovering, ironing, mopping etc for around 3 weeks, and that all tasks that involve heavy lifting are avoided (this includes lifting a kettle that is more than a quarter full) .

Allow children to climb onto your lap whilst sitting rather than lifting them.

It is important that you rest regularly when you return home, however gradually increase the amount of exercise you do.

It is advisable to have a bath, use a shower or bidet every day following your operation but please avoid bubble baths

Exercise

Walking is an excellent example of gentle exercise. We recommend you avoid high impact exercise such as the gym, jogging and aerobics for several weeks (please discuss with your consultant).

You may begin swimming around 6-8 weeks following your surgery as long as your vaginal bleeding has stopped, your wounds are healed and your consultant agrees.

Diet

Try to maintain a healthy well balanced diet following your return home. Introducing high fibre foods such as wholemeal bread, branflakes, beans/pulses along with plenty of water, fruit and vegetables which will help prevent constipation.

Protein rich foods such as fish, eggs, cheese, and milk will help with the healing process.

Avoid fatty foods, excessive alcohol, cakes and sweets if you want to avoid weight gain, whilst you are less active than normal.

Constipation

Having an operation, the pain killers you are taking and reduced activity can change your appetite and affect your bowel function. Try to increase your fluid intake and eat a well balanced diet, rich in fibre. If you have not opened your bowels for three days, contact your GP for advice.

Vaginal Discharge

Vaginal discharge may occur for up to 6 weeks after your operation. The discharge may appear dark red or brown in colour and contain threads from dissolving vaginal

sutures, you may also find as these sutures begin to dissolve the amount of discharge might increase slightly.

If your discharge has an offensive odour or you experience heavy bleeding, or clots either contact your GP or the Emergency Gynaecology Clinic as you may have an infection.

Do not use tampons due to the possibility of introducing infection into the vagina. Ensure that you change your sanitary towel regularly.

Sexuality and Relationships

Your operation can have an effect on your sexual relationships.

It is usually recommended that you do not have sex until your vaginal discharge has stopped and you feel comfortable and relaxed, or after a minimum of 6 six weeks following your operation.

It is not uncommon to experience a lack of sexual desire (libido) following your operation. This generally returns once you have fully recovered.

Driving

From a surgical point of view we recommend that you do not drive for around 4 weeks following your operation, however, this is at the discretion of your consultant. It is important that you consider your safety and the safety of others.

We advise that prior to recommencing driving you:

- Are fully able to concentrate
- Have stopped any medication that may affect your ability to drive
- Are able to comfortably perform an emergency stop
- Have checked with your insurance company that you have insurance cover

Work

If you work we advise that you discuss with your boss the need for time off work after your operation, and support on your return to work before coming into hospital.

Please ask your nurse or doctor for a sick note/fitness for work form prior to your discharge to hospital. If available, talk with your Occupational Health Department. The length of time off will depend on what job you do.

Complications are a very rare occurrence however it is important to know what to do if one occurs.

Below are several useful contact numbers where you can seek advice:

USEFUL CONTACT NUMBERS

Integrated Surgical Unit	0161 922 6240/6082	(24hrs)
Emergency Gynaecology Clinic	0161 922 6544	(Mon-Fri 7:30-6)
Physiotherapy Dept	0161 922 6313	(Mon-Fri 8.30am-4pm)
Pain Team	0161 922 6759	(Mon-Fri 8am-4pm)
Go to Doc (GP service)	0161 785 0805	(out of hours)
NHS Direct	0845 46 47	(24hr helpline)
Emergency Services	999	

You can also contact your own GP for advice.

If you have any questions you want to ask, you can use this space below to remind you

If you have a visual impairment this leaflet can be made available in bigger print or on audiotape. If you require either of these options please contact the Patient Information Centre on 0161 922 5332

آپنی یف ایہ تطف پڈتے یف بکھتے نآ پآرےن، تآہلے آنوگرھ کرنے آ ٹنیک ہلڈٹ ڈیمےر سآہے ڈےلیفونے یوگآیوگ کڈن 0161 331 5149/5150 آہے نآہآرے، تڈن تآرآ آآپنآکے سآہآآ کڈتے پآرہے۔

آپ آآپ آآ آآہیتی پآہی ڈ نآمڈ ہآڈی لآہی تآ ڈڈآ ڈہی، آہآڈی ڈ ڈےٹآ ڈیڈآڈی 0161 331 5149/5150 لآڈر ڈر لآڈڈ ہآڈی تےآ آآپڈے ڈڈر ڈڈ ڈہی۔

آگر یہ معلومآٹ ڈڈ نہیں سکتے ہیں یآ آپ کو آس کی سڈھ نہیں آتی ہے تو برآو مہربآنی آہٹنک ہیلڈھ ٹیم کے سآہے ٹیلی فون نمبر 0161 331 5149/5150 پر رآبط کریں تو ڈہآپ کی مدد کر سکیں گے۔

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