

Pelvic Floor Repair - Going home the same day after your procedure

Gynaecology Department [Information for patients, relatives and carers](#)

Introduction

There are two main types of pelvic floor repair surgery for treating prolapse and the type of operation depends on which part of the vaginal wall is affected.

- **Anterior repair** (also called: Anterior colporrhaphy, Cystocele repair)
This is a repair of the front wall of the vagina. An incision is made inside the vagina along the front wall. The bladder is corrected to its normal position and held in place with strong dissolvable stitches. The skin is then closed with dissolvable stitches.
- **Posterior repair** (also called: Posterior colporrhaphy, rectocele repair)
This is a repair of the back wall of the vagina. An incision is made inside the vagina along the back wall. The prolapse is corrected and dissolvable sutures used to hold this in place. The skin is closed with dissolvable stitches.

Going home after your procedure

Traditionally, patients undergoing pelvic floor repair would stay in hospital for 1 night. However, when the operation has been straightforward, you can go home much sooner. Studies show it is safe for patients to go home 4-6 hours after the operation as long as you are able to pass urine adequately. As well as reducing the length of time you will need to stay in hospital, it also reduces the risk of hospital-acquired infections and blood clots developing in the legs and / or lungs.

After a full medical assessment by the gynaecology and anaesthetic teams, you will be selected as a potential candidate for day case discharge.

What to expect after the procedure

We recommend taking simple painkillers such as paracetamol and ibuprofen if needed. You will need someone to collect you from the hospital and you must have another adult stay with you for the first 24 hours. It is advisable to ask someone to help with any shopping or household chores that involve lifting for the first 6 weeks after your operation. If you go home on the same day as your operation, we will telephone you the following day to see how you are recovering - please ensure we have an up-to-date telephone number.

What to expect during your recovery

Most people recover well after a pelvic floor repair. However, sometimes complications can occur, as with any operation. Complications that can arise during or following these procedures include difficulty passing urine, vaginal bleeding, pain, infection, blood clots developing in the leg and/or lung, accidental damage to the bladder, bowel, or ureter (tube which carries urine from the kidney to the bladder).

Passing urine

Before you go home, the nursing team will have checked that you are able to pass urine normally. If you experience any discomfort passing urine or feel that you are not able to pass urine normally or your urine has blood in it once you go home then you should seek medical advice.

In this case you may be advised to return to the hospital for insertion of a urinary catheter. This helps the bladder to rest and recover. Following this, you will be shown how to manage the catheter and given an appointment in 7-14 days to have the catheter removed and undergo a 'trial without catheter' (TWOC), during which the nursing team will ensure you are able to pass enough urine and fully empty your bladder. Note that this appointment can take up to 8 hours.

Pain

It is normal to have some discomfort after your procedure. Taking regular painkillers is advised. If you have pain that is not controlled with painkillers, is getting worse, or is associated with feeling unwell, a temperature or vomiting then you should seek medical advice (see contact details at the end of this leaflet).

Vaginal Bleeding

Some vaginal discharge or light bleeding is normal after surgery. If it is heavy (passing clots or soaking through pads) or has an offensive smell, then this can be a sign of infection and you should seek medical advice.

Bowel function

Your bowels can take time to return to normal following surgery. Keeping mobile and drinking plenty of water will help. Trapped wind is common; chewing gum or drinking peppermint water may help. Your motions should be easy to pass and you should avoid becoming constipated. This may mean needing to take laxatives to avoid straining.

How to reducing your risk of a prolapse returning

Up to 30% of patients go on to have recurrence of a prolapse, either in the same place or a different part of the vagina or genital tract. There are some important steps that will help to reduce your risk:

- Avoid becoming constipated - stools should be easy to pass
- Avoid heavy lifting
- See your GP if you have a long-term cough as this can put strain on your pelvic muscles
- Stop smoking
- Continue to do daily pelvic floor exercises
- Keep your body weight (BMI) within the recommended range

Looking out for signs of a blood clot in the leg and/or lung (Deep vein thrombosis/ Pulmonary Embolism)

Having any operation can increase the risk of developing blood clots in the legs and/or lungs. Keeping mobile and well hydrated can help to reduce this risk. Symptoms to look out for include: swelling or redness in your leg, the back of your leg becoming hot or painful to touch, shortness of breath or chest pain.

If you develop any of these symptoms urgent medical attention is required, you should call 999 and attend the nearest accident and emergency department.

Getting back to normal

Activity

It is normal to feel lethargic after having an operation. Whilst it is important to take periods of rest throughout the day, keeping mobile will help recovery and reduce the risk of developing a blood clot in the leg and/or lung. Build up activity gradually over the week following surgery. After a few weeks, taking regular gentle exercise is advised. Avoid any strenuous exercise or heavy lifting for 6 weeks. It is recommended to commence pelvic floor exercises after 1 week and continue to do these thereafter. This will help to reduce the risk of prolapse and some bladder problems.

Hygiene and wound care

You will have an internal wound inside the vagina. These stitches are dissolvable. You may shower, but do not soak in a bath until any bleeding has stopped.

Driving

You should not drive for 24 hours after a general anaesthetic. You should not drive if you are taking any medication that makes you feel drowsy (codeine, morphine). You should not drive until you feel comfortable to do an emergency stop. You should check with your insurance company for when you are insured to start driving again.

Work

You will usually require 2-4 weeks off work. Please ask for a sickness certificate if needed before leaving hospital.

Sexual activity

Refrain from penetrative sex for at least 6 weeks to allow the internal wounds to heal. After this you can return to normal activity. A small number of patients experience painful sex after having a pelvic floor repair due to the formation of scar tissue. Using lubrication can help to make intercourse more comfortable.

How to seek help or medical advice

If you have fainted, have any major bleeding (soaking through a sanitary pad in less than 1 hour or passing large clots), experience chest pain or shortness of breath then dial 999 and attend the accident and emergency department.

If you:

- have pain that is getting worse or is not controlled by painkillers
- have heavy vaginal bleeding
- feel feverish or have a temperature
- have difficulty passing urine

in the first 48 hours after your operation, contact the on-call **gynaecology doctors** on **07458 008 732** or **07884 644 004**.

If you do not get a response straight way, please try again. It may be that the doctor is with a patient.

Other useful numbers

Ward B2 (Gynaecology and Surgical), Poole Hospital: **0300 019 3438**.

Day Surgery Unit, Poole Hospital: **0300 019 2150**.

Open 8am - 6pm, Monday - Friday.

Day Surgery Unit, Royal Bournemouth Hospital: **0300 019 4658**

Open 8am - 4pm, Monday - Friday.

After the initial 48 hours if you have concerns or are feeling unwell then you should contact your GP or call 111.

Follow up

As most people recover well after surgery, we do not offer routine clinic follow up. A member of the gynaecology team will telephone you the following day to check you are well. Occasionally, a doctor or nurse may telephone you to gain feedback on your recovery to help improve our services. If you do not wish to be contacted, please highlight this during your stay.

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