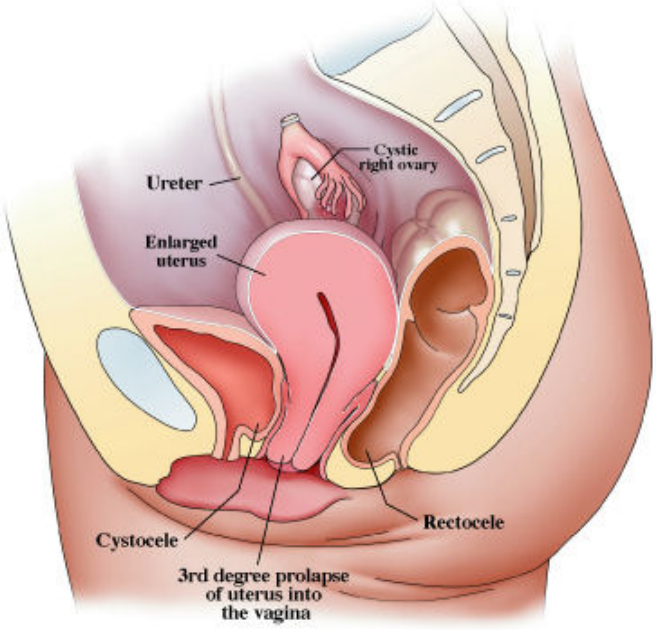
Anterior & Posterior Repair
Colporraphy

Anterior & posterior repair colporraphy is an operation used to fix a *prolapse* of organs in the genital tract. Prolapse means the falling down, bulging, dropping or drooping of an organ. Organs that commonly prolapse include the rectum, bladder, vagina and uterus. Prolapse can affect a single organ or several organs at the same time. This often worsens when women stop having their monthly periods (*menopause*) because estrogen loss weakens the muscles and tissues in the genital tract. In addition, prolapse happens when the organs are damaged or weakened. This commonly happens after childbirth and from aging.



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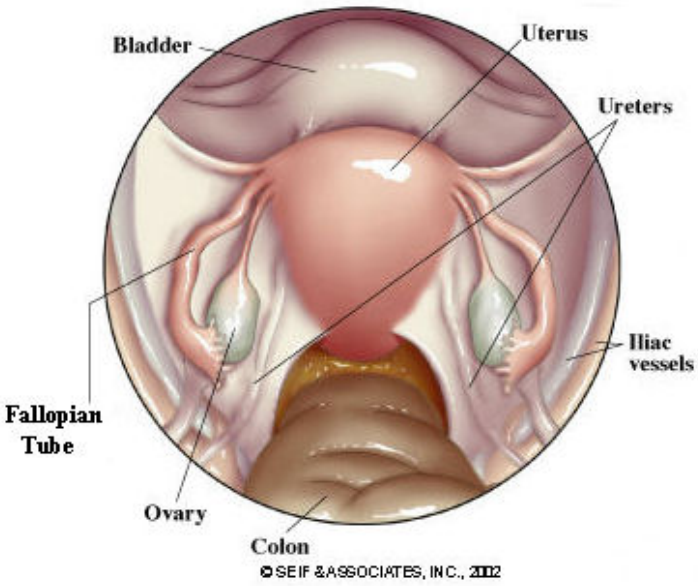
- Some women feel pelvic pressure or have trouble holding their urine right after childbirth because of stretching and damage to pelvic tissues around the bladder.
- Some women have trouble going to the bathroom (*defecating*) because of trapped stool in the rectum. This is because of damaged tissue around the rectum.

These troubles generally get better with time, but may get worse or return with aging. Different types of surgery are often the only form of treatment for severe prolapses.

TYPES OF GENITAL PROLAPSE YOUR CAREGIVER MAY DISCUSS ARE:

- **A Cystocele** is a prolapse of the upper (*anterior*) wall of the vagina. The anterior wall bulges into the vagina and brings the bladder with it.
- **A Rectocele** is a prolapse of the lower (*posterior*) wall of the vagina. The posterior vaginal wall bulges into the vagina and brings the rectum with it.
- **An Enterocele** is a prolapse of part of the pelvic organs called the Pouch of Douglas. It also involves a portion of the small bowel. It appears as a bulge under the *cervix* (neck of the womb) at the top of the back wall of the vagina.
- **A Procidentia** is a complete prolapse of the uterus and the cervix. The prolapse can be seen and felt coming out of the vagina.
- If the uterus is prolapsed, the uterus may be removed (*hysterectomy*). Your caregiver will discuss the risks and benefits with you.



BEFORE YOUR SURGERY

- **Do not** take aspirin or blood thinners a week before your surgery unless told otherwise.
- **Do not** eat or drink anything 8 hours before your surgery.
- Let your caregiver know if you get a cold or an infection before your surgery.
- If you are being admitted the same day as the surgery, you should check into the admissions desk at least one hour before the operation to read and sign the forms.

- Plan and arrange for help when you go home from the hospital.
- If you smoke, **do not** smoke for at least two weeks before the surgery.
- There is a waiting room available for family and friends.

LET YOUR CAREGIVER KNOW ABOUT:

- Allergies to foods and medications.
- All the medications you are taking including herbs, over-the-counter medications, eye drops and creams.
- Use of illegal drugs.
- Smoking or heavy alcohol drinking habits.
- Past problems with anesthetics or novocaine.
- Possible pregnancy, if this applies.
- History of blood clots or other types of blood problems.
- History of bleeding problems.
- Past surgery.
- Other medical or health problems.

RISKS OR COMPLICATIONS

- Infection. A germ starts growing in the wound. This can usually be treated with antibiotics.
- Damage to other organs during surgery.
- Bleeding after surgery. Your surgeon takes every precaution to keep this from happening.
- Problems urinating. A catheter may be required for a few days.
- Prolapse may happen again.
- Problems from the anesthesia.

PROCEDURE

Usually you are given medication to relax you before the surgery. An IV will be placed in an arm vein for the anesthetic and medications. The anesthesia or a spinal/epidural puts you to sleep. You will be awake but will be free of pain during surgery.

Different repairs include:

- **An anterior repair.** A cut (*incision*) is made in the midline section of the front part of the vaginal wall. A triangular shaped piece of vaginal tissue is removed and the stronger healthier tissue is sewn together in order to re-support and suspend the bladder.
- **A posterior repair.** An incision is made midline on the back wall of the vagina. A triangular portion of vaginal skin is removed to expose the muscle. Excess tissue is removed and stronger, healthier muscle and ligament tissue is sewn together to re-support the rectum.
- **In an A & P repair**, both of the above procedures are done during the same operation.

AFTER YOUR SURGERY

You will be taken to a recovery area. Nurses will check your progress and monitor your vital signs (blood pressure, pulse, breathing and temperature). This is done until you are stable. Then you will be transferred to your room.

After surgery, you will have a Foley catheter (a small rubber tube to drain your bladder). This will be in place for 2 to 7 days or until your bladder is working properly on its own. The intravenous will be removed in 1 to 3 days. You may have a gauze packing in your vagina to prevent bleeding that will be removed 2 o 3 days after the surgery. You are usually in the hospital 3 to 5 days.

SEEK IMMEDIATE MEDICAL CARE IF:

- Increased bleeding (more than a small spot) from the vagina.
- Redness, swelling or increasing pain in vaginal area.
- Development of abdominal pain or pain which is getting worse rather than better.
- Pus coming from wounds.
- An unexplained oral temperature over 101º F (38.3º C).
- A bad smell coming from your vaginal area.
- You feel light-headed or faint.

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