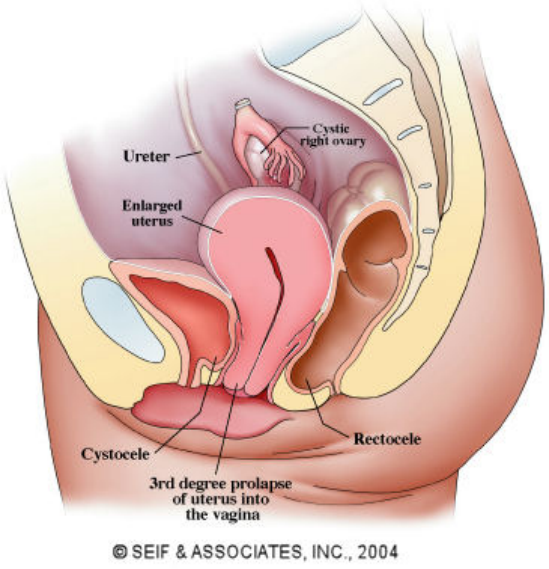
Cystocele Repair

A cystocele is a hernia or break (*rupture*) of bladder tissue into the vagina (birth canal). This bulging or rupture occurs on the top front wall of the vagina. It is associated with weakness of the top front wall of the vagina because of stretching and tearing of the tissues in the area and often is the result of multiple child births, continuous heavy lifting, chronic cough from asthma, emphysema or smoking, being overweight or just changes from aging. Women with a cystocele usually have symptoms, such as:

- Incontinence of urine, uncontrolled loss of urine with cough, sneeze or exercise.
- Pelvic pressure.
- Frequency or urgency to urinate because they cannot empty their bladder completely.
- Bladder infections.



Cystocele repair is surgery that pulls tissue from the sides and around the top of the vagina to lift up the hernia (removes the hernia) so that the top of the vagina does not fall into the opening of the vagina.

Women who do not want to have surgery or cannot have surgery because of medical problems have other non-surgical options to correct a cystocele, such as:

- Kegel exercises, this helps strengthen and tighten the muscles and tissue in and around the bladder and vagina.
- A pessary may help the cystocele. A pessary is a plastic or rubber device that lifts the bladder into place. A pessary must be fitted by a doctor.
- Tampons or diaphragms that lift the bladder into place are sometimes helpful with a minor or small cystocele.

BEFORE SURGERY

- Do not take aspirin or blood thinners for a week prior to surgery, unless instructed otherwise.
- Do not eat or drink anything after midnight the night before surgery.
- Let your caregiver know if you develop a cold or other infectious problems prior to surgery.
- If being admitted the day of surgery, you should be present one hour prior to your procedure or as directed by your caregiver. Check in at the admissions desk for filling out necessary forms if not preregistered. There may be consent forms to sign prior to the procedure. Should friends or family accompany you, there is a waiting area available for them while you are having your procedure. 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.

LET YOUR CAREGIVERS KNOW ABOUT:

- Allergies.
- Medications taken including herbs, eye drops, over the counter medications, and creams.
- Use of steroids (by mouth or creams).
- Use of illegal drugs.
- Previous problems with anesthetics or novocaine.
- Possibility of pregnancy, if this applies.
- History of blood clots (*thrombophlebitis*).
- History of bleeding or blood problems.
- Previous surgery.

- Other health problems.

RISKS

All surgery is associated with risks.

- There are risks with a general anesthesia. You should discuss this with your caregiver.
- With spinal or epidural anesthesia, there may be an area that is not numbed, and you will feel pain.
- The catheter that you will have after surgery may not work properly or get blocked and will have to be replaced.
- Excessive bleeding.
- Infection.
- Injury to surrounding structures.
- You may have a recurrence of the cystocele.

PROCEDURE

You will be given an anesthetic that will keep you pain free during surgery. It will be 1 of these 2 methods:

1. General anesthetic that puts you to sleep.
2. Spinal/epidural.

You will sleep or be numbed through the entire procedure. When you wake from surgery, you will have a Foley catheter (a small rubber drainage tube) draining your bladder for 2 to 7 days or longer until your bladder is working properly. This catheter is put in prior to surgery to help keep your bladder empty and out or the way during the procedure. After surgery, this will make passing your urine easier. It will be removed when you can easily pass urine without this assistance. You may have gauze packing in the vagina that will be removed one to two days after the surgery. You usually will be given an antibiotic.

After surgery, you will be taken to the recovery area where a nurse will watch and check your progress. Once you are awake, stable, and taking fluids well, barring other problems you will be allowed to return to your room. You can usually go home after four to five days.

HOME CARE INSTRUCTIONS

- Take showers instead of baths until informed otherwise.
- Take all the medicine, especially the antibiotics, your doctor gives you.
- Gradually decrease your pain medications as able and switch to over the counter pain medication for lesser pain.
- Exercise as instructed, but do not perform exercises which increase the pressure inside your abdomen (belly) (such as sit ups, lifting weights, etc.) until your surgeon has given permission. Walking exercise is preferred.
- Only take over-the-counter or prescription medicines for pain and discomfort unless your surgeon has given you medications that could interfere with pain medications.
- Do not take aspirin, it may cause bleeding.
- You may resume normal diet and activities as directed.
- Do not douche, use tampons or engage in intercourse until your surgeon has given permission.
- Change dressings as directed.

SEEK IMMEDIATE MEDICAL CARE IF:

- There is redness, swelling, or increasing pain in the vaginal area.
- Pus is coming from the vagina.
- An unexplained oral temperature above 100° F (37.9° C) develops, or as your caregiver suggests.
- You notice a foul smell coming from the vagina.
- There is increasing abdominal pain.
- You notice burning during urination or frequent urination.
- There is excessive vaginal bleeding.

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