

Gynecology Department

Prolapse Surgery: Vaginal Uterus Removal

In this brochure, you will learn more about Vaginal Uterus removal and admission to ward H5-South.

Introduction.

You will soon be admitted to the Gynecology department (H5-South) at Amsterdam UMC (location AMC) for a prolapse operation (Vaginal Uterus Removal). This brochure contains information about this operation. The brochure is intended to supplement the information provided by your doctor. If you have any questions, please do not hesitate to contact the outpatient clinic or the nursing department. We wish you good luck and a speedy recovery.

What is a vaginal uterine extraction?

A vaginal uterine extraction is an operation in which the uterus is surgically removed through the vagina. After the uterus is removed, the opening in the top of the vagina is sutured. The structures from which the uterus was suspended are used to attach the vaginal tip. This provides extra strength. Soluble sutures are used. There is no use of a mat/mesh. The surgery is often combined with prolapse surgery of the bladder and/or bowel, and sometimes with anti-incontinence surgery.

What's the result?

The success rate for this operation is around 85%. Some women will suffer a recurrence of prolapse in the short or long term. A new prolapse does not always result in symptoms, which is why a second operation is not always necessary.

Possible complications

With any surgery, there is a chance of complications. The following common complications can occur:

- Bleeding. The risk of severe blood loss requiring a transfusion is small
About 10% of women will develop bleeding in the area where the uterus used to be (the vaginal tip). This is called hematoma/bleeding from the vaginal tip. Often this will resolve by itself.
- Infection after surgery (e.g., cystitis)

- Sometimes leakage of urine can occur after prolapse surgery. Most commonly, it involves leaking urine when coughing, sneezing, or pushing. If this bothers you a lot, there are treatments available.
- Damage to surrounding organs. Up to 2% of vaginal uterus removals are complicated by damage to surrounding organs such as the bladder, bowel, or ureters.
- Pain complaints will be treated with painkillers. Persistent pain, for example, pain during sex, is very rare.

Finally, even after successful surgery, prolapse symptoms may reoccur years later. This is because an operation does not remove the cause of the prolapse. Unfortunately, there are no treatments that will permanently prevent the problems from recurring. If you think that you may be suffering from a recurrence of pelvic prolapse, you should discuss the matter.

Preparation for the outpatient clinic

Before you undergo surgery, you will have at least one video consultation with the outpatient clinic at Amsterdam UMC, location AMC for an intake interview with the doctor. Subsequently, an appointment with anesthesiology will be scheduled.

Anesthesiology Outpatient Clinic

You will have an appointment with the anesthesiologist to discuss anesthesia during surgery. An anesthesiologist, a specialist in the field of anesthesia and pain management, will ask you questions about your general health status, previous surgeries, your medication regimen, past illnesses, any hypersensitivity to certain medications, and experiences with previous anesthesia. In addition, your blood pressure will be measured, and additional tests may be arranged.

Planning

You will be notified by phone approximately 1-2 weeks before the scheduled admission.

Preparations for the nursing ward

You will be admitted to the nursing ward H5-South the day before surgery or the day of surgery. You can usually go home the day after surgery. The total duration of hospitalization is 1-2 days on average.

Interviews and examinations on the day of admission

On the day you are admitted, the nurse will conduct an intake interview, in which she will ask about your medication use, among other things. It is important that you bring all your medications in the original packaging(s) when you are admitted. The nurse will discuss with you which medicines you should take. The nurse will also ask whether you are allergic to any medication and what your health is like. The nurse will also discuss your home situation and your contact person. A contact person is a person who can be called after the operation to be informed that the operation is over. You can name your partner, family member or close friend as your contact person. The phone number of the contact person will be documented. A medical assistant will go through a medical questionnaire with you and take your blood.

The gynecologist and/or assistant physician will visit you to discuss the operation with you once more. In addition, you may have another internal gynecological examination.

Evening before the operation

The night before the operation, you may eat whatever you want until midnight.

On the day of surgery, you may not eat or drink anything for the last 6 hours before surgery.

Up to 6 hours before the operation, you may eat something light like a biscuit or crackers.

Up to 2 hours before the operation, you may drink clear liquids.

Keep in mind that the operating schedule may change, so you may have to come earlier.

The operation

Before the operation

- The nurse will provide you with surgical clothing. Jewelry, piercings, make-up, and headgear should be removed. If you have glasses, contact lenses, or dentures, they must be removed before going to the operating room.
- In preparation for the anesthetic, you will be given medication for the operation. The anesthesiologist will determine these drugs, which include painkillers and/or tablets for relaxation/rest.
- The nurse will take you and your bed to the waiting area of the operating room, the recovery room. A specialist nurse will take over your care here temporarily.
- You will be picked up from the recovery room by the anesthetist and their assistant. Then, a team of doctors and operating assistants are ready to take you into surgery.

During the operation

- In the operating room, the latest safety procedures are checked. You will be asked for your name, date of birth, what you are allergic to, when you last ate, and finally, your wristband will be checked. Your surgery will also be confirmed.
- In the operating room, you will be given an IV to administer fluids and medication.
- During surgery, you will receive an epidural or general anesthesia. If you receive anesthesia, you will be unconscious and connected to a monitor that checks vital signs. A breathing tube will also be inserted into your throat for ventilation during surgery. As a result, you may have discomfort in your throat for several days. An epidural does not require a tube to be inserted into the throat.

After the operation

- After surgery, you will be taken back to the recovery room. Here you will stay some time for observation. You will be connected to monitoring equipment. If necessary, you will receive extra oxygen through a tube in your nose. In addition, a catheter is inserted into the bladder that provides for the drainage of urine. A specialized nurse takes care of you here.
- The recovery nurse will contact the first contact person to inform that person that the operation is finished. There will be no substantive information told.
- As soon as your physical condition permits, you will be returned to H5-South.
- The catheter can be removed 6 hours after surgery in most cases.
- You may usually eat immediately after surgery.

First day after the operation and discharge from the hospital

In principle, it is possible to go home the first day after surgery. The IV will be removed. After surgery, it is important to start mobilizing as soon as possible. The nurse will instruct you in this. The morning after surgery, the catheter and vaginal tampon will be removed. A routine check will be made to see if you are urinating sufficiently. If not, you will be taught how to empty your bladder yourself (catheterization), or you will be given a catheter to take home for a few more days. After this surgery, this is only rarely needed.

Discharge

Upon discharge, you will have a discharge interview with the ward physician. You will be given a letter for your General Practitioner and any prescription(s) for medication. In addition, the doctor and nurse will provide you with instructions on living and when you should contact the hospital.

Recovery

Recovery from surgery may take 4-6 weeks.

You will receive advice from the hospital about pain relief and laxatives.

For the first six weeks, the following rules of life apply no heavy lifting, no swimming or bathing, no using tampons, and no sexual intercourse. After about four weeks, you may start cycling again, provided your condition allows for it. Vaginal bleeding may occur up to about six weeks after surgery. You should not use tampons at this time. The blood loss will slowly decrease and often turn into brownish or yellowish discharge. Any stitches in the vagina will dissolve on their own. They may come out on their own for more than six weeks after surgery.

It may be that the rules you are given from the hospital are different from those above. If so, please keep to the rules you were given from the hospital.

As long as you are not in good condition and cannot lift heavy objects, household help may be desirable. If you do not have a partner or adult children living at home, you can apply for this before your operation at the Social Support Act desk. However, this does involve a personal payment. Of course, you can also arrange for domestic help yourself.

Aftercare

You will have an appointment at the gynecology outpatient clinic 6 weeks after surgery. However, if there are any symptoms, you can always contact us earlier.

When should you contact us?

In case of unexpected events in the period after surgery, such as fever, severe pain, heavy blood loss, or inability to urinate properly, contact the gynecology department of the Amsterdam UMC, location AMC 020-5663665 immediately.

To conclude

If you have any questions or complaints, please do not hesitate to contact your treating physician.

Source

IUGA, www.iuga.org/patientinfo and www.NVOG.nl.