

Recovering Well



Royal College of
Obstetricians and
Gynaecologists



Information for you after a pelvic-floor repair operation

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Who is this information for?

This information is for you if you are about to have, or you are recovering from, an operation for a prolapse of your pelvic floor (when the sling of muscles that supports your bladder, bowel and vagina has slipped or descended). You might also find it useful to share this information with your family and friends.

The type of pelvic-floor repair operation you are having, or have had, may be:

- an anterior vaginal repair – if the front wall of your vagina has prolapsed
- a posterior vaginal repair – if the back wall of your vagina has prolapsed.

You may be having, or have had, a pelvic-floor repair operation in conjunction with:

- a hysterectomy – if your uterus (womb) has prolapsed into your vagina. If so, you may find helpful information in **Recovering Well: Information for you after a vaginal hysterectomy**.

A mesh (a small piece of woven fabric) may be inserted at the time of your operation for the repair.

Your surgery choices will depend on your personal circumstances and will be discussed with you by your gynaecologist before your operation.

You will need an anaesthetic for a pelvic-floor repair operation. This will be a general anaesthetic or a regional anaesthetic.

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About this information

You should read this information along with any other information you have been given about your choices and the operation itself. This information gives general advice based on women's experiences and expert opinion. Every woman has different needs and recovers in different ways. Your own recovery will depend upon:

- how fit and well you are before your operation
- the reason you are having a pelvic-floor repair operation
- the exact type of repair that you have
- how smoothly everything goes and whether there are any complications.

What can I expect after a pelvic-floor repair operation?

Usual length of stay in hospital

In most instances you will be admitted to hospital on the day of your operation. You may be able to go home within 24 hours or, depending on your circumstances, you may need to stay in hospital for 2 to 3 days.

You will only be discharged home when you are emptying your bladder satisfactorily and your gynaecologist and the nursing team are happy with your recovery.

After-effects of general anaesthesia

Most modern anaesthetics are short-lasting. You should not have, or suffer from, any after-effects for more than a day after your operation. During the first 24 hours you may feel more sleepy than usual and your judgement may be impaired. You are likely to be in hospital during the first 24 hours but, if not, you should have an adult with you during this time and should not drive or make any important decisions.

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Scars

An operation for a prolapse of the pelvic floor is done through your vagina so the scars will mainly be out of sight.

If you had a mesh inserted at the time of an anterior vaginal repair, you may have two scars – one on the inner side of each of your thighs. If you had a mesh inserted at the time of a posterior vaginal repair, you may have two scars – one on each buttock. Each scar will be about 0.5 cm long.

Stitches

Your stitches will not need to be removed as they are dissolvable. You may notice a stitch or part of a stitch coming away after a few days or maybe after a few weeks. This is normal and nothing to worry about. It usually occurs with the stitches on the surface of your skin.

Catheter

You may have a catheter (tube) in your bladder to allow drainage of your urine. This is usually for up to 24 hours after your operation until you are easily able to walk to the toilet to empty your bladder. If you have problems passing urine, you may need to have a catheter for a few days.

Packs

You may have a pack (a length of gauze like a large tampon) in your vagina after the operation to reduce the risk of bleeding. This is normally removed by a nurse after your operation while you are still in hospital.

Passing urine

If you have had an anterior vaginal repair, you may notice a change in the flow of your urine and that passing urine is slower and takes longer.

Vaginal bleeding

You can expect to have some vaginal bleeding for 2 to 3 weeks after your operation. This is like a light period and is red or brown in colour. You should use sanitary towels rather than tampons, as using tampons could increase the risk of infection.

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Pain and discomfort

You can expect pain and discomfort in your lower abdomen for at least the first few days after your operation. When leaving hospital, you should be provided with painkillers for the pain you are experiencing. If you are prescribed painkillers which contain codeine or dihydrocodeine, these can make you sleepy, slightly sick and constipated. If you do need to take these medications, try to eat extra fruit and fibre to reduce the chances of becoming constipated.

Taking painkillers as prescribed to reduce your pain will enable you to get out of bed sooner, stand up straight and move around – all of which will speed up your recovery and help to prevent the formation of blood clots in your legs or your lungs.

Starting to eat and drink

After your operation you may have a drip in your arm to provide you with fluids. When you are able to drink again the drip will be removed. You will be offered a drink of water or cup of tea and something light to eat. If you are not hungry initially, you should drink fluid. Try eating something later on.

Helping your bladder to function

To help your bladder to function, make sure the fluid you drink is mainly water. You should limit your intake of caffeine (found in tea, coffee and some fizzy drinks) as this will irritate your bladder. Make sure you drink small amounts of fluid at regular intervals throughout the day. Drinking less frequently can make your urine concentrated and this can also irritate your bladder.

Washing and showering

You should be able to have a shower or bath the day after your operation. Don't worry about getting your scars wet – just ensure that you pat them dry with clean disposable tissues or let them dry in the air. Keeping scars clean and dry helps healing.

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Formation of blood clots – how to reduce the risk

There is a small risk of blood clots forming in the veins in your legs and pelvis (deep vein thrombosis) after any operation. These clots can travel to the lungs (pulmonary embolism) which could be serious. You can reduce the risk of clots by:

- being as mobile as you can as early as you can after your operation
- doing exercises when you are resting, for example:
 - pump each foot up and down briskly for 30 seconds by moving your ankle
 - move each foot in a circular motion for 30 seconds
 - bend and straighten your legs – one leg at a time, three times for each leg.

You may also be given other measures to reduce the risk of a clot developing, particularly if you are overweight or have other health issues. These may include:

- a daily injection of a blood thinning agent; your doctor will advise you on the length of time you should take this for
- graduated compression stockings; the stockings should be worn day and night until your movement has improved and your mobility is no longer significantly reduced
- special boots that inflate and deflate.

Physiotherapy

You will be given advice and information about exercises to help you recover and ways to move easily and rest comfortably. You should be given written information on this. The ward physiotherapist may also visit you after your operation to show you some exercises and have a discussion with you about how to progress with getting out of bed and mobilising. The physiotherapist will also advise you on how to do pelvic-floor muscle exercises.

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Cervical screening (smears)

If you are still on the cervical screening programme, you should continue to have screening (smears) after your repair. If you have also had a hysterectomy, you should check with your GP or gynaecologist if you need to continue to have screening (smears).

Tiredness

You may feel much more tired than usual after your operation as your body is using a lot of energy to heal itself. You may need to take a nap for the first few days. Sometimes this feeling can come upon you suddenly.

What can help me recover?

It takes time for your body to heal and for you to get fit and well again after a pelvic-floor repair operation. There are a number of positive steps you can take at this time. The following will help you recover:

Rest

Rest as much as you can for the first few days after you get home. It is good to relax, but avoid crossing your legs for too long when you are lying down. Rest doesn't mean doing nothing at all throughout the day, as it is important to start exercising and doing light activities around the house within the first few days (see **Stay active** section).

A pelvic-floor muscle exercise programme

Your pelvic-floor muscles span the base of your pelvis. They work to keep your pelvic organs in the correct position (prevent prolapse), tightly close your bladder and bowel (stop urinary or anal incontinence) and improve sexual satisfaction.

It is important for you to get these muscles working properly after your operation, even if you have stitches. To identify your pelvic-floor muscles, imagine you are trying to stop yourself from passing wind or you could think of yourself squeezing tightly inside your vagina. When you do this you should feel your muscles 'lift and squeeze'.

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It is important to breathe normally while you are doing pelvic-floor muscle exercises. You may also feel some gentle tightening in your lower abdominal muscles. This is normal. Women used to be told to practice their pelvic-floor muscle exercises by stopping the flow of urine midstream. This is no longer recommended, as your bladder function could be affected in the longer term.

You can begin these exercises gently once your catheter has been removed and you are able to pass urine on your own. You need to practice short squeezes as well as long squeezes:

- Short squeezes are when you tighten your pelvic-floor muscles for one second and then relax.
- Long squeezes are when you tighten your pelvic-floor muscles, hold for several seconds and then relax.

Start with what is comfortable and then gradually increase – aiming for ten long squeezes, up to 10 seconds each, followed by ten short squeezes.

You should do pelvic-floor muscle exercises at least three times a day. At first you may find it easier to do them when you are lying down or sitting. As your muscles improve, aim to do your exercises when you are standing up. It is very important to tighten your pelvic-floor muscles before you do anything that may put them under pressure, such as lifting, coughing or sneezing.

Make these exercises part of your daily routine for the rest of your life. Some women use triggers to remind themselves such as, brushing their teeth, washing up or commercial breaks on television.

Straining to empty your bowels (constipation) may also weaken your pelvic-floor muscles and should be avoided. If you suffer from constipation or find the pelvic-floor muscle exercises difficult, you may benefit from seeing a specialist women's health physiotherapist.

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A daily routine

Establish a daily routine and keep it up. For example, try to get up at your usual time, have a wash and get dressed, move about and so on. Sleeping in and staying in bed can make you feel depressed. Try to complete your routine and rest later if you need to.

Eat a healthy balanced diet

Ensure your body has all the nutrients it needs by eating a healthy balanced diet. A healthy diet is a high-fibre diet (fruit, vegetables, wholegrain bread and cereal) with up to 2 litres a day of fluid intake, mainly water. Remember to eat at least five portions of fruit and vegetables each day. You will only gain weight if you eat more than you need to and you are not exercising enough.

Keep your bowels working

Your bowels may take time to return to normal after your operation. Your motions should be soft and easy to pass. You may initially need to take laxatives to avoid straining and constipation. You may find it more comfortable to hold your abdomen (provide support) the first one or two times your bowels move.

If you do have problems opening your bowels, it may help to place a small footstool under your feet when you are sitting on the toilet so your knees are higher than your hips. If possible, lean forwards and rest your arms on top of your legs to avoid straining.

Stay active

Start with a short walk on the day after you leave hospital and build up slowly. Listen to your body. If the exercise you are doing is causing you pain, stop and try something less active for a few days. Low-impact exercises are ideal in the first few weeks, along with the exercises advised by the physiotherapist. Regular short walks will not harm you and are the ideal form of exercise. If you are not experiencing any problems you can soon increase the number of walks each day and walk further each time, otherwise you will lose fitness.

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Stop smoking

Stopping smoking will benefit your health in all sorts of ways such as lessening the risk of a wound infection or chest problems after your anaesthetic. By not smoking – even if it is just while you are recovering – you will bring immediate benefits to your health. If you are unable to stop smoking before your operation, you may need to bring nicotine replacements for use during your hospital stay. You will not be able to smoke in hospital. If you would like information about a smoking cessation clinic in your area speak with the nurse in your GP surgery.

Support from your family and friends

You may be offered support from your family and friends in lots of different ways. It could be practical support with things like shopping, housework or preparing meals. Most people are only too happy to help – even if it means you having to ask them! Having company when you are recovering gives you a chance to say how you are feeling after your operation and can help to lift your mood. If you live alone, plan in advance to have someone stay with you for the first few days when you are at home.

A positive outlook

Your attitude towards how you are recovering is an important factor in determining how your body heals and how you feel in yourself. You may want to use your recovery time as a chance to make some longer-term positive lifestyle choices such as:

- starting to exercise regularly if you are not doing so already and gradually building up the levels of exercise that you take
- eating a healthy diet: if you are overweight it is best to eat healthily without trying to lose weight for the first couple of weeks after the operation. After that you may want to lose weight by combining a healthy diet with exercise.

Whatever your situation and however you are feeling, try to continue to do the things that are helpful to your long-term recovery.

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What can slow down my recovery?

It can take longer to recover from a pelvic-floor repair operation if:

- you had health problems before your operation; for example, women with diabetes may heal more slowly and may be more prone to infection
- you smoke; some women who smoke are at increased risk of getting a chest or wound infection during their recovery: smoking can delay the healing process
- you were overweight at the time of your operation; if you are overweight it can take longer to recover from the effects of anaesthesia and there can be a higher risk of complications such as infection and thrombosis
- there were any complications during your operation.

Recovering after an operation is a very personal experience. If you are following all the advice you have been given but do not think you are at the stage you ought to be, talk with your GP.

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When should I seek medical advice after a pelvic-floor repair operation?

While most women recover well after a pelvic-floor repair operation, complications can occur – as with any operation. You should seek medical advice from your GP, the hospital where you had your operation, NHS Direct or NHS 24 if you experience:

- **burning and stinging when you pass urine or pass urine frequently:** this may be due to a urine infection. Treatment is with a course of antibiotics
- **heavy or smelly vaginal bleeding or bleeding which starts again:** if you are also feeling unwell and have a temperature (fever), this may be because of an infection or a small collection of blood in the vagina. Treatment is usually with a course of antibiotics. If you had a hysterectomy at the time of your repair, the infection or blood collection can be at the top of your vagina, called a vault haematoma. Again the treatment is usually with a course of antibiotics. Occasionally you may need to be admitted to hospital for the antibiotics to be administered intravenously (into a vein). Rarely, this collection may need to be drained. If you have had a mesh repair and you develop bright red (fresh) vaginal bleeding and are in pain, this may be because small parts of the mesh are coming through your vagina. This occurs in 5 to 20 out of every 100 women (5–20%). Treatment is removal of the exposed mesh in hospital. This should not affect the overall success of your repair.
- **a painful, red, swollen, hot leg or difficulty bearing weight on your legs:** this may be caused by a deep vein thrombosis (DVT). If you have shortness of breath, chest pain or cough up blood, it could be a sign that a blood clot has travelled to the lungs (pulmonary embolus). If you have these symptoms, you should seek medical help immediately.

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Getting back to normal

Around the house

While it is important to take enough rest, you should start some of your normal daily activities when you get home and build up slowly. You will find you are able to do more as the days and weeks pass.

It is helpful to break jobs up into smaller parts, such as ironing a couple of items of clothing at a time and taking rests regularly. You can also try sitting down while preparing food or sorting laundry. For the first month you should restrict lifting to light loads such as a 1 litre bottle of water, kettles or small saucepans. You should not lift heavy objects, such as full shopping bags or children, or do any strenuous housework like vacuuming, until 4 to 6 weeks after your operation, as this may affect how you heal internally. Try getting down to your children rather than lifting them up to you. If you feel pain you should try doing a little less for another few days.

Remember to lift correctly by having your feet slightly apart, bending your knees, keeping your back straight and bracing (tightening or strengthening) your pelvic floor and stomach muscles as you lift. Hold the object close to you and lift by straightening your knees.

Exercise

While everyone will recover at a different rate, there is no reason why you should not start walking on the day you return home. You should be able to increase your activity levels quite rapidly over the first few weeks. There is no evidence that normal physical activity levels are in any way harmful and a regular and gradual build-up of activity will assist your recovery. If you are unsure, start with short steady walks close to your home a couple of times a day for the first few days. When this is comfortable you can gradually increase the time while walking at a relaxed steady pace. Many women should be able to walk for 30 to 60 minutes by the second week and will be back to their previous walking levels by the end of the third week.

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Swimming is an ideal exercise that can usually be resumed within 2 to 4 weeks as long as vaginal bleeding and discharge has stopped.

Contact sports and power sports should be avoided for at least 6 weeks, although this will depend on your level of fitness before your surgery.

You should not drive for 24 hours after a general anaesthetic. Each insurance company will have its own conditions for when you are insured to start driving again. Check your policy.

Before you drive you should be:

- free from the sedative effects of any painkillers
- able to sit in the car comfortably and work the controls
- able to wear the seatbelt comfortably
- able to make an emergency stop
- able to comfortably look over your shoulder to manoeuvre.

In general, it can take 2 to 4 weeks before you are able to do all of the above. It is a good idea to practise without the keys in the ignition. See if you can do the movements you would need for an emergency stop and a three-point turn without causing yourself any discomfort or pain. When you are ready to start driving again, build up gradually, starting with a short journey.

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Travel plans

If you are considering travelling during your recovery, it is helpful to think about:

- The length of your journey: journeys over 4 hours where you are not able to move around (in a car, coach, train or plane) can increase your risk of deep vein thrombosis (DVT). This is especially so if you are travelling soon after your operation.
- How comfortable you will be during your journey, particularly if you are wearing a seatbelt.
- Overseas travel:
 - Would you have access to appropriate medical advice at your destination if you were to have a problem after your operation?
 - Does your travel insurance policy cover any necessary medical treatment in the event of a problem after your operation?
- Are your plans in line with the levels of activity recommended in this information?

If you have concerns about your travel plans, it is important to discuss these with your GP or the hospital where you have your operation before travelling.

Having sex

You should usually allow 4 to 6 weeks after your operation to allow your scars to heal. It is then safe to have sex – as long as you feel comfortable. If you experience any discomfort or dryness, you may wish to try a vaginal lubricant. You can buy this from your local pharmacy.

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Returning to work

Everyone recovers at a different rate, so when you are ready to return to work will depend on the type of work you do, the number of hours you work and how you get to and from work.

You may experience more tiredness than normal after any operation, so your return to work should be like your return to physical activity, with a gradual increase in the hours and activities at work. If you have an occupational health department they will advise on this.

Some women are fit to work after 2 to 3 weeks and will not be harmed by this if there are no complications from surgery.

Many women are able to go back to normal work after 3 to 4 weeks if they have been building up their levels of physical activity at home.

Returning to work can help your recovery by getting you back into your normal routine again. Some women who are off work for longer periods start to feel isolated and depressed. You do not have to be symptom-free before you go back to work. It is normal to have some discomfort as you are adjusting to working life. It might be possible for you to return to work by doing shorter hours or lighter duties and building up gradually over a period of time. Consider starting partway through your normal working week so you have a planned break quite soon.

You might also wish to see your GP or your occupational health department before you go back and do certain jobs – discuss this with them before your operation. You should not feel pressurised by family, friends or your employer to return to work before you feel ready. You do not need your GP's permission to go back to work. The decision is yours.

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Recovery tracker

Days after my operation	How might I feel?	What is safe to do?	Fit to work?
1–2 days	<ul style="list-style-type: none"> You are still likely to be in hospital with discomfort in your lower abdomen and vagina 	<ul style="list-style-type: none"> Eat and drink as usual Get out of bed and move about Do exercises to prevent thrombosis (blood clot) 	No
3–7 days	<ul style="list-style-type: none"> You may have mild pain and discomfort You may feel tired and like an afternoon nap 	<ul style="list-style-type: none"> Get up, get dressed and move around the house Start daily walks Continue with your leg exercises Start doing pelvic floor exercises 	No
1–2 weeks	<ul style="list-style-type: none"> There will be less pain as you move more and more and you will find your energy levels returning 	<ul style="list-style-type: none"> Go for daily walks, gradually building up length and frequency Build up the activities you do around the house, avoid doing housework 	Not just yet, usually
2–3 weeks	<ul style="list-style-type: none"> You should be pain free and feeling much stronger 	<ul style="list-style-type: none"> Go for daily walks, building up length and frequency to usual levels You may still feel like a rest after each walk Build up the activities you do around the house, avoiding heavy housework duties 	Yes, possibly part-time hours desk work at first
3–4 weeks	<ul style="list-style-type: none"> You should feel stronger every day If you haven't had any complications from surgery, you should be back to your full range of activities 	<ul style="list-style-type: none"> You should be back to your usual walking activity levels Limit your rest periods during the day Build up the activities you do around the house 	Yes, most women can return to full time work

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Recovery tracker (continued)

Days after my operation	How might I feel?	What is safe to do?	Fit to work?
4–6 weeks	<ul style="list-style-type: none"> If you have not had any complications from surgery, you should be back to your full range of activities 	<ul style="list-style-type: none"> Make sure you continue any healthy lifestyle changes Make sure you have the correct posture for lifting Keep doing your pelvic floor exercises 	Yes
6–8 weeks	<ul style="list-style-type: none"> If you have not had any complications from surgery, you should be back to your full range of activities 	<ul style="list-style-type: none"> If you are still off work, it is possible that you are feeling anxious about returning to work and that you could do with some help from your GP or your employer. Talk with them about a gradual return to work Keep doing your pelvic floor exercises 	If work involves heavy manual handling, you may need 6 weeks or so off work unless you can adjust your duties



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More Patient Information is available on our website:

www.rcog.org.uk/womens-health/patient-information