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Posterior Vaginal Repair and Perineal Body repair- Patient Information

Repair of the posterior vaginal wall or rectocoele (bulging of the rectum into the vagina). Often a repair of the perineal body (the supporting tissue between vaginal and anal openings) is performed at the same time. The aim of surgery is to relieve the symptoms of vaginal bulge and/or laxity and to improve or maintain bowel function without interfering with sexual function.

Surgical technique

- An incision is made on the posterior wall of the vagina starting at the entrance and finishing at the top of the vagina
- The rectovaginal fascia between the vagina and rectum is dissected and the fascial defects are corrected by plication (stitching together) using absorbable sutures
- The perineal defects are repaired by placing deep sutures into the perineal muscles to build up the perineal body
- The overlying vaginal and vulval skin is then closed with absorbable sutures
- Occasionally reinforcement material in the form of mesh or biological material is used in cases of repeat surgery or severe prolapse
- A pack is usually placed into the vagina and a catheter into the bladder at the end of surgery and removed the following morning. Surgery will be covered with antibiotics to decrease the risk of infection and blood thinning agents will be used to decrease the risk of clots forming in the postoperative phase.

Complications

- Return of the prolapse in 10%
- Failure to correct symptoms like incomplete bowel evacuation or constipation as these may have been the original cause of the prolapse
- Painful intercourse in 1-5% rarely requiring surgery to relieve excessive constriction
- Blood loss requiring transfusion <1%
- Inadvertent damage to the rectum is very uncommon

Recovery

After the operation you will have an IV drip usually your arm for fluids and pain relief. You can expect to stay in hospital between 2-3 days (usually until after your bowels are open). Light bleeding may occur for up to 10 days. Dischrge may continue for up to 6 weeks whilst the sutures are dissolving.

In the early postoperative period you should avoid situations where excessive pressure is placed on the repair, i.e. lifting, straining, coughing and constipation. Maximal fibrosis around the repair occurs at 3 months and care with heavy lifting >5 kg needs to be taken until this time. If you develop urinary burning, frequency or urgency you should see your local doctor.

You will be reviewed by Dr. De Souza at six weeks and sexual activity can usually be safely resumed at this time. You can return to work at approximately 4-6 weeks depending on the amount of strain that will be placed on the repair at your work and on how you feel.