Recovery following vaginal repair surgery/vaginal hysterectomy

A Guide for Women

- What can I expect following a vaginal repair or vaginal hysterectomy?
- Pain/Discomfort following surgery
- Prevention of Deep vein thrombosis.
- Bladder and bowel function after surgery.
- Resuming activity after surgery.
- Bathing and showering.
- What should I avoid in the 6 weeks following a vaginal repair or vaginal hysterectomy?
- What can I eat following a vaginal repair or vaginal hysterectomy?
- Can I expect any vaginal discharge following surgery?
- When will I feel back to normal after my surgery?
- When should I ask for medical advice?
- When can I drive following a vaginal repair or vaginal hysterectomy?
- When can I start having sexual intercourse?
- When can I return to work?

What can I expect following a vaginal repair or vaginal hysterectomy?
Immediately after your surgery, you may have a catheter (a tube) that drains urine from the bladder into a bag, and a pack in the vagina to prevent bleeding. Your doctor will specify how long these will need to stay in place, usually between 8 to 24 hours.

Pain/Discomfort following surgery
You may experience some pain or discomfort in the groin, vagina and lower abdomen after surgery. If you have had a sacrospinous (vaginal vault or uterine) suspension you may also experience a sharp or aching pain deep in your buttock(s). Most pain or discomfort settles within a week or two but it can sometimes be present for several weeks.

Whilst in hospital you will be prescribed regular pain relief to keep you comfortable. On discharge from hospital, painkillers will be prescribed though often "over the counter painkillers" should be sufficient.

Pain relief in the early post operative period is best taken at regular intervals; don't wait for pain to become severe before taking medication. Staying on top of any pain will help to keep you mobile and to recover more quickly. If you are experiencing severe pain that doesn't settle after pain killers contact your doctor.

Prevention of Deep vein thrombosis
Following surgery the risk of developing a deep vein thrombosis (clots in the veins in the legs) is increased. To minimise this risk your doctor may prescribe compression stockings and a daily blood thinning injection.

Whilst you are in bed try to do simple exercises such as moving your ankles briskly in a circular motion, bend and straighten your legs a few times each hour. Avoid crossing your legs. You are advisedse (under supervision) as soon as possible after the operation. Sometimes extra preventive measures may be advised; especially when your health status increases the risk of blood clot development, your doctor will discuss this with you if necessary.
Bladder and bowel function after surgery
After a vaginal repair you may notice that at first your urine flow is slowed and it takes longer than normal to empty your bladder. About 5 to 10% of women have difficulty emptying their bladder fully after surgery; a catheter may then be needed until swelling settles and the bladder returns to its normal function (usually after 1-2 weeks).
Constipation is a common problem following surgery. Before and after your surgical procedure eat plenty of fruit and fibre and drink plenty of fluid to keep your bowel motions soft. Following surgery stool-softeners (laxatives) are often prescribed to help prevent constipation, take these on a regular basis when you first go home. It is important to avoid excessive straining to pass a bowel motion as this can put pressure onto the stitches in the vagina. Some women experience burning or shooting pains in the rectum after surgery; this usually settles within a few days after surgery.

Resuming activity after surgery
Following surgery you will feel more tired than usual, therefore make sure you take plenty of rest and listen to your body.

Start by walking around the house and as you feel ready increase you activity to include short daily walks. Walking is a good form of activity as it puts little strain on your surgical repair. Do not try to exercise to gain fitness, by e.g. jogging, power walking, aerobics classes etc for at least 6 weeks following surgery. It is safe to (re-)start pelvic floor exercises when you feel ready, usually 1 to 2 weeks after surgery. (For more information on how to perform pelvic floor exercises visit the patient information section of our website at www.iuga.org).

What should I avoid in the 6 weeks following a vaginal repair or vaginal hysterectomy?
- Heavy lifting and strenuous activities: you should not be carrying anything more than 5-7 kilograms. Heavy lifting puts pressure on the surgical repair and this can increase the risk of having a recurrence of the prolapse.
- Carrying small children, heavy shopping, gardening and heavy housework such as vacuuming, lifting washing baskets, moving furniture etc.
- Exercises with high impact such as aerobics, running, horse riding, gym training and heavy lifting these all put heavy forces on the pelvic floor.
- Try to stop smoking because it may delay wound healing and increases the risk of wound infection.

What can I eat following a vaginal repair or vaginal hysterectomy?
You can eat and drink as usual as soon as your appetite returns after the operation. Aim for a balanced diet to receive all the nutrients your body needs. It will be helpful to include foods with plenty of fibre such as muesli, prunes, and kiwi fruit and up to 2-2.5 litres of fluid intake a day to keep your bowels regular.

Bathing and Showering
You will usually feel well enough for this the day after surgery. Showering is preferable to bathing in the first 6 weeks after surgery when vaginal stitches are still present.
Can I expect any vaginal discharge following surgery?
It is normal to have some bleeding followed by a creamy white discharge that may last for up to 6 weeks as stitches in the vagina dissolve. At first the blood loss may be bright red later this usually changes to a darker reddish brown, the amount of bleeding can vary from day to day. If you experience heavy fresh red bleeding or clots requiring frequent pad changes contact your doctor.

Use pads not tampons for the first 6 weeks after surgery.

When can I drive following a vaginal repair or vaginal hysterectomy?
You should not drive if you are taking sedative painkillers or are not confident that you could perform an emergency stop if needed. As a general guide avoid driving for 1 to 2 weeks, if unsure check with your doctor. Some insurance companies place restrictions on driving after surgery, so check your policy details.

When can I start having sexual intercourse?
It is advisable to refrain from sexual intercourse for six weeks after you have been discharged from hospital. Intercourse may be a little uncomfortable to begin with so take things slowly and gently. Using a vaginal lubricant may be helpful if you feel dry. If intercourse remain uncomfortable after 3 or 4 months of regular trying seek advice from your doctor.

When can I return to work?
This will depend on the type of work you do, the number of hours you work and how you get to and from work. Your doctor can help you decide how much time you will need to take; most patients will need between two and six weeks off work. It may be advisable to try and organise a shortened working week or light duties when you first return to work, especially if you are in a job that involves standing or heavy lifting.

When should I ask for medical advice?
If you develop; heavy or smelly vaginal discharge or bleeding, burning or stinging on passing urine, increasing abdominal pains, vomiting, fever, painful swollen leg(s), shortness of breath or chest pain, seek medical advice.

When will I feel back to normal after my surgery?
Everyone recovers at a different rate and this depends on several factors; your health and fitness state before operation, whether complications occurred and the type of repair performed. It is important to listen to your body, take time to rest; don’t try to push yourself too hard! Over the course of 4-6 weeks your body will gradually heal and your energy level will slowly rise to a normal level.