

PROCEDURE INFORMATION SHEET – TRANS-VAGINAL MESH REMOVAL SURGERY

What is excision of vaginal mesh?

This is a procedure done to remove implanted mesh from the vagina.

When is this surgery used?

- If the mesh has eroded into the vagina, bladder, urethra, or bowel, or is protruding through the tissue into the vagina
- If there is pain associated with the mesh and your doctor thinks removal will be helpful in relieving this pain

How do I prepare for surgery?

- Once your surgery is scheduled, you will receive an email or letter confirming the date. You will be notified by the hospital, closer to the day, of your time of arrival.
- Depending on your health, the anaesthetist may call you before surgery to make sure you are healthy for surgery.
- Some medications need to be stopped before the surgery, such as blood thinners. Check with your doctor.
- Smoking can affect your surgery and recovery. Smokers may have difficulty breathing during the surgery and tend to heal more slowly after surgery. If you are a smoker, it is best to quit 6-8 weeks before surgery. If you are unable to stop smoking before surgery, your doctor can order a nicotine patch while you are in hospital.
- Do not wear makeup or nail polish.
- Remove all body piercings and acrylic nails.
- Most women recover and are back to most activities in 4-6 weeks. You may need a family member or a friend to help you with day-to-day activities for a few days after surgery.

What can I expect during surgery?

- In the operating room, you will be given a general anaesthetic. The choice of anaesthesia is a decision that will be made by the anaesthetist based upon your history and your wishes. The anaesthetist may call you before your surgery.
- If a general anaesthesia is given, after you are asleep and before the surgery starts:
 - A tube to help you breathe will be placed in your throat.
 - Another tube may be placed into your stomach to remove any gas or other contents to reduce the likelihood of injury during the surgery. The tube is usually removed before you wake up.
 - A catheter placed in the urethra will stay in until the next day.
- Compression stockings will be placed on your legs to decrease the risk of developing blood clots in your legs and lungs during surgery.
- Your surgery will be performed by your doctor and her/his team.

What are possible risks from this surgery?

We work very hard to make sure the procedure is as safe as possible. However, problems can occur, even when things go as planned. You should be aware of these possible problems, how often they happen, and what will be done to correct them. Your doctor will discuss these with you and answer any questions you may have.

Possible risks during surgery include:

- **Bleeding:** If there is excessive bleeding, you will be given a blood transfusion unless you have personal or religious reasons for not wanting blood. **This should be discussed with your doctor prior to the surgery.**
- **Damage to the bladder, ureters** (the tubes that drain the kidneys into the bladder), **and to the bowel:** Damage occurs in less than 1% of surgeries. If there is damage to the bladder, ureters, or to the bowel, they will be repaired while you are in surgery.
- **Conversion to an open surgery requiring an up and down or Bikini incision:** if a bigger open incision is needed during your surgery, you may need to stay in the hospital for one or more nights.

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- **Death:** all surgeries have a risk of death. Some surgeries have a higher risk than others. Vaginal mesh surgery removal is lower risk.

Possible risks that can occur days to weeks after surgery:

- **Blood clot in the legs or lung:** Swelling or pain, shortness of breath, or chest pain are signs of blood clots.
- **Bowel obstruction:** A blockage in the bowel that causes abdominal pain, bloating, nausea and/or vomiting.
- **Incision opens:** The vaginal incision opens. Bleeding or discharge may occur.
- **Infection:** Bladder or surgical site infection. This may cause fever, redness, swelling or pain.
- **Pain:** Pain with intercourse.
- **Scar tissue:** Tissue thicker than normal skin forms at the site of surgery.
- **Urinary symptoms:** Leaking urine and inability to urinate without a catheter.

What happens after the surgery?

- You will be taken to the recovery room and monitored before going to the observation unit.
- You may feel cramping, or feel bloated.
- You may have a scratchy or sore throat if you were given a general anaesthesia.
- You may be able to eat and drink as you like.
- You can expect:
 - To be given medications for pain and nausea if needed.
 - To still have the tube in your bladder. The tube will be left in until the next morning and removed by nursing staff.
 - To have a machine massaging your legs to help prevent clots and/or compression stockings on your legs to improve circulation. The stockings will stay on until you are actively walking as normal.

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- If you are at a high risk for blood clots, a blood thinning medication may be given to you during your hospital stay.
 - To be restarted on your routine medications.
 - To be instructed to use a small plastic device at your bedside to help expand your lungs after surgery.
 - To be encouraged to start walking as soon as possible after the surgery to help healing and recovery.
 - To stay in hospital for less than three days.

When will I go home after surgery?

Most women spend two nights in the hospital and are ready to go home around midday two days after surgery. You should plan for someone to be at the hospital by midday to drive you home. Some women feel ready to go home the day after surgery.

At home after surgery:

If you used a bowel preparation (such as an enema) before surgery, it is common not to have a bowel movement for several days.

Attend your nearest emergency department if you:

- Develop a fever over 38°C.
- Start bleeding like a menstrual period or (and) are changing a pad every hour.
- Have severe pain in your abdomen or pelvis that the pain medication is not helping.
- Have heavy vaginal discharge with a bad odour.
- Have nausea and vomiting.
- Have chest pain or difficulty breathing.
- Leak fluid or blood from the incision or if the incision opens.
- Develop swelling, redness, or pain in your legs.
- Develop a rash.

- Have severe pain with urination.

Caring for your incision:

- Your incision will be closed with dissolvable stitches.
- Keep any wound coverings on for five days before removing.

Bleeding:

- Spotting is normal:
 - Discharge will change to a brownish colour followed by yellow cream colour that will continue for up to four to eight weeks.
 - It is common for the brownish discharge to have a slight odour because it is old blood.

Urination:

- Your urine stream may be slower. Some women are temporarily unable to empty the bladder completely. If you are unable to empty your bladder after surgery nursing staff will teach you how to do so before you go home.

Diet: If you are not nauseous, you may eat whatever you like.

Medications:

- **Pain:** Medication for pain will be prescribed for you after surgery. Do not take it more frequently than instructed.
- **Stool softener:** Some pain medications may cause constipation. A stool softener may be needed while taking these medications. Ask the nurse and begin this in hospital.
- **Nausea:** Anti-nausea medication is not typically prescribed. Tell your doctor if you have a history of severe nausea with general anaesthesia.

Activities:

- **Energy level:** It is normal to have a decreased energy level after surgery. Once you settle into a normal routine at home, you will slowly begin to feel better. Walking around the

house and taking short walks outside can help you get back to your normal energy level more quickly.

- **Showers:** Showers are allowed within 24 hours after your surgery. Tub baths are encouraged 24 hours after surgery. Do not stay in the bath tub longer than 10-15 minutes.
- **Climbing:** Climbing stairs is permitted, but you may require some assistance when you first return home.
- **Lifting:** For 2-3 weeks after your surgery you should not lift anything heavier than 2.5kg. This includes pushing objects such as a vacuum cleaner and vigorous exercise.
- **Driving:** The reason you are asked not to drive after surgery is because you may be given pain medications. Once you no longer need stronger pain medication, you are able to drive (over the counter pain medication such as paracetamol, and your usual medication is okay).
- **Exercise:** Exercise is important for a healthy lifestyle. You may begin normal physical activity within hours of surgery. Start with short walks and gradually increase the distance and length of time that you walk.
- To allow your body time to heal, you should not return to a more difficult exercise routine for 3 weeks after your surgery. If you have suffered from prolapse in the past, it is best to avoid carrying excess weight, high impact exercise, heavy lifting and heavy weights.
- **Intercourse:** No sexual activity for 6 weeks after surgery.
- **Work:** Most women can return to work in 6 weeks after surgery, or sooner (after 2 weeks) if your job is desk-based. You may continue to feel tired for a couple of weeks.

Follow-up with your doctor:

WHRIA reception will arrange a post-operative appointment 10 days after your surgery. All follow up appointments will be at WHRIA, at our Bathurst Street rooms.

The second follow up appointment is scheduled for 3 weeks, to check you are healing well, then a third follow up at 3- 6 months. You can book these follow-ups with your GP or gynaecologist if you live out of Sydney and prefer to return home earlier. Please let WHRIA reception know if you would prefer your second and third appointments with your GP.

How long should I stay in Sydney?

If you are booking flights and accommodation in Sydney, it is best to arrive the day before your surgery as admission is usually early morning. You will need to stay 11-14 days in Sydney, to include your first post-operative visit.

City accommodation is often cheaper than near the hospital (Randwick) and you will be able to access public transport or walk to your follow-up appointment at WHRIA. The larger hotels have lifts and assistance with lifting bags, which is important if you are travelling alone. The city has many options for cheap eating and small supermarkets.

If you have any further questions or concerns about your surgery, please email Liz Howard via support@whria.com.au