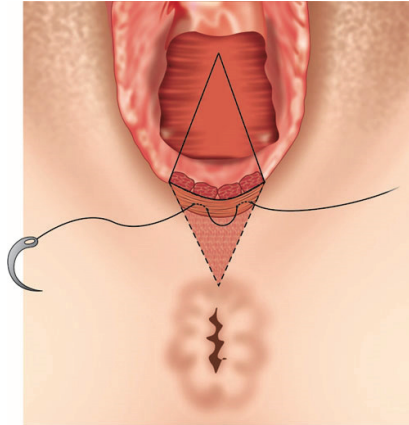


Perineal Reconstruction

Department of Gynaecology

What is perineal reconstruction?

Perineal reconstruction is an operation to strengthen the area between the vagina and back passage. This area is known as the perineum. It is also called the perineal body, hence the name perineal body reconstruction. It can become deficient after delivery.



Why do I need this kind of surgery?

Perineal reconstruction is often recommended to improve a deficient perineum, so as to improve the quality of life.

What can I expect before the operation?

You will be invited for pre-op assessment, when the nursing staff will go through your hospital stay and explain your operation. Please do let us know about any concerns you have or if there is any information you think we should know about that will make your stay with us more comfortable.

You will need to make arrangements for your family, children or any other commitments that you have prior to coming in to hospital and to cover the length of your recovery.

On admission, the nursing staff will go through your stay on the ward again to ensure you feel comfortable whilst in the hospital.

You will see an anaesthetist and the doctor performing the surgery before you go to theatre. It is not unusual to feel anxious; the nursing staff will gladly discuss how you are feeling and talk you through your emotions.

If you have not already signed the consent form when your operation was agreed and booked, the doctor will go through it with you before you go to theatre.

What does the operation involve?

The operation is done through the vagina. Stitches are used to reconstruct the perineum and the edges of the cut in the vaginal wall are then approximated with sutures. A gauze pack may be left in the vagina, to avoid bruising.

The operation can be done under general anaesthesia, spinal anaesthesia or local anaesthesia, with or without sedation. The choice will depend on your preferences and other factors, such as whether you are breast feeding or not.

What are the risks?

There are risks with any operation but these are minor, as the operation is relatively minor. The main risks associated with these operations are:

Common risks:

- Postoperative pain. You will be provided with pain killers.
- Wound infection, which may need antibiotics.
- Wound bruising, breakdown and delayed wound healing.

Uncommon risks:

- Venous thrombosis and pulmonary embolism (blood clot in leg/lung). These are reduced by elastic stockings and injections that thin the blood to prevent clots.
- The operation may fail and the perineum may remain weak. This may need repeat operation, though this is rare.
- Over tightening may lead to the entrance to the vagina becoming tight. Time is allowed and lubrication as well as vaginal dilators might be tried. Sometimes, surgery might be required to correct the tightness, though this is rare.
- Bleeding requiring blood transfusion
- Return to theatre e.g. because of bleeding
- Injury to bowel, though this rare. If the injury happens and is detected, it is repaired at the time.

In order for you to make an informed choice about your surgery please ask one of the doctors or nurses if you have any questions about the operation before signing the consent form.

What can I expect after the operation?

As you come round from the anaesthetic you may experience episodes of pain and / or nausea. Please let the nursing staff know and they will assess you and take appropriate action.

You may have a pack in the vagina, to stop any bleeding, or a dressing over the wound. The pack or dressing will be removed before you go home.

You will have a drip to give you fluids, though you will be able to eat and drink. It is not unusual to experience lower back pain and a feeling of fullness in your bowel and generalised discomfort when sitting.

We use a pain score to assess your pain

0-10: 0 = No Pain, 10 = Very Strong Pain.

Your nurse will be checking your blood pressure, pulse, respirations and temperature and monitor any vaginal bleeding. S/he will also ask you to move from side to side and to do leg and breathing exercises once you are able, this will help prevent any pressure damage, a DVT (deep vein thrombosis) or chest infection.

What about going home?

The operation is usually carried out as a day case. You will be encouraged to sit up and start to walk, when you feel comfortable. You will be able to go home when you are passing urine without difficulty.

Please feel free to ask questions about your operation and recovery at any time.

The nursing team will discuss your convalescence. To ensure you have a good recovery you should take note of the following:

Rest:

During the first day or two at home, you might feel tired, exhausted and emotional. You should relax during the day, gradually increasing the number of things you do. You should be able to return back to normal within a week. Avoid crossing your legs when you are lying down.

Vaginal bleeding:

You can expect to have some vaginal discharge/bleeding for few days after surgery. Sanitary towels should be used not tampons to reduce the risk of infection.

Stitches:

The wound in the vagina will be closed by dissolvable stitches and these do not need to be removed.

Housework:

We recommend that you do light activities around the house in the first few weeks. You would expect to be back to normal within a month.

You will be able to have a shower shortly after the operation. However, it is better to avoid having a bath for 2-3 weeks, to ensure that the wound has healed.

Exercise:

Exercise is important and it is advisable to go for short walks each day, increasing the distance gradually. You should avoid straining or heavy exercise for few weeks, to ensure good tissue healing.

You may return to normal exercise such as gentle cycling and swimming after 4 weeks. You will be able to manage the stairs on your arrival home. We encourage you to do pelvic floor exercises. You will be given a physiotherapy booklet titled 'Fit for Life' to guide you.

Diet:

A well balanced nutritious diet with high fibre content is essential to avoid constipation. Your bowels may take some time to return to normal after your operation and you may need to take laxatives. You should include at least 5 portions of fruit and vegetables per day. You should aim to drink at least 2 litres of water per day.

Sex:

You should usually be able to resume sexual activity within 4 weeks of the operation, to allow the vaginal wound to heal. If you experience vaginal dryness, you may wish to try a vaginal lubricant from your local pharmacy. If after this time you experience pain or any problems with intercourse then you should see your GP.

Returning to work:

This will depend on the nature of your work. You can return back to work after a week. If your work entails lifting and / straining, it is better to arrange light duties or take a month off. A sick note can be provided, if required.

Driving:

It is usually safe to drive within six weeks. This is to avoid any sudden pressure during an emergency stop. You may need to check with your doctor as well as your car insurance company.

What about follow up?

A follow up can be arranged, if required. This is usually organised for 12 weeks after surgery.

If you have problems, you can either contact your doctor or contact the hospital to arrange for an appointment or bring an arranged appointment forwards.

Are there any alternatives to this kind of surgery?

You might have been offered, and may have tried, pelvic floor muscle training with physiotherapy before opting for surgery.

Who can I contact with any concerns or questions?

You should contact your doctor or the hospital if you notice increased temperature, wound swelling and/or pain, smelling discharge either from the wound or the front passage, blood in urine or motion, abdominal distension and/or failure to open your bowel.

If you have any problems or questions, you can contact
The Urogynaecology Unit at Lewes Victoria Hospital
on **01273 474 153 Ext. 2178** (from 09:00 till 17:00 Monday to Friday)

The Gynaecology Ward at the Princess Royal Hospital
on **01444 441 881 Ext. 5686**

The Gynaecology Ward at the Royal Sussex County Hospital
on **01273 696 955 Ext. 4013**

References/useful links

<https://www.oxfordgynaecology.com/surgery/vaginal-prolapse/perineal-body-reconstruction/>

This leaflet is intended for patients receiving care in Brighton & Hove or Haywards Health

If you do not understand this leaflet, we can arrange for an interpreter.

This information leaflet has been produced by Dr. Sharif Ismail, Consultant Subspecialist Urogynaecologist.

This information leaflet has been approved at the Clinical Governance and Safety and Quality Meetings of the Department of Obstetrics and Gynaecology as well as Brighton and Sussex University Hospitals.

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Disclaimer

The information in this leaflet is for guidance purposes only and is in no way intended to replace professional clinical advice by a qualified practitioner.

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