

PATIENT INFORMATION

A publication of Jackson-Madison County General Hospital Surgical Services

Cystocele/Rectocele Surgery

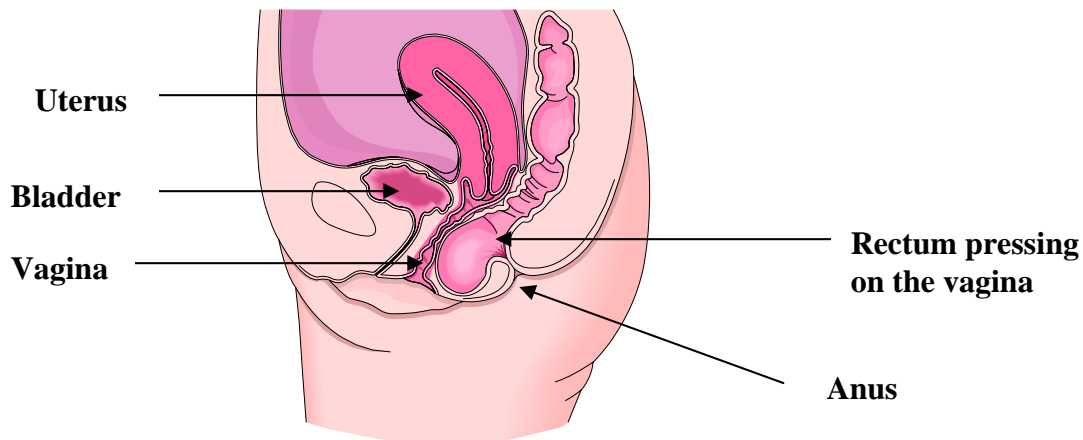
You are scheduled to have cystocele and/or rectocele surgery. The purpose of this handout is to help you know how to prepare for your surgery and what to expect the day of your surgery.

It is the hope of the surgery staff that you will feel that you receive very good care while you are a patient in our hospital. **We are here to serve you!** We understand that this is a difficult time for you. Please feel free to ask any questions that you might have.

What is a cystocele/rectocele?

A cystocele (SIS-tuh-seal) is a herniation (outward bulging) of the bladder. This problem happens when the wall of your bladder becomes weak and bulges or droops into the vagina. This condition may cause pain and problems with emptying the bladder or frequent bladder infections. In some women, a fallen bladder presses on the urethra (the tube that drains urine from the bladder to outside the body). This may cause leakage of urine when you cough, sneeze, laugh, or move in certain ways.

A rectocele (REC-tuh-seal) occurs when the front wall of the rectum becomes thinned and weak. This causes it to push into the back wall of the vagina. It may balloon out into the vagina when you push down to have a bowel movement. Symptoms of a rectocele include constipation or problems with emptying your colon, feeling a bulging in the vagina especially when having a bowel movement, and painful intercourse.



If a cystocele and/or rectocele is large or is causing you to have pain, frequent infections or other problems your doctor may recommend surgery. In this surgery, the doctor will move the bladder and/or rectum back into more normal positions and will put in sutures to keep them in place. Repair work may also be done to the wall of the bladder, vagina, or rectum. This surgery is done by going through the urethra, the vagina, and/or the rectum. There is no external incision.

What do I need to do before my surgery?

- Shower the night before your surgery and the morning of your surgery . If you were given a special soap, use it with both showers.
- Do not eat or drink anything after midnight the night before your surgery.
- Please do not chew gum. (This raises the level of acid in your stomach.)
- You may brush your teeth and rinse your mouth as long as you do not swallow any water.
- If you take medicine for your heart, blood pressure, or asthma you may take this with a small sip of water before you come to the hospital. If you take medicine and/or insulin for diabetes you need to ask your doctor if you should take this.
- Remove all fingernail polish.
- Remove all jewelry including body piercings.
- Do not wear any makeup.
- If you will be checking into the hospital on the day of your surgery:
 - Bring all medicines that you are taking to the hospital with you.
 - Do not bring valuables or large amounts of money with you to the hospital.
 - Have a responsible adult drive you to the hospital and stay during your surgery.

What will happen the day of my surgery?

- If you are checking into the hospital on the day of your surgery, after you have been to the Admitting Office you will be taken to a room. This may not be the room where you will be taken after surgery.
- You will be given a hospital gown and asked to remove all of your clothes including underwear and socks. Put on the gown opening in the back.
- You will also be asked to remove all dentures, partial plates, prosthesis, hairpieces, jewelry (including body piercings), contact lenses, and glasses.
- You may be asked questions about your medical history. Some of these may be the same questions that you have already been asked. Please know that it is important that these questions be asked so that we can give you the best possible care.
- You may be taken to the Pre-Anesthesia Unit (PAU) to get ready for your surgery. If you are taken to PAU, you will be there for one to one and a half hours before your surgery. The nurse will tell your family where to wait.
- If you are prepared for surgery in PAU, you will have sticky pads put on your chest so the staff can watch your heart. A blood pressure cuff will be put on your arm so that your blood pressure can be checked. A device called a pulse oximeter will be put on your finger. This will tell how much oxygen is in your blood. If you do not go to PAU before your surgery, these things will be done in the operating room.
- You will have an IV (needle in your arm for fluids) started. You will be given medicine in the IV that will help you relax.
- Someone from anesthesia will talk with you before your surgery.
- You may have your pubic (private) area shaved and washed.
- When it is time for your surgery, you will be taken to the operating room. The room will be cold. The nurse will give you a warm blanket.
- The staff in the operating room will include your doctor and his assistant, an anesthetist, a scrub nurse, and a circulating nurse. All of these people are there to take care of you and no one else.

- The anesthetist will put a soft mask over your face. This will give you plenty of oxygen to breathe. You will be given medicine in your IV that will relax you to the point of sleep. The anesthetist will give you medicine so that you will not feel any pain and you will not wake up during your surgery.
- When the operation has started, the nurse will call your family. Your family will be called one time each hour. This surgery usually takes from one to two hours.
- After you are asleep, you will be placed in stirrups similar to the ones used in the doctor's office when you have a female exam.
- Your bladder will be drained. Your doctor may choose to leave a catheter in place after the operation.
- You will not have an incision on your abdomen for this surgery. All of the work will be done from the area around the vagina.
- When your surgery is over, the anesthetist will give you medicine to help you wake up.
- You will go to the Recovery Room for about one hour. The doctor will call your family. The nurse in the Recovery Room will check your heart, temperature, blood pressure, and temperature.
- Tell the nurse if you are in pain or if you feel sick to your stomach so that you can be given medicine.
 - When you are awake you will be taken to your room.
 - Call for the nurse to help you the first time that you need to get out of the bed. **Do not try to get up without help.**
- A nurse will check you often. Your heart rate, blood pressure, and temperature will be checked often. You will be checked to be sure that you are not having too much bleeding.
- You will be asked to turn, cough, and take deep breaths at least every two hours.
 - When you are fully awake, if you are not sick to your stomach, you will be given something to drink and later something to eat.

What should I do when I go home?

- Your doctor will give you guidelines to follow. Be sure to follow his or her instructions.
- You should avoid all strenuous activity after your operation. Ask your doctor how active you can be. Your doctor will tell you when you can drive and return to your normal activity.
- Do not lift anything heavier than a five-pound bag of potatoes for a few weeks.
- Do not swim or take tub baths.
- Do not have intercourse, use tampons, or douche until after your follow-up appointment.
- Be sure to keep your follow-up appointment with your doctor after your surgery.

Call your doctor if:

- You have nausea or vomiting.
- You have pain that is getting worse or is not relieved by your pain medicines.
- You develop a fever greater than 100.5°F or 38°C twice.
- You have trouble urinating (making water) or having a bowel movement.
- You have bright red vaginal bleeding that is heavier than a normal period.
- You have drainage that has a foul odor.
- You have any other questions or concerns.