

**ANTERIOR & POSTERIOR REPAIR OF THE VAGINA  
(Bladder and rectal repair through the vagina approach)**

Purpose:

The purpose of an anterior or posterior colporrhaphy (repair of the vaginal wall between the bladder and the vagina or the rectum and the vagina) is to repair or eliminate the weakness of the vaginal wall between the vagina and the bladder or rectum and vagina.

Many factors including childbirth, aging, hard work, and genetic influences cause the weakness. The vaginal walls become weakened and the bladder or rectum may fall or herniate into the vagina. This causes symptoms related to bladder pressure or rectal pressure. The symptoms may include loss of urine or urinary frequency, a sense of urinary urgency and incomplete emptying of the bladder. Rectal complaints include chronic and severe constipation and a necessity of pressing the fingers inside the vagina to make the bowels move.

Results:

The procedure is performed through the vagina and is often combined with the removal of the uterus through the vagina if that has not been done earlier. A urinary catheter is required for a few days following the procedure. Some discomfort with voiding and bowel movements can be expected for a period of time following removal of the catheter. It is not uncommon to be unable to void initially and may require replacement of the catheter to allow for more time for voiding function to return. There is also a chance that symptoms may not be corrected by surgery or may recur months or years after the procedure.

RISK OF SURGERY

A. SURGICAL AND EARLY POSTOPERATIVE RISKS

1. Injury to the urinary bladder requiring bladder repair.
2. Injury to the urethras (tubes going from the kidney to the bladder) with possible associated kidney damage.
3. Bleeding with possible transfusion and the attendant risks of hepatitis &/or AIDS.
4. Infection in the surgical site with possible spread to other areas of the body.
5. Allergic reactions to medications.
6. Possible laparotomy (abdominal incision to repair injury or stop bleeding).

B. LATE COMPLICATIONS

1. A fistula (an abnormal connection) may form between the bladder or the urethra or the ureter and the vagina. A fistula can also form between the rectum or bowel and the vagina. This occurs, however, in less than one percent of procedures. If this should occur, it may require one or more additional corrective surgeries including a remote possibility of colostomy.
2. Late hemorrhage.
3. Late infection or abscess formation.
4. Risk of failure of the procedure to control some or all of the symptoms.
5. Death due to surgery or related complication is extremely rare.

C. RISK OF ANESTHETIC COMPLICATIONS

1. Heart rate irregularities.
2. Respiratory irregularities.
3. Aspiration of stomach acid with serious pneumonia.
4. Sudden changes in blood pressure.
5. Allergic reactions.
6. Stoppage of heart is a rare complication.
7. Body may lose ability to control body temperature (malignant hypothermia).
8. Risk of death, very rare.

ALTERNATIVES TO SURGERY:

Alternatives to surgery include living with the condition. There are also vaginal support devices called peccaries that can be inserted in the vagina and may provide some benefits. If urinary incontinence is present, there are pelvic exercises and medications that may provide some relief of symptoms. The effectiveness and advisability of these alternatives are dependent on the individual situation.

I have read and fully understand the information presented above and its relation to the proposed surgical procedure. I also understand that there is not guarantee of results of the surgery.

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Signature

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Date

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Witness

\_\_\_\_\_  
Date