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Patient information

Complications following urogynaecology surgery

Postoperative complications are problems which can happen following surgery. doctors are aware of the risk of complications and take steps before, during and after surgery to reduce this risk. However, some complications are common and occur frequently despite precautions. Some post-operative complications are related to the exact surgery that you have had, but many (such as an infection) may occur after any kind of surgery.

This leaflet explains the most common generic complications and procedure specific complications experienced following urogynaecology surgery.

If you have any questions about these, please speak to your doctor or nurse.

Generic complications (these are common to all urogynaecology procedures:

Intra-operative complications (complications which can occur during your operation):

- Bleeding: This is stopped in theatre. If the consultant feels it necessary you will receive a blood transfusion.
- Damage to other organs such as the bladder, urethra, ureter and bowel: If this happens, the surgeon will repair any damage at the time of the operation.

Immediate post-operative complications:

- Infection: Urinary infections and wound infections are the most common post-operative infections following urogynaecology surgery.
- Secondary bleeding: Bleeding after your surgery.
- Vaginal bleeding / discharge: This is very common and should settle by your six weeks check-up.

Putting you first

- Problems emptying your bladder (voiding dysfunction): Which may require you to have a catheter for a period of time.
- Post-operative pain.
- Constipation: It is really important that bowels are kept regular following urogynaecology surgery. Straining can cause pressure which can mean that the results of the surgery aren't as good. It is essential that a well-balanced diet is eaten, that 2 litres of fluid are drunk and gentle exercise is undertaken in the first 6 weeks following surgery. Laxatives should be taken if needed.

Long term complications:

- Recurrence of prolapse: All procedures for prolapse and incontinence carry a 30-40% recurrence rate. The time frame can be very variable. To reduce the risk of this happening, you should continue with your pelvic floor exercises daily, prevent constipation and keep your bowels regular and avoid any heavy lifting.

Procedure specific complications (apart from all the generic complications)

Anterior and posterior prolapse repairs (cystocele and rectocele repairs):

- Dyspareunia - painful sex: This is more common following a rectocele / posterior vaginal wall repair.

Sacrocolpopexy - repair of vaginal vault prolapse:

- This procedure is now no longer being carried out at West Suffolk Hospital, due to the mesh controversy. A potential complication could be mesh extrusion into the bowel. Of note it is very rare.

Sacrospinous fixation- repair of vaginal vault prolapse:

- In the short-term, patients can complain of buttock pain. This doesn't tend to last for long.

Burch colposuspension - to treat stress urinary incontinence:

- Voiding dysfunction (difficulty emptying the bladder): Some women are not able to pass urine following their surgery. If this is the case, they are sent home with a catheter to allow the bladder to rest and the swelling to go down. Once the catheter is removed the bladder usually works normally. On rare occasions it doesn't and these women need to learn clean intermittent self-catheterisation to empty the bladder.
- 10% of women develop overactive bladder type symptoms such as urinary urgency, frequency and urgency incontinence (not making it to the toilet in time)

Tension free vaginal tape/TVTs (no longer performed in line with national guidance):

- Mesh erosion into the bladder or urethra can happen
- Long term voiding dysfunction
- Overactive bladder symptoms

Injection of bladder with Botulinum Toxin to treat overactive bladder symptoms:

- Voiding dysfunction (difficulty emptying the bladder) in up to 20% of women. All women having botox injections are taught how to catheterise themselves to ensure they can empty their bladder before their surgery in case they have problems emptying following their surgery. Problems with emptying the bladder often improves as the botox wears off.

If you have any questions please contact the urogynaecology secretary on 01284 713469. They will get one of the team to call you back.

This is a useful link from the Royal College of Obstetricians and Gynaecologists which explains post-operative complications:
https://www.rcog.org.uk/en/patients/patient-leaflets/recovering-well-from-gynaecological-procedures/

If you would like any information regarding access to the West Suffolk Hospital and its facilities please visit the website for AccessAble (formerly DisabledGo)
https://www.accessable.co.uk

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