



## Procedure Information – Vaginal Hysterectomy and Pelvic Floor Repair

Visit No.: Dept.:  
Name: Sex/Age:  
Doc. No.: Adm. Date:  
Attn. Dr.:

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Patient No.: PN

*Please fill in /  
affix patient's label*

### Introduction

Vaginal hysterectomy is an operation to remove the uterus through the vagina and strengthen the pelvic floor by repair.

### Indications

- Uterine prolapsed
- Bothersome discomfort affecting patient's daily activity
- Adverse effect on urinary function
- When treatment by pelvic floor exercise fails

### Benefits of intended procedure

- Relief of prolapse symptoms
- Possible improvement in voiding and/ or defaecation difficulty

### The Procedure

1. General anaesthesia.
2. Vaginal incision.
3. Uterus removed vaginally.
4. Trimming of vaginal tissue if necessary.
5. Pelvic floor supporting tissue/ ligament strengthened.
6. Indwelling catheter may be necessary to drain the bladder. Additional drain may be required for the wound site.
7. All tissue removed will be sent for histopathology examination or disposed of as appropriate unless otherwise specified.

### Risks and complications

- Anaesthetic complications.
- May need blood transfusion if excessive bleeding occurs. (2%)
- Injury to adjacent organs, the bladder (0.2%), ureters (0.2%) and bowel (0.5%), requiring repair.
- Pelvic infection (30%).
- Dyspareunia especially if posterior repair is performed.
- Laparotomy may be required if vaginal procedure fails.
- May develop stress incontinence.
- Possible recurrence of prolapse of the vaginal vault (enterocoele) (30%).

### Before the Procedure

1. Your doctor will explain to you the reason, procedure and possible complications. You will need to sign a consent form.
2. No food or drink is allowed 6 to 8 hours before operation.
3. Blood taking for blood typing and screening.
4. Fleet enema may be performed as instructed by your doctor.
5. Pubic hair is shaved if necessary as instructed by your doctor.



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### After the Procedure

1. You may take analgesics as prescribed by your doctor.
2. Contact your doctor if severe abdominal pain, purulent discharge, excessive vaginal bleeding, fever (body temperature above 38°C or 100°F) or urinary discomfort occurs.
3. Avoid lifting heavy weights after surgery.
4. Avoid sexual intercourse for 6 weeks and until you have been examined by your doctor.

### Risk if not undergoing the procedure

Progression and deterioration of the disease condition may affect the quality of your life.

### Remarks

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. Should a complication occur, another life-saving procedure or treatment may be required immediately. For further information please contact your doctor.

### Reference

Department of Obstetrics & Gynaecology – The University of Hong Kong

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I acknowledge that the above information concerning my operation/procedure has been explained to me by Dr. \_\_\_\_\_. I have also been given the opportunity to ask questions and receive adequate explanations concerning my condition and the doctor's treatment plan.

\_\_\_\_\_  
Patient / Relative Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship (If any)

\_\_\_\_\_  
Date