

UroGyn Surgery And Post OP Care

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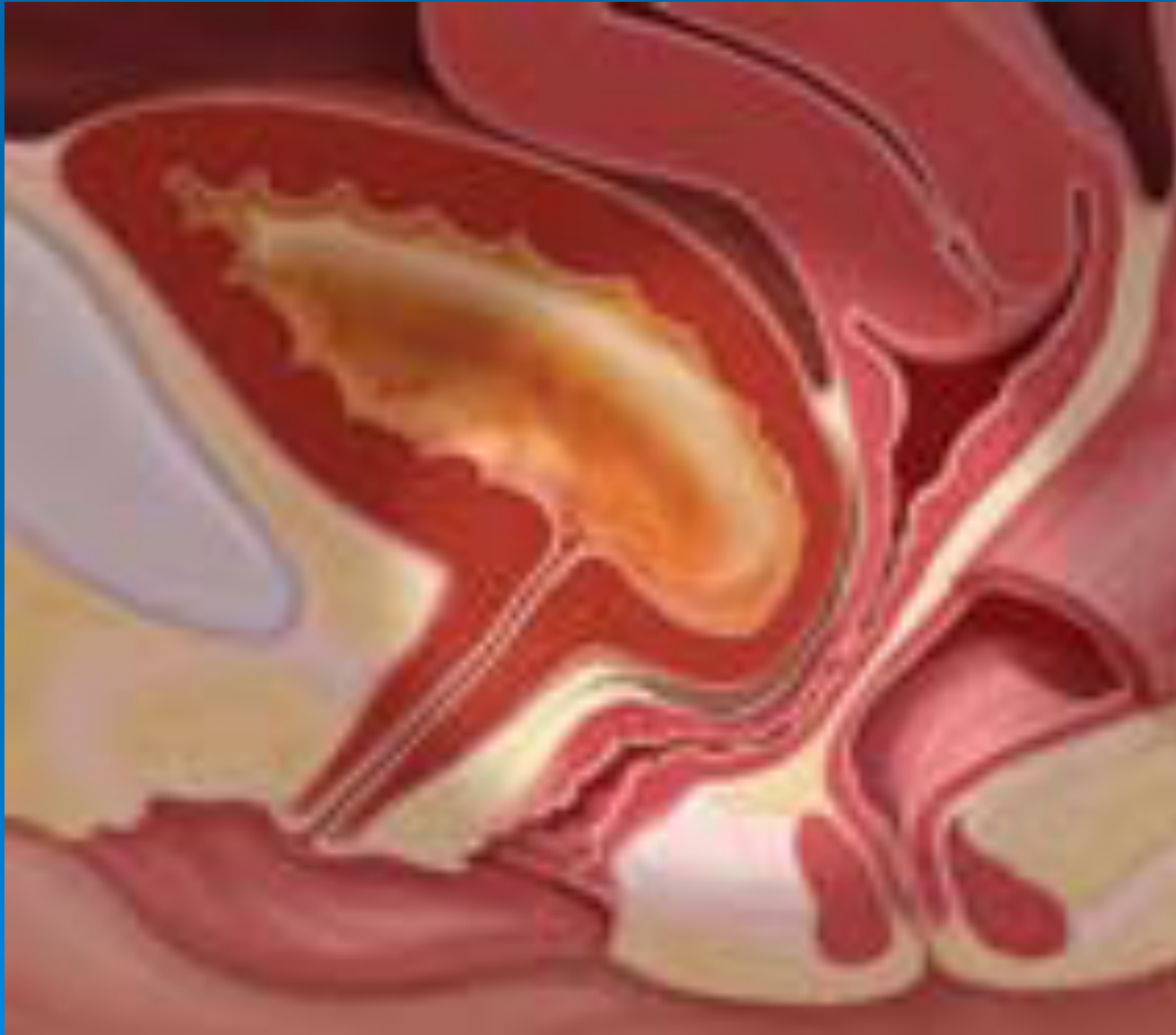
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The background of the slide is a solid blue color. In the bottom right corner, there are several sets of concentric circles, resembling ripples in water, rendered in a lighter shade of blue. These circles are of varying sizes and are positioned in the lower right quadrant of the slide.

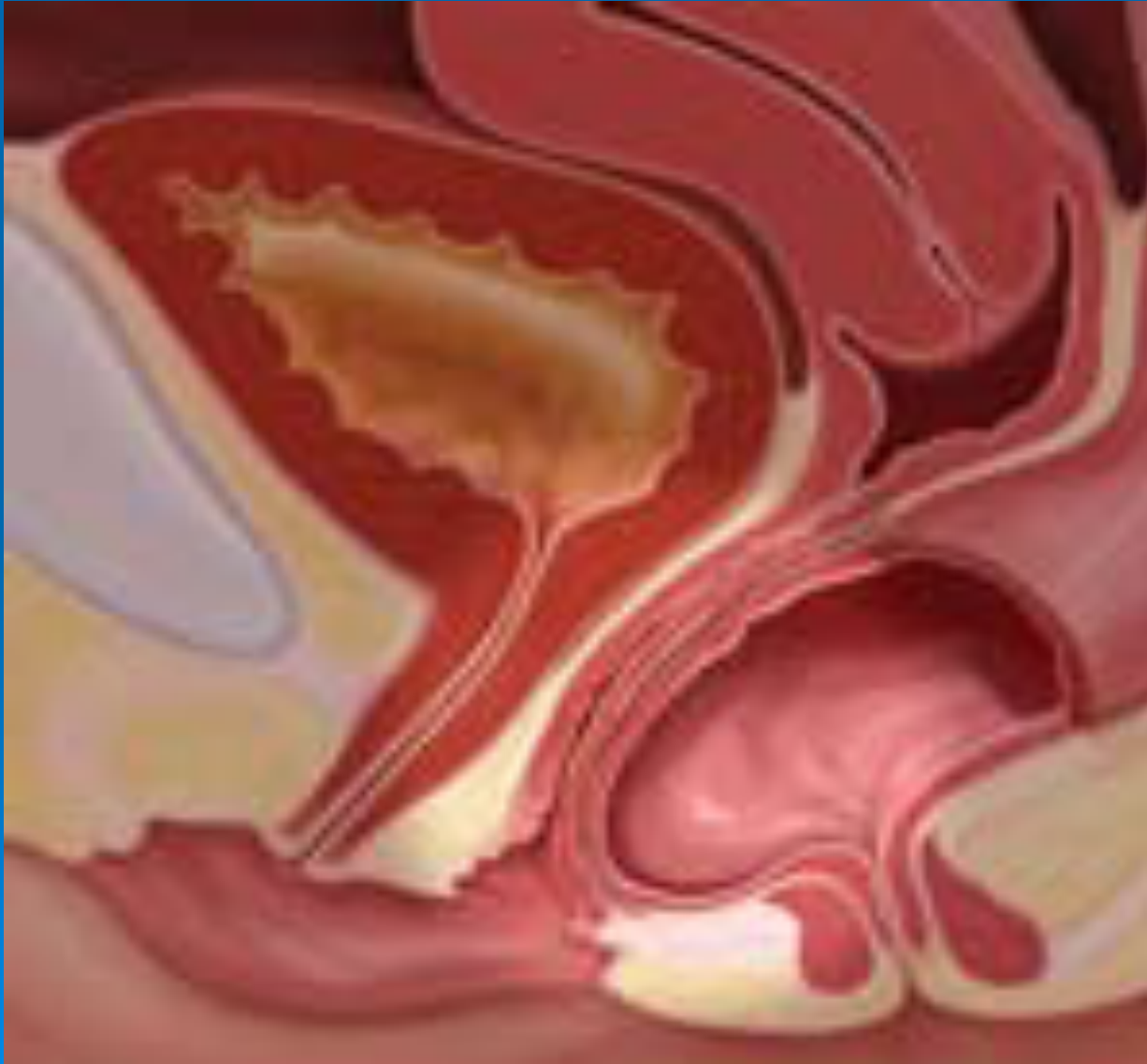
Types of Prolapse

- Cystocele---Bladder
 - Distention---Stretching in midline
 - Displacement---Lateral detachment
- Rectocele---Rectum
 - Damage to recto-vaginal septum
- Enterocele---Small intestine
 - Hernia often seen with rectocele
- Uterus—loss apical vaginal support

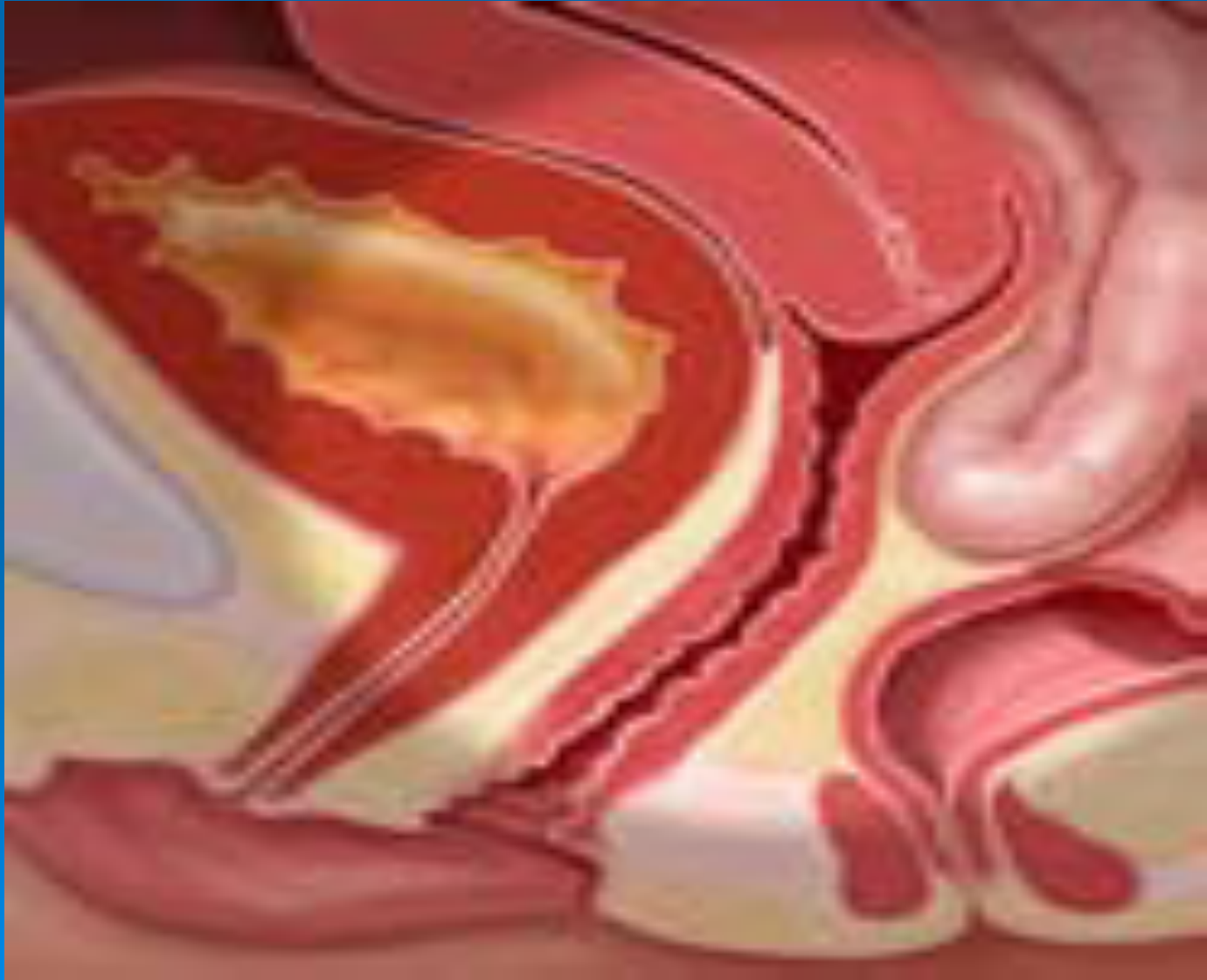
Cystocele



Rectocele



Enterocecele



Vaginal Vault (Apex) Prolapse







Repairs

➤ Cystocele

- Anterior Repair for midline (stretching) defect
 - Fold sides across middle
 - Performed vaginally
- Paravaginal Repair for lateral (detachment) defect
 - Reattach bladder to Obturator Internus muscle
 - Performed vaginally or abdominally (laparoscope or robot as well)

Repairs

➤ Rectocele

- Oversew defects in rectovaginal septum that keeps rectum from bulging into vagina
- Area often damaged with childbirth
- May use grafts to supplement tissue
- Pig skin or fetal cow skin are preferred grafts
- Avoid synthetic meshes for these repairs
- Repair done vaginally

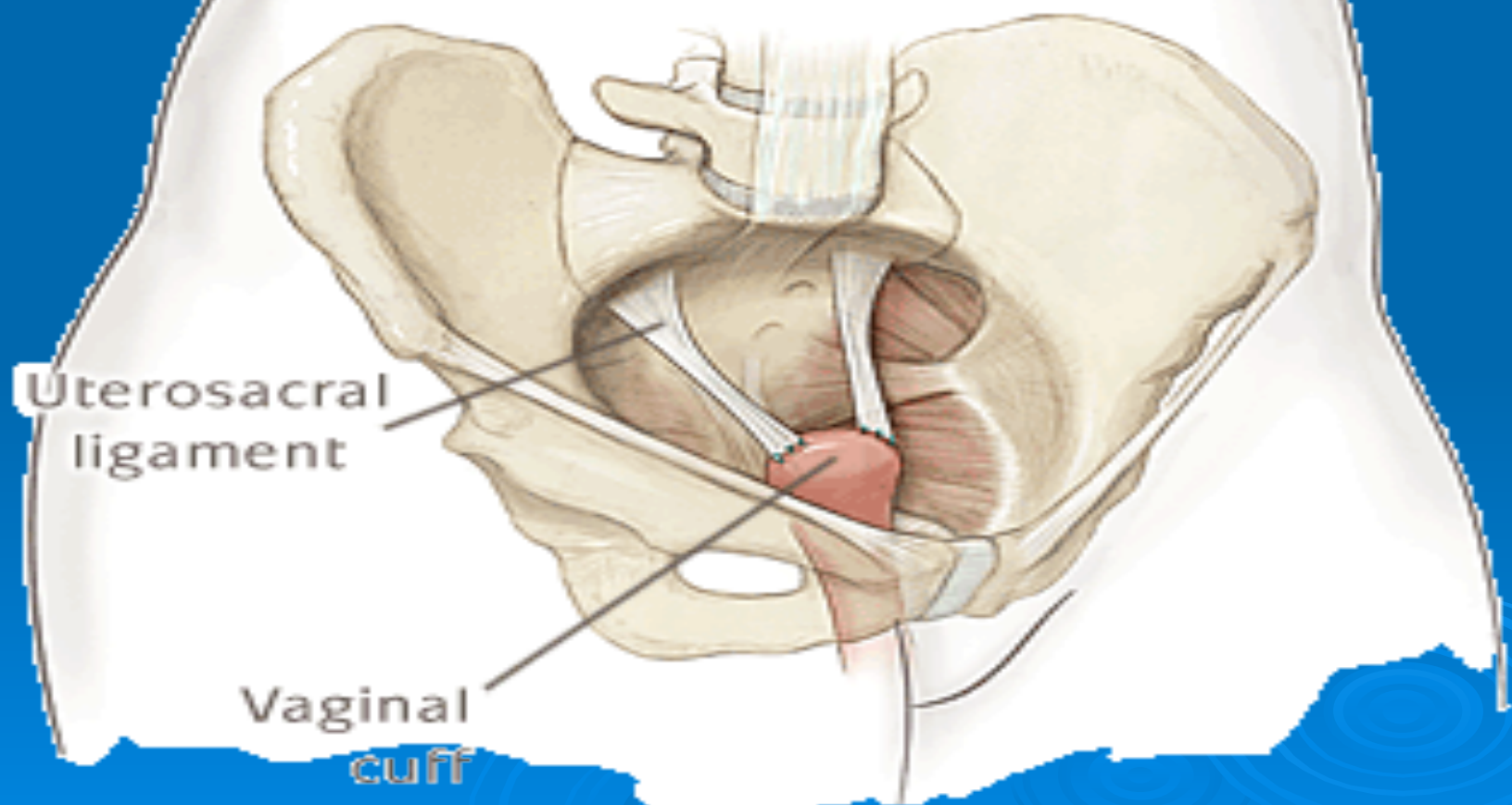
Repairs

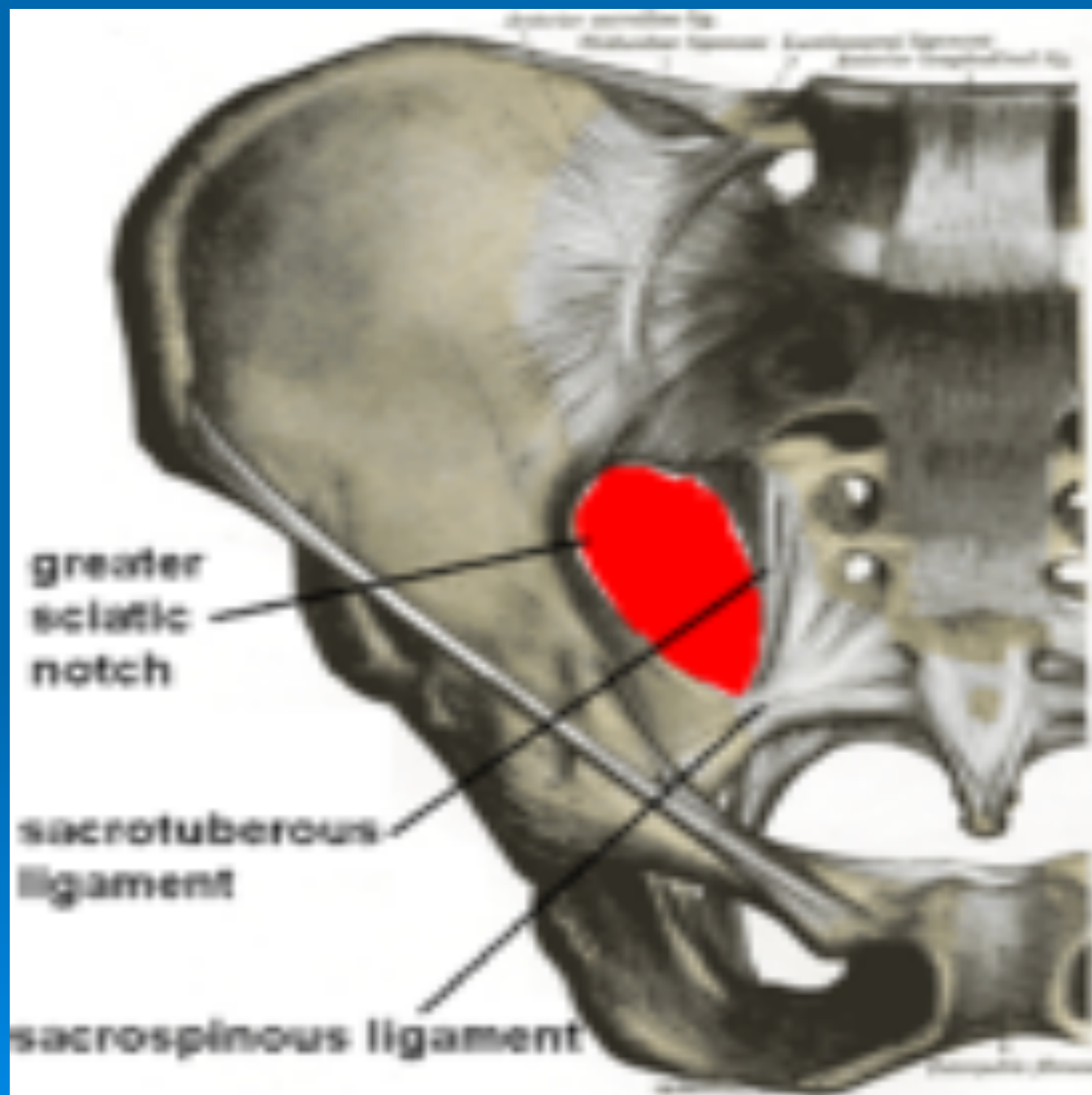
- Enterocele
- Close hernia opening by approximating bladder and rectum and apex (uterosacral ligament) support tissues
- May use xenograft (different species)
- Usually done through vagina

Apex Repairs

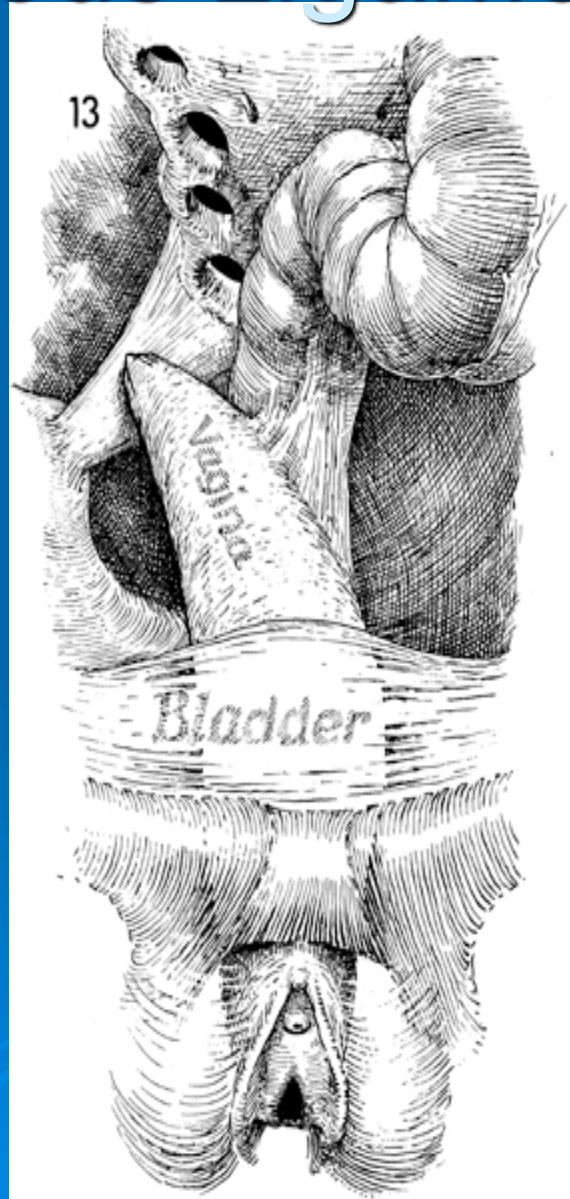
- Hysterectomy usually done previously or at time of suspension
- Vaginal Approaches
 - Uterosacral Ligament Suspension
 - Sacrospinous Ligament Suspension
- Abdominal Approach
 - Sacrocolpopexy
 - Robot
 - Open

UTEROSACRAL LIGAMENT SUSPENSION





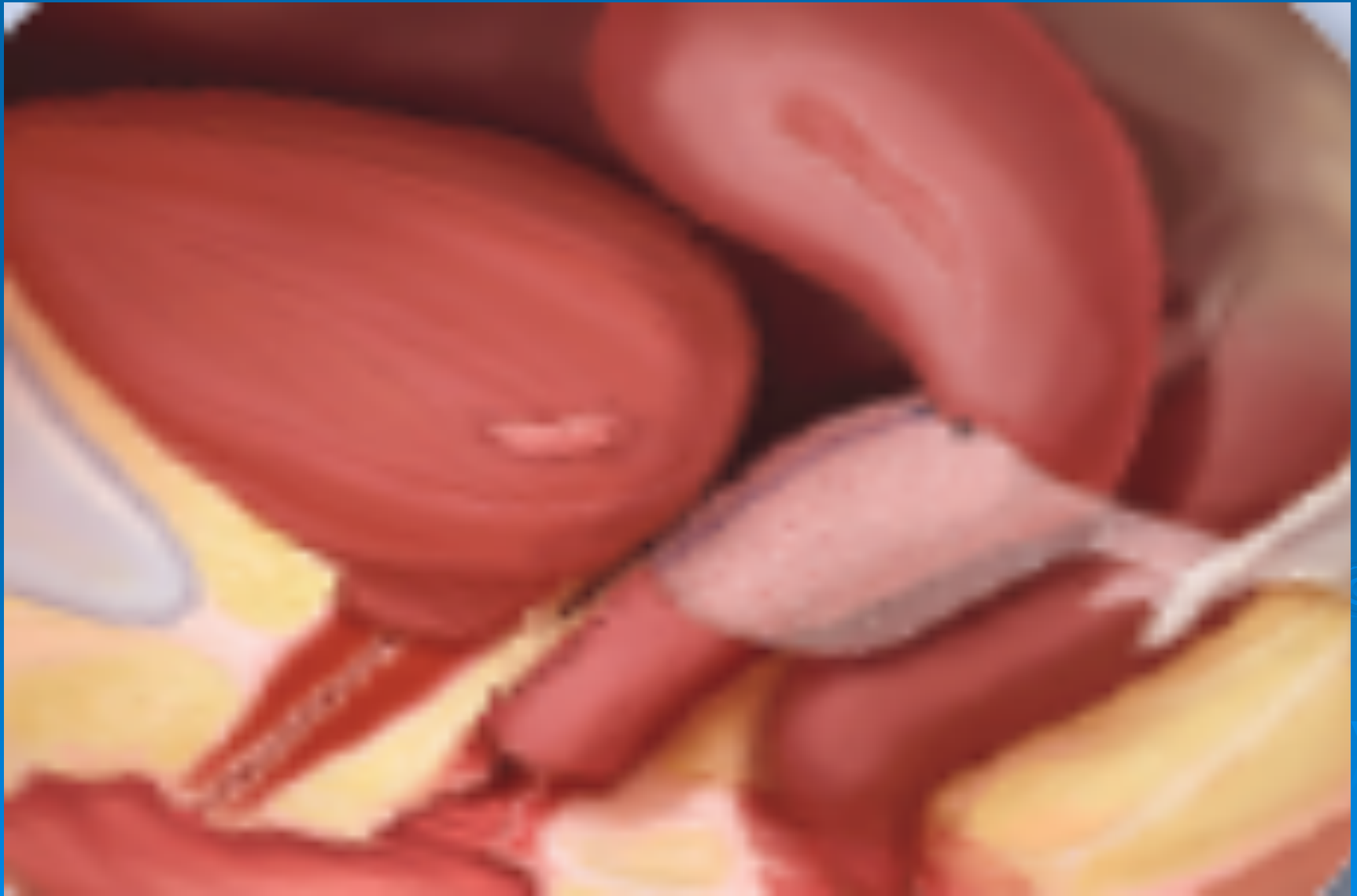
Sacrospinous Ligament Fixation



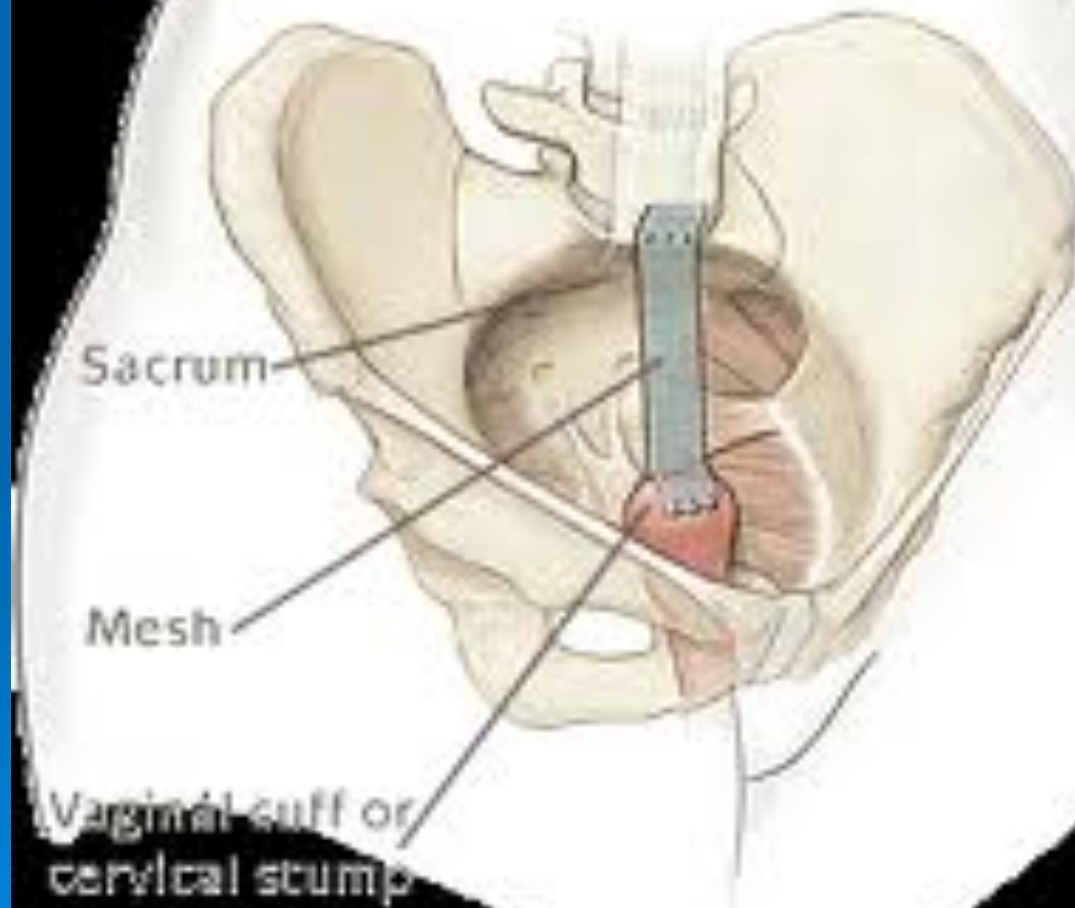
Uphold Mesh Post Hysterectomy

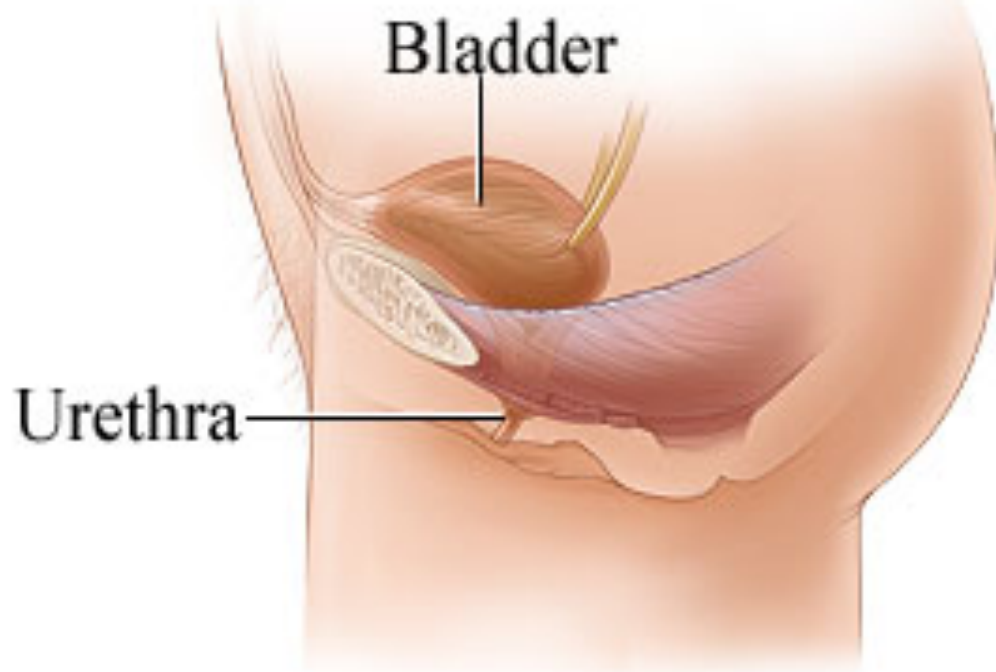


Uphold Mesh Uterine Suspension



SACROCOLPOPEXY





Full bladder

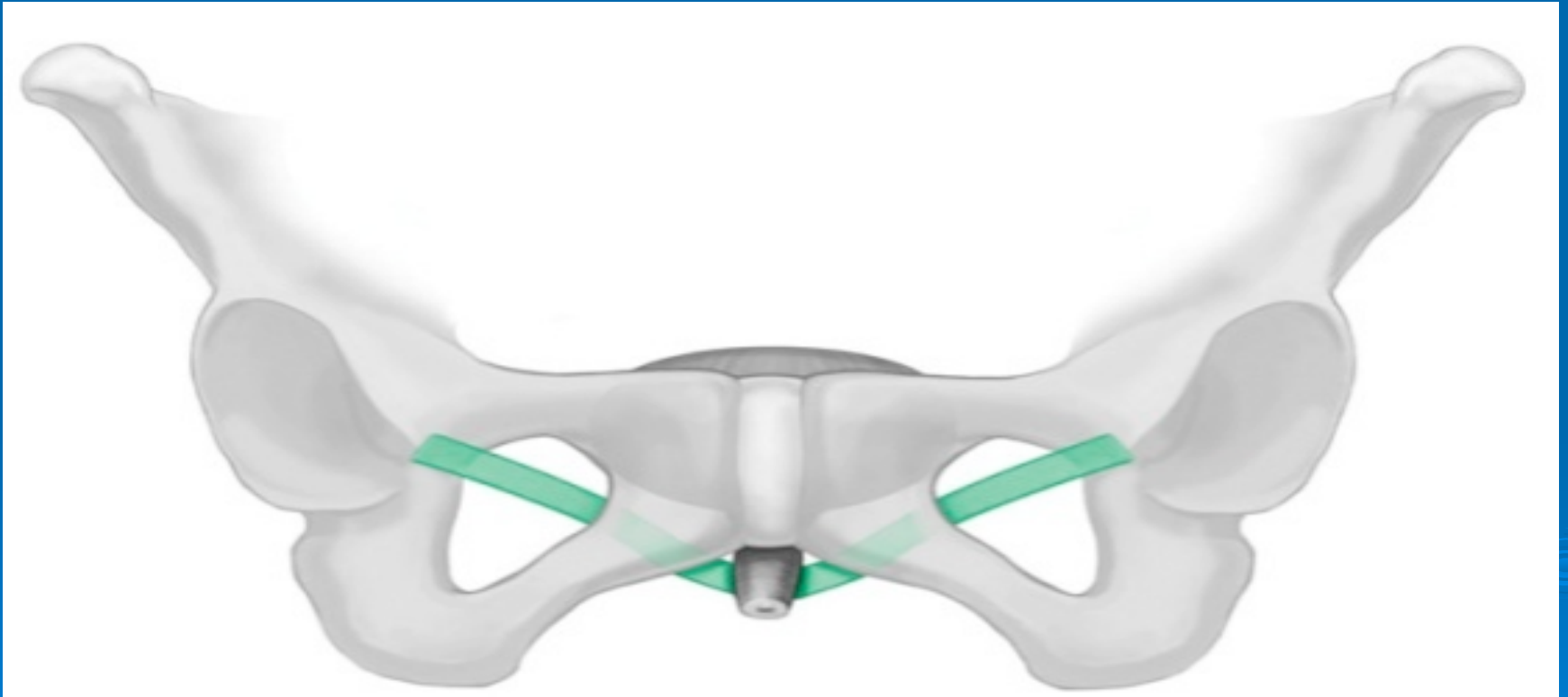


Increased pressure...

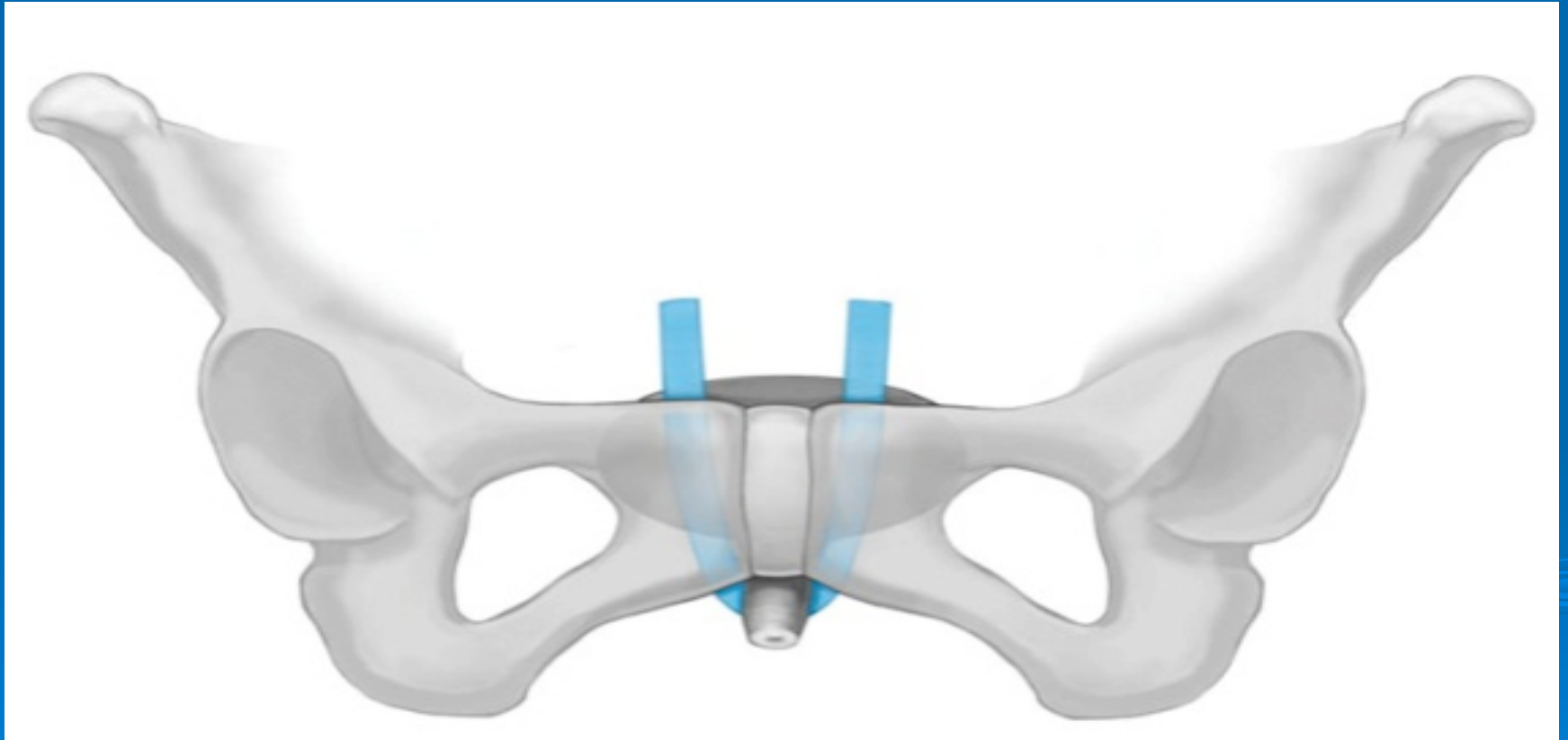


...causes urine
to leak

Trans Obturator Tape (TOT)



Trans Vaginal Tape (TVT)



Post OP Care

- Foley cath
- May do Voiding Trial
 - Remove foley have patient void
 - Measure post void residual
 - If PVR <120 cc can leave foley out
 - If not, replace foley and teach patient to cork and drain as needed (no bag)
 - Usually follow up 5 days post op for foley removal

Post Op Care

- Vaginal Packing remove POD 1
- Laxative MOM 30 cc and Miralax 17gm
Avoid constipation
- Early ambulation
- Pneumatic boots

Post Op Care

- Instructions No Lifting > 10 lbs for 6 weeks
- Can do stairs carefully
- Drive when no longer need Percocet
- Activity Six weeks pelvic rest, no tub baths
- Diet as prior to surgery
- Resume Home Meds
- Percocet 5/325 1-2 po every 4-6 hours
- Motrin 800 mg po every 8 hours
- Miralax 17 gm in 8 oz liquid po BID
- Macrobid one BID