UroGyn Surgery And Post OP Care

Greg Owens, MD

www.advancedpelvic.com
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
Vaginal Vault (Apex) Prolapse
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)
Rectocele

- Over sew 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
greater sciatic notch

sacrospinoous ligament

sacroctuberous ligament
Sacrospinous Ligament Fixation
Uphold Mesh Post Hysterectomy
Uphold Mesh Uterine Suspension
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