

North Bay Regional Health Centre

Surgical Services Bladder Surgery

Standard treatment for pelvic relaxation and urinary incontinence is surgery. There are a number of surgical procedures that can be used. The approach your doctor suggests will be selected specifically for you.

The vaginal approach (Anterior & Posterior Repair) re-establishes the support of the anterior-posterior (front and back) vaginal walls, which will restore the bladder and rectum to their normal positions.

The abdominal approach (Marshall-Marchetti) elevates the bladder neck and restores the supporting structures surrounding the bladder. This involves a lower abdominal incision.

Bowel Preparation

- Follow your doctor's instructions regarding the bowel preparation. You will either have an enema or laxative. Medications used for the bowel preparation can be purchased at any drug store. After taking the bowel preparation, you should not eat solid foods. You are allowed to drink clear fluids only. You may have tea, coffee, juice, clear broth, jello, popsicles, etc.

After Surgery

- Your breathing will be eased by the use of oxygen by mask or nasal prongs. Review the breathing exercises as the nurses will encourage you to do these exercises frequently.

Deep Breathing Exercises

- **Diaphragmatic Breathing:** Place one hand on your stomach, breathe out and relax your abdominal muscles. Breathe in allowing your stomach to rise. This exercise is made easier by bending both knees, feet flat on the bed.
- **Lateral Costal Breathing:** Place your hands on either side of your chest, breathe out slowly letting your chest return to normal. Then take a deep breath in, letting your chest expand.
- These exercises are important as they will help prevent respiratory complications related to anesthetic use during your surgery. Continue to use your incentive spirometer as instructed.

- You will have an intravenous (IV) to provide nourishing fluids until you can take them by mouth.
- There will be a dressing secured over the incision. The staples or stitches will be removed as ordered by the physician. If you have stitches in your vagina and perineum, they are not removed and will dissolve over time.
- A tube called a catheter may be in your bladder to drain urine during the surgery. This will be removed as per doctor's instructions. When the catheter is removed, you will be asked to measure all urine passed. A measuring container, marked with your name, will be provided in the bathroom. At first you may pass small amounts of urine and experience burning sensation. As healing takes place there is a decrease in swelling. Inform the nurse if more than 6 hours have passed and you have not voided. At bedtime a catheter will be inserted after you have voided to see how well you are emptying your bladder. If the amount is too high, the catheter will remain in overnight and be removed in the morning.
- Occasionally some women are unable to pass adequate amounts of urine to keep the bladder empty. If this happens to you, you may go home with a catheter or you may be taught how to perform intermittent self-catheterization. Sometimes it takes the bladder a little longer to grow accustomed to its new position and ability to empty.
- You may experience pain after surgery. Ask your nurse for pain medication. Your doctor will discuss other options for pain management with you.
- The nurse will provide you with medication for nausea when you need it.
- You will start with a liquid diet. Once your bowels are functioning properly (passing gas), you will gradually return to a regular diet.
- You will be helped to walk soon after surgery. Walking reduces the chances of blood clotting and improves your breathing. Review the leg exercises as the nurses will encourage you to do them frequently.

Leg exercises

- Ankle circling – make wide circles in each direction 10 times.
- Toes – move up and down slowly 10 times.
- Tighten alternate knees and relax 10 times. Do not hold.
- Tighten both buttocks and relax 10 times. Do not hold.
- Bend alternate knees, 5 times each knee.

- You will be discharged from the hospital when your doctor feels you are ready to go home.
- It is recommended that you consult with your doctor if you have any concerns.

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