

Patient information factsheet

Going home after mesh removal surgery

We have given you this factsheet because you have had mesh removal surgery (a procedure to remove a vaginal mesh implant).

This factsheet explains what to expect after having this surgery, including what symptoms to look out for and when to seek medical advice. We hope it will help to answer some of the questions you may have. If you have any further questions or concerns, please contact us using the details at the end of this factsheet.

Symptoms to look out for and when to seek help

Bleeding and discharge

It is normal to experience a slight discharge and/or bleeding from your vagina for up to six weeks after your surgery as your vagina heals and your stitches dissolve.

Avoid using tampons for six weeks after your surgery. Use sanitary pads during this time and remember to change these frequently throughout the day.

If you notice threads in your discharge, please don't be concerned. The threads are from your dissolving stitches, and this is normal after having mesh removal surgery.

Contact your GP for advice if you have:

- offensive smelling discharge
- bright red discharge

Call **111** or attend your nearest **emergency department** if you experience heavy bleeding (soaking through a sanitary pad every one to two hours).

Urinary tract infection (UTI) or cystitis

Some people may develop a UTI or cystitis (a UTI that affects the bladder) after mesh removal surgery.

Symptoms of a UTI or cystitis include:

- pain, burning or stinging when you urinate (pee)
- needing to pee more often and urgently than usual
- pee that's dark, cloudy or strong smelling
- pain low down in your tummy

In older, frail people with cognitive impairment (such as dementia) and people with a urinary catheter, symptoms may also include:

- changes in behaviour, such as acting confused or agitated (delirium)
- increased urinary incontinence (peeing by accident)
- shivering or shaking (also known as rigors)

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If you experience any of these symptoms, you should:

- take paracetamol up to four times a day to reduce pain
- drink plenty of water
- hold a hot water bottle over your lower tummy
- avoid drinks that may irritate your bladder, like fruit juices, coffee and alcohol
- pee frequently

If you do not see any improvement in your symptoms two to three days after following the advice above, contact your GP for further advice.

Pain

It is normal to experience some pain after your surgery and your wounds may feel uncomfortable for up to eight weeks. Unless your doctor has given you different aftercare instructions, you can take some simple over-the-counter pain relief, such as paracetamol and ibuprofen, to help with this. Always read the label or instructions before taking medication.

Bladder function

If you have had a urinary catheter (a flexible tube used to empty the bladder and collect urine in a drainage bag) fitted, your medical team will teach you how to use and care for this before you go home.

Some people experience urinary incontinence (peeing by accident) after mesh removal surgery. This will often improve in the first few weeks, but if not, we can discuss this at your follow up appointment.

Follow-up appointments

Your clinical nurse specialist (CNS) will telephone you four weeks after your surgery for an initial check-up. During the call, your CNS will ask you about your progress and will be able to answer any questions or concerns you may have.

We will arrange a further follow-up appointment for you back in the mesh clinic with one of the consultants three months after your surgery.

If you have any concerns before your arranged follow-up appointments, please contact us using the details at the end of the factsheet and we can arrange an earlier telephone call or clinic appointment if necessary.

Recovering at home

Rest and exercise

After surgery it is normal for you to feel tired. You will need to take it easy and rest for at least one week. You may need to ask your family or friends for additional help during this time with things like household jobs.

However, it is important to keep moving by getting up and walking regularly. Keeping moving will help with your recovery and help to prevent blood clots forming in your legs and lungs. If you feel well enough, it is safe for you to go up and down stairs from the day you go home.

If your mobility is reduced for any reason, it is important that you try to move your legs as often as possible. Your doctor may advise you to continue to wear your hospital stockings (TEDS) for a few weeks after your surgery.

You should build up your activity gradually and be guided by how your body responds. Start with short walks and gradually increase the distance and length of time that you walk. Gentle swimming is good exercise. You can start swimming two weeks after your surgery.

You can start more strenuous sports after four weeks but build up gradually over a few weeks.

Pelvic floor muscle exercises

You can perform pelvic floor muscle exercises as soon as you feel comfortable after your catheter has been removed and you have passed urine. Please note that pelvic floor muscle exercises should not be painful. For more information about pelvic floor muscle exercises, please see our 'Pelvic floor muscle exercise sheet' which can be found on:

www.uhs.nhs.uk/for-patients/patient-information-leaflets

If you feel that you need further pelvic floor support, you can be referred to our specialist pelvic health physiotherapist or your local physiotherapy team three months after your surgery. For more information, speak to your surgeon, clinical nurse specialist or GP who can refer you for this.

Hygiene

You can have a shower with just water the day after your surgery. After 48 hours, you can shower as normal, using shampoo, conditioner and shower gel. It is advisable to have showers rather than baths for two weeks after your surgery.

Vaginal oestrogens

We encourage you to start using vaginal oestrogens two weeks after your surgery. This is to keep your vaginal tissues lubricated and healthy and to help ease the symptoms of vaginal dryness, burning or itching. Vaginal oestrogen is available as a cream, a pessary or a ring that is placed inside your vagina. If you are not already using vaginal oestrogens, we will ask your GP to prescribe them for you.

Diet

After surgery, you may find that your appetite changes and you get a 'bloated' feeling or indigestion after meals. These symptoms usually clear up by themselves as you become more active. To reduce the likelihood of this happening, you should eat small meals regularly throughout the day until your bowels are back to their 'normal' routine.

Returning to normal activities

Driving

It is usually safe for you to drive again four to six weeks after your operation. However, you must make sure you are able to concentrate enough to drive, perform manoeuvres comfortably and make an emergency stop.

If you have had minor mesh removal surgery, you can drive 48 hours after your surgery if you feel comfortable enough to do so. Check with your insurance company before you start driving again, as each insurance company may be different.

Work

You will need to be off work for four to eight weeks depending on the type of mesh removal surgery you had (partial or total). If you have a very physical job that requires lots of lifting, you may need to be off work for longer. Your surgeon will advise you how long you need to stay off work.

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Lifting

You can lift anything that is light and can be lifted easily without much effort. When you are lifting, you should brace your pelvic floor muscles and your stomach muscles to help support your back and the organs in your pelvis.

Avoid heavy lifting for up to six to eight weeks after your surgery as this can affect how your wounds heal.

Sex

You should wait approximately six weeks after your surgery before having sex, to be sure that your vagina is completely healed. As long as you feel comfortable, you can have sex after six weeks. It may help to use a lubricant, such as KY jelly, SYLK or YES.

Emotional wellbeing

Everyone reacts differently to having mesh removal surgery. You may feel anxious about the surgery you've had or possibly needing further treatment. If you would like to talk through any concerns regarding your surgery experience with an independent person, let us know and we will be able to advise what help is available to you so that you can receive the best support possible.

Contact us

If you have any further questions or concerns, please contact us.

Clinical nurse specialist

Telephone: **023 8120 2620**

Email: meshnurse@uhs.nhs.uk

Useful links

bsug.org.uk/budcms/includes/kcfinder/upload/files/info-leaflets/BSUG_Removal-of-Vaginal-mesh-for-prolapse.pdf

www.uhs.nhs.uk/Media/UHS-website-2019/Patientinformation/Surgery/Pain-relief-at-home-2940-PIL.pdf

thepogp.co.uk/Resources/118/fit_following_surgery_advice_and_exercise_following_major_gynaecological_surgery

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For help preparing for your visit, arranging an interpreter or accessing the hospital, please visit www.uhs.nhs.uk/additionalsupport