

Choices Before Prolapse Repair Surgery

Patient Information · Decisions to think through with your surgeon

WARWIKI

If you're considering surgery for pelvic organ prolapse, there are several choices to make together with your surgeon. There is usually **no single "right" answer** — the best plan depends on your anatomy, health, and what matters most to you. This sheet walks through the main decisions so you can have an informed conversation.

The Main Decisions

- **Repair vs. closure** — rebuild support (reconstructive) and keep the vagina open, or close the vagina (colpocleisis) if you don't plan on vaginal intercourse.
- **Route** — through the vagina, or through the abdomen with keyhole/robotic surgery.
- **Your uterus** — remove it (hysterectomy) or keep it with a uterus-sparing suspension (hysteropexy).
- **Support material** — your own tissue (native repair), a biological graft, or mesh (abdominal mesh as in sacrocolpopexy).
- **Urine leakage** — whether to add an anti-leakage procedure now (see below).

A Word on Hidden Leakage

Sometimes a large prolapse **hides** stress urine leakage that only appears once the prolapse is fixed ("occult" SUI). Your team may test for this and discuss whether to add a sling at the same time or wait.

LEARN THE TERMS

Reconstructive

Rebuilding support and keeping the vagina functional.

Obliterative

Closing the vagina (colpocleisis) — very durable, ends intercourse.

Hysteropexy

A uterus-sparing suspension (keeps the uterus).

Native-tissue repair

A repair using only your own tissue, no graft.

Occult SUI

Hidden stress leakage that appears after prolapse is fixed.

Recurrence

The chance prolapse comes back over time.

HOW DO I CHOOSE? By matching the options to **your** priorities — durability, recovery time, keeping the uterus, sexual activity, and how you feel about mesh. Your surgeon will recommend what fits your anatomy and health; the “best” option is the one aligned with your goals after a clear discussion.

Questions to Ask Your Surgeon

- Which **procedure(s)** do you recommend for me, and why?
- **Vaginal or abdominal** route — and what does recovery look like for each?
- Can I (or should I) **keep my uterus**?
- Will you use **my own tissue, a graft, or mesh** — and what are the risks?
- Do I need an **anti-leakage** procedure now or later?
- What’s the chance of **recurrence**, and what if it comes back?

Also Worth Knowing

- A **pessary** is always a non-surgical alternative if you’d rather avoid or delay surgery.
- Optimizing weight, constipation, cough, and (after menopause) vaginal estrogen can improve results.

Getting Ready

- Complete any **pre-op testing** and bring a full medicine list.
- Plan to **stop smoking** and arrange help at home.
- Know the general recovery rule: avoid heavy lifting and sex ~6 weeks.

Tell your team before surgery if you:

- Take a **blood thinner** or have a bleeding problem
- Have a current urine or vaginal **infection**
- Have new pelvic **pain, bleeding, or a non-healing sore** on the bulge

THREE THINGS TO REMEMBER

1. Prolapse surgery involves several choices — repair vs. closure, route, keeping the uterus, support material, and treating hidden leakage.
2. There’s rarely one right answer; the best plan matches your anatomy and your priorities.
3. Ask the key questions, and remember a pessary is always a non-surgical alternative.