

Some prolapse repairs done through the vagina are reinforced with a **graft** — extra support material added where your own tissue is weak. The material may be a **biological graft** or, in select situations, mesh. This sheet explains the options honestly, including the safety history of vaginal mesh, so you can make an informed choice with your surgeon.

About This Procedure

Through a vaginal incision, the weakened wall is repaired and a graft is laid in to add strength and lower the chance the prolapse returns. Materials include:

- **Biological graft** — from donated human or animal tissue; absorbs over time as your own tissue heals.
- **Synthetic mesh** — a permanent material, used **selectively** and with careful counseling.

Important Safety Context

Transvaginal **synthetic mesh** for prolapse was the subject of **FDA warnings** and is no longer sold for this use in the U.S. because of risks such as mesh exposure and pain. Today, prolapse is most often repaired with **your own (native) tissue** or a biological graft; abdominal mesh (as in sacrocolpopexy) remains a separate, well-supported option. Your surgeon will explain exactly what material is planned and why.

LEARN THE TERMS

Prolapse

When pelvic organs drop and cause a bulge or pressure.

Graft

Added support material placed during the repair.

Biological graft

Tissue-based material that the body absorbs over time.

Synthetic mesh

A permanent material; restricted for transvaginal prolapse use.

Native-tissue repair

A repair using only your own tissue, no graft.

Mesh exposure

When a bit of mesh becomes visible or felt; can cause pain or discharge.

SHOULD I BE WORRIED ABOUT MESH? It's a fair question. The problems that led to warnings were specifically with **transvaginal synthetic mesh for prolapse**. Native-tissue repairs, biological grafts, and abdominal mesh have different, well-studied safety profiles. The key is understanding exactly what your surgeon plans and why — ask.

Questions to Ask Your Surgeon

- **What material** will you use — native tissue, biological graft, or synthetic mesh — and why for me?
- What are the **specific risks**, including mesh exposure or pain with sex?
- What are my **alternatives** (native-tissue repair, sacrocolpopexy, a pessary)?
- What is the chance the prolapse **comes back** with each option?

How to Get Ready

- Follow your **anesthesia instructions** (fasting, hold blood thinners as told).
- Don't smoke; arrange a ride and help at home.
- Plan for light duty and pelvic rest for several weeks.

After Surgery

- Spotting/discharge for a few weeks is normal.
- **Avoid heavy lifting, straining, and sex for about 6 weeks.**
- Keep stools soft; gradually return to activity.

Call your care team if you have:

- A fever or chills, or heavy bleeding
- You **cannot urinate**, or worsening pain
- Later: **pain with sex**, unusual discharge, or your partner feeling something (possible mesh exposure)

THREE THINGS TO REMEMBER

1. A graft adds support to a vaginal prolapse repair — biological grafts absorb over time; synthetic mesh is permanent and used selectively.
2. Transvaginal mesh for prolapse carried FDA warnings; native-tissue repair and biological grafts are common, and abdominal mesh is a separate option.
3. Ask exactly what material is planned and why. Report later pain with sex or unusual discharge.