

Anterior Repair Information Sheet

General indications for the proposed procedure/treatment:

Cystocele is when the bladder sags into the vagina. The goal of surgery is to repair the problem and relieve the symptoms. A cystocele can be treated with an anterior repair.

Description of Procedure:

This type of surgery is done through the vagina. The prolapsed bladder is moved back into its normal position. Sutures (stitches) are placed in tissue between the bladder and the vagina. In some cases, another type of surgery is done to correct weakness in the front wall of the vagina. The vagina is attached to strong tissues in the side wall of the pelvis.

During surgery, the doctor reaches the pelvic organs through the vagina or the abdomen. An incision may be made in the vaginal wall.

Risk of the Procedure:

Anterior repair is a relatively safe procedure that carries a small risk of complications, including bleeding, infection, and or blood clots. There is also a small risk of damage to the nerves, muscles, or nearby pelvic structures. It is possible that there may be a reoccurring prolapse of the pelvic organ or organs.

Procedure Alternatives, if any:

There are no alternatives to an anterior repair procedure.

Probable consequences of Refusing Procedure:

The cystocele will persist and could possibly worsen if an anterior repair is refused.

Person(s) Performing the Procedure:

The key portions of the procedure will be performed by a physician who is a member of the medical staff of Rush University Medical Center and/or a resident/fellow who is observed by a physician who is a member of the medical staff. Residents/Fellows are licensed physicians in approved residency or post residency training programs. Parts of the procedure which they perform will be based on their level of competency.