

# Fenton's Operation

Gynaecology

## Introduction

This booklet has been designed for ladies who are undergoing a Fenton's operation. Do not hesitate to speak to your nursing or medical team should you have any questions.

## What is a Fenton's Operation?

A Fenton's operation is usually for women who experience pain or discomfort during sexual intercourse due to narrowing of the vaginal opening. This narrowing can be from episiotomies or tearing during childbirth. A Fenton's procedure removes scar tissue or an area of constriction around the perineum (area between the anus and vaginal opening). The area is reshaped by trimming and stitching the affected area; this can be performed with general or local anaesthetic.

## Consent

We must seek your consent for any procedure or treatment beforehand. Your doctor will explain the risks, benefits and alternatives where relevant before they ask for your consent. If you are unsure about any aspect of the procedure or treatment proposed please do not hesitate to ask for more information.

The choice about which treatment is best for you will be made together with your doctor.

## What are the benefits of surgery?

By having the surgery the opening of the vagina will be widened to hopefully reduce the pain or discomfort caused by sexual intercourse.

**The prevention of infection is a major priority in all healthcare and everyone has a part to play.**

- Please decontaminate your hands frequently for 20 seconds using soap and water or alcohol gel if available
- If you have symptoms of diarrhoea and/or vomiting, cough or other respiratory symptoms, a temperature or any loss of taste or smell please do not visit the hospital or any other care facility and seek advice from 111
- Keep the environment clean and tidy
- Let's work together to keep infections out of our hospitals and care homes.

## What are the risks of surgery?

Although it is unlikely that complications will occur, we would like to inform you of the possibilities of:

- Haemorrhage (bleeding)
- Infection
- Adhesions (bands of scar tissue)
- Haematoma (blood clot behind the wound)
- Early break down of stitches
- May not improve symptoms
- May make symptoms worse

If any of these occur you may be required to have corrective treatment such as:

- A course of antibiotics
- Further or more complex surgery to correct or examine any unintentional damage caused, and may result in a longer stay in hospital

You should also be aware that all operations carry a risk of death. Deaths caused by anaesthetics are very rare. There are probably about 5 deaths for every million anaesthetics given in the UK, (Royal College Anaesthetics 2008). However the risk does increase depending on your general health and medical conditions. Each specific procedure carries an individual risk depending on many factors such as your age, size and current health, and can be discussed with your doctor.

## Are there any alternative treatments?

Sometimes vaginal dilators can help. These are smooth rigid cylinder shaped pieces of plastic which are used to stretch the vaginal opening. Vaginal dilators are typically bought as a set consisting of several dilators in graduating sizes. This is to allow the user to progressively increase the size of the dilators used in order to comfortably stretch their vaginal walls in a progressive fashion.

Alternatively perineal massage may be of some benefit. Also lubrication or Hormone Replacement Therapy (HRT) may help.

## What are the consequences of not having the surgery?

Your pain or discomfort may not change. If you have a raised scar it will probably stay the same.

## What will happen on the day of my operation?

The day of your operation you must have nothing to eat for a minimum of six hours prior to your operation. You are allowed to drink small amounts of water up to two hours prior to your operation. You will be advised as to the time this will start.

A doctor will see you before your operation and your written consent will be required before your operation can take place. (This may already have been obtained at a pre-admission clinic).

You are requested to have a bath or a shower before you come to the hospital. Prior to your surgery you will be asked to put on a theatre gown. You will be asked to remove all items of clothing including underwear, jewellery (except wedding rings) including all piercings, nail varnish, false nails, make up, contact lenses, hearing aids, dentures, wigs and any false limbs (if applicable).

You will be escorted to theatre. If a pre-med has not been given you may have the option of walking to theatre otherwise a trolley will be arranged to collect you from the ward.

You will be taken into the anaesthetic room where you will be given a general anaesthetic. This is started by an injection into a vein usually in the back of your hand. Once you are asleep you will be taken into the operating theatre.

You will wake up in the recovery area once your operation is finished. A nurse will then escort you back to your bed on the ward.

## What will happen after the operation?

Once you have been back on the ward for a while and have had something to eat and drink and have passed urine, you should be ready for discharge.

## What will happen on discharge?

If you are allowed home on the day of your operation it is advisable that you are escorted home by car or taxi and that a responsible adult stays with you overnight. If there is no one to collect you or stay with you overnight at home, it is advisable to stay in hospital overnight.

It is recommended that for 24 hours following a general anaesthetic you do not:

- Drive a car
- Operate machinery
- Smoke, drink alcohol or use recreational drugs
- Sign any legally binding documents

A discharge letter will be sent to your GP. You will be given a copy of this to keep for yourself. You will also be given a copy of a discharge check list.

If an outpatient appointment is required this will be posted to you. Some consultants prefer to write to you personally with the results of your operation.

## Will I have any pain?

Some discomfort is to be expected. It may continue for up to four weeks. You may take some pain relieving tablets such as paracetamol every 4-6 hours up to a maximum of eight tablets in 24 hours. These tablets will not be supplied by the hospital so it is advisable to have some in ready.

Warm baths may help to relieve the discomfort. You will have stitches in your wound which will dissolvable but these can take several days or weeks (up to 72 days) to dissolve. You may notice the stitches drop out in your underwear; this is nothing to be concerned about.

It is very important that you do not become constipated as this can cause added pain and discomfort. You should have plenty of fluids to drink and eat a diet that is high in fibre.

## When can I have sex?

It is safe to resume sexual intercourse after about three weeks when the initial pain has settled. You should not leave it much longer than this otherwise adhesions may occur. This is where the sides of the incision may stick together and this may lead to further painful sexual intercourse. It may be a good idea to use a lubricant designed to help sexual intercourse that you can buy in pharmacy for the first few times to make it more comfortable.

You may have a vaginal discharge for up to four weeks and it is advisable to wear a panty liner. You should try to wear cotton pants and avoid pants made from nylon, polyester, silk or other non-ventilating materials until the wound has healed.

You should also avoid wearing tight clothing such as jeans during this period.

## When can I return to work?

It is advisable to refrain from work for at least one week or until you feel comfortable enough to return. However, this can vary depending on circumstances and you should discuss your personal situation with your nurse. A medical certificate can be issued by the doctor on the ward or from your GP. Alternatively you can complete a self-certification which you can obtain via your GP practice or download a copy from [www.hmrc.gov.uk](http://www.hmrc.gov.uk).

Finally if you have any questions or concerns prior to your admission or following your discharge, please contact your own GP, or the ward where you were admitted, for advice.

Any other problems or concerns PALS (Patient Advice Liaison Service) on 01902 695362 may be of help.

## References

Bennett, P and Williamson C (2010) Basic Science in Obstetrics & Gynaecology. A Textbook for MRCOG Part 1. Paperback, London.

Royal College of Anaesthetists (2008)  
[www.rcoa.ac.uk](http://www.rcoa.ac.uk)

## Useful Websites

[www.nhs.uk/conditions/episiotomy](http://www.nhs.uk/conditions/episiotomy)

[www.bupa.co.uk](http://www.bupa.co.uk)

## English

If you need information in another way like easy read or a different language please let us know.

If you need an interpreter or assistance please let us know.

## Lithuanian

Jeigu norėtumėte, kad informacija jums būtų pateikta kitu būdu, pavyzdžiui, supaprastinta forma ar kita kalba, prašome mums apie tai pranešti.

Jeigu jums reikia vertėjo ar kitos pagalbos, prašome mums apie tai pranešti.

## Polish

Jeżeli chcieliby Państwo otrzymać te informacje w innej postaci, na przykład w wersji łatwej do czytania lub w innym języku, prosimy powiedzieć nam o tym.

Prosimy poinformować nas również, jeżeli potrzebowaliby Państwo usługi tłumaczenia ustnego lub innej pomocy.

## Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ, ਜਿਵੇਂ ਪੜ੍ਹਨ ਵਿਚ ਆਸਾਨ ਰੂਪ ਜਾਂ ਕਿਸੇ ਦੂਜੀ ਭਾਸ਼ਾ ਵਿਚ, ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

ਜੇ ਤੁਹਾਨੂੰ ਦੁਭਾਸ਼ੀਏ ਦੀ ਜਾਂ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

## Romanian

Dacă aveți nevoie de informații în alt format, ca de exemplu caractere ușor de citit sau altă limbă, vă rugăm să ne informați.

Dacă aveți nevoie de un interpret sau de asistență, vă rugăm să ne informați.

## Traditional Chinese

如果您需要以其他方式了解信息，如易读或其他语种，请告诉我们。

如果您需要口译人员或帮助，请告诉我们。