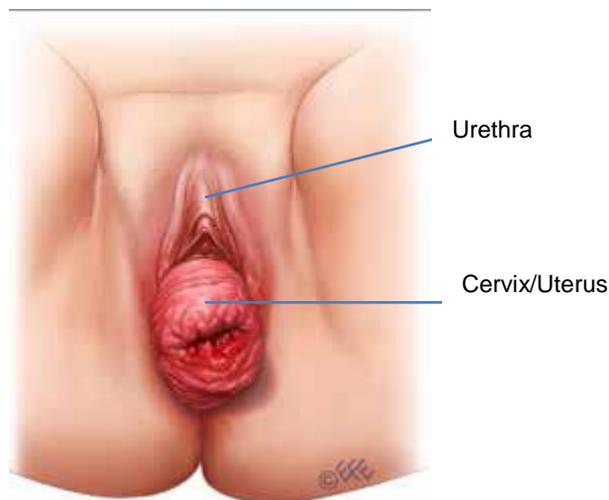


Gynaecology Department

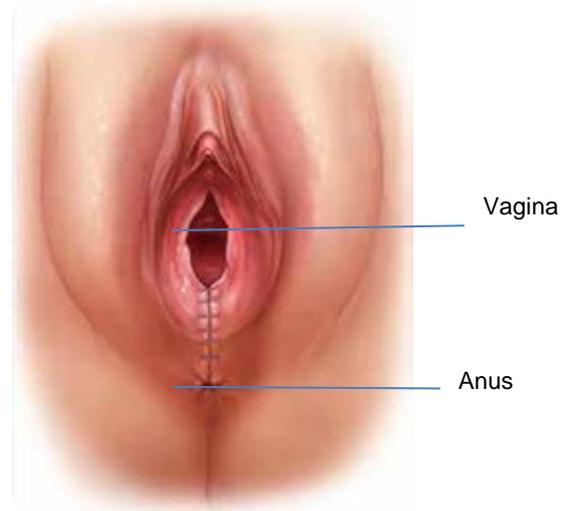
Colpocleisis

Prolapse of the vagina or uterus is a common condition with up to 11% of women requiring surgery during their lifetimes. Prolapse often occurs as a result of damage to the support structures of the uterus and vagina. Symptoms related to prolapse include a bulge or sensation of fullness in the vagina, or an external bulge that extends outside the vagina. It may cause a heavy or dragging sensation in the vagina or lower back and difficulties with passing urine or stool.

**Front view procidentia
- Before surgery**



**Appearance after colpocleisis
surgery**



What is a colpocleisis?

A colpocleisis is an operation which treats the symptoms of prolapse by sewing the front and back walls of the vagina together. This prevents the vaginal walls from bulging either into or outside of the vagina and supports the uterus if it is present.



Patient Information

Colpocleisis is **only suitable** for women who are **not sexually active** (and not intending to be at any point in the future), since the vagina will be closed off, not allowing vaginal intercourse.

Colpocleisis can be carried out more quickly than other vaginal reconstructive procedures for prolapse, and so it is particularly suitable for women with medical problems which may make them less suitable for longer and more complex operations. The procedure has a high success rate (90-95%), and so may also be an option for non-sexually active women who have recurrent prolapse following previous surgeries. It can be carried out in women either with or without a uterus.

What will happen to me before the operation?

You will be asked about your general health and medication that you are taking. Any necessary investigations (for example, blood tests, ECG, chest X-ray) will be organised. You will also receive information about your admission, hospital stay, operation, and pre-operative and post-operative care.

What will happen to me after the operation?

When you wake up from the anaesthetic you will have a drip (IV) to give you fluids and will have a catheter in your bladder. The catheter is generally removed 24 to 48 hours after the operation. You will be able to pass urine normally following a colpocleisis as the opening to the bladder is above the vaginal opening and thus is not affected by the procedure. Most women go home the day after their colpocleisis. Some women need to stay longer because of their medical problems.

It is normal to get a creamy white or yellow discharge for four to six weeks after surgery. This is due to the presence of stitches in the vagina; as the stitches absorb, the discharge will gradually reduce. If the discharge has a bad smell, contact your GP. You may get some blood stained discharge immediately after surgery or starting about a week after surgery. This blood is usually quite minimal and old, brownish looking and is the result of the body breaking down blood trapped under the skin.

What are the chances of success?

Quoted success rates for colpocleisis are between 90% and 95%. The risk of a prolapse coming back once the colpocleisis has healed is very small.

Are there any complications?

With any operation there is always a risk of complications. The following general complications can happen after any surgery:

Anaesthetic problems: with modern anaesthetics and monitoring equipment, complications due to anaesthesia are very rare. Surgery can be performed using a spinal or general anaesthetic; your anaesthetist will discuss which will be most suitable for you.

Pain: mild pain for a few days or weeks after the operation is normal as the wounds from surgery heal. Some women also have increased back or hip pain after vaginal operations as we need to position you with your legs in stirrups to perform the operation. Rarely, more severe or long-lasting pain can develop after surgery, even when the operation has otherwise been successful. There are many reasons for this and it is not always possible to resolve it.

Bleeding: serious bleeding requiring blood transfusion is unusual following vaginal surgery.

Post-operative infection: Although antibiotics are often given just before surgery and all attempts are made to keep surgery sterile, there is a small chance of developing an infection in the vagina or pelvis. Symptoms include an unpleasant smelling vaginal discharge, fever and pelvic pain or abdominal discomfort. If you develop a fever or foul smelling discharge, contact your GP.

Bladder infections (cystitis) occur in about 6% of women after surgery and are more common if a catheter has been used. Symptoms include burning or stinging when passing urine, urinary frequency and sometimes blood in the urine. Cystitis is usually easily treated by a course of antibiotics.

Patient Information

Clots in the blood vessels of the legs/lungs are more frequent in patients undergoing pelvic surgery. You will be given compression stockings to reduce the risk of this, and possibly also a course of injections.

Specific complications related to colpocleisis:

- **A haematoma** refers to a collection of blood that can form under the vaginal tissues due to bleeding from the surfaces that have been sewn together. This can cause pain and heavier, more prolonged bleeding than expected. A haematoma can also become infected. Most haematomas will resolve by themselves. Rarely, you may have to have another operation so that the stitches can be opened to allow a haematoma to drain.
- **Constipation** is a common short term problem and your doctor may prescribe stool softeners or laxatives for this. You should try to maintain a high fibre diet and drink plenty of fluids to help as well.
- **Bladder and bowel injury** are rare complications of vaginal prolapse surgery.
- **Worsening or persisting problems** with your bladder or bowels: many women with prolapse also have problems with their bladder or bowels. Getting rid of the prolapse bulge doesn't always make these problems better. Some problems, such as bladder leakage on coughing, laughing and sneezing, might get worse.
- **Regret:** as the vagina is closed off during a colpocleisis, sexual intercourse is not possible after the operation. Some women later regret having the colpocleisis done because of this. About 5% women (1 in 20) who have a colpocleisis regret doing so.

If you have a colpocleisis operation and the uterus is not removed then it can be difficult for your healthcare provider to work out where any abnormal bleeding from the vagina has come from once the operation has healed up. If you do have abnormal bleeding after the operation and you still have a uterus ensure that your healthcare provider knows the sort of operation you have had, since a pap smear of your cervix, or a biopsy of the lining of the uterus will probably not be possible. Ultrasound assessment of the lining of the uterus is still possible, but this not as accurate at diagnosing cancer as a biopsy. If you have had abnormal pap smears of your cervix in the past you should discuss this with your surgeon before the operation.

Patient Information

When can I return to my usual routine?

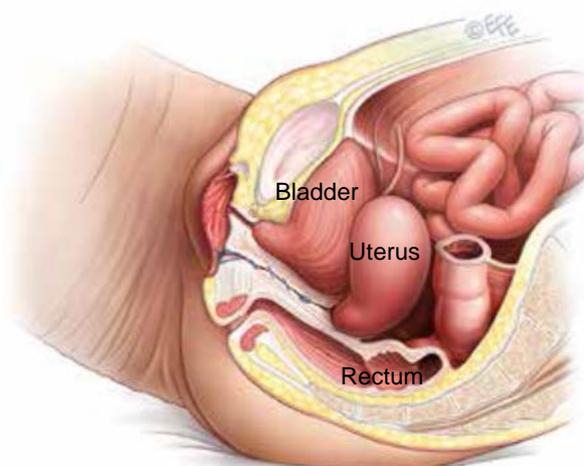
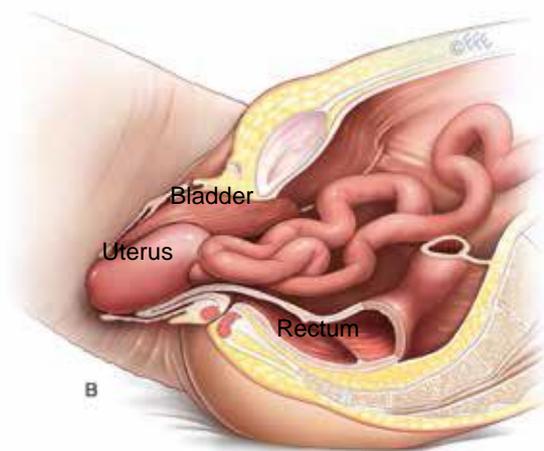
You should be able to drive and be fit enough for light activities such as short walks within a few weeks of surgery. You can drive as soon as you can make an emergency stop without it hurting. This usually takes four weeks. If you work, you may need a certificate for your employer. This can be supplied (on request) before you go home from hospital.

Remember to gradually build up your level of activity. We advise you to avoid heavy lifting and sport for at least six weeks to allow the wounds to heal.

If you work, it is usually advisable to plan to take four to six weeks off. Your doctor can guide you as this will depend on your job type and the exact surgery you have had.

We would like to see you in the out-patient clinic for follow up after your operation to check it has healed well and see what effect it has had on your symptoms. We will ask you to repeat a questionnaire as part of this follow up appointment.

Side view procidentia - before surgery Appearance after colpocleisis surgery



Patient Information

Things I would like to know before my operation. Please list below any questions you may have, having read this leaflet.

1.
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2.
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3.
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What are you hoping this operation will do? Please describe what your expectations are from surgery.

1.
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2.
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If you would like to contact the Gynaecology Department please telephone 024 7696 7000.

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact 024 7696 7000 and we will do our best to meet your needs.

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