

Gynaecology Department

Colpocleisis

Colpocleisis is an operation for prolapse to close the vaginal opening (front passage). Pelvic organ prolapse is a common condition where 1 or more of the organs in the pelvis slip down from their normal position and bulge into or outside of the vagina. It can be the womb (uterus), front wall, back wall or top of the vagina which prolapses. Colpocleisis is usually offered to women with who are not planning to be sexually active and are troubled by their prolapse. Symptoms may include a heavy feeling in the vagina or lower back or difficulties with passing urine or stools.

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.

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

Colpocleisis can be carried out more quickly than other 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 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 such as 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. You will also have a catheter in your bladder. The catheter is usually 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 is not affected by the procedure. Most women go home the day after their colpocleisis. Some women need to stay longer because of other medical problems.

It is normal to get a creamy white or yellow discharge for 4-6 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. It is the result of the body breaking down blood trapped under the skin.

What are the chances of success?

The risk of a prolapse coming back once the colpocleisis has healed is very small. If an operation cures your prolapse, it may or may not relieve all of your symptoms, so it is worth considering all of your options before deciding upon surgery.

Are there any complications?

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

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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: There is a risk of bleeding with any operation. Serious bleeding requiring blood transfusion is unusual following vaginal surgery. Rarely, bleeding can take place for some hours or days after the operation. In this situation, you may need to be taken back to theatre for further 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
- 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 can include:

- burning or stinging when passing urine
- urinary frequency
- blood in the urine

Cystitis is usually easily treated by a course of antibiotics. There is also a risk of chest infection because of the anaesthetic.

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Deep Vein Thrombosis (DVT): This is a clot in the deep veins of your leg. Occasionally, this can travel to the lungs (pulmonary embolism) which can be very serious or even fatal. However a clot occurs in less than 1% of people. 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. You may also be given a course of injections.

Specific complications related to colpocleisis:

- **A haematoma** refers to a collection of blood that can form under the vaginal tissues. This happens 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 the 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. If this happens, it is repaired at the same time but may delay your recovery. Sometimes it is not detected at the time of surgery, and occasionally you may be required to return to 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 1 in 20 who have a colpocleisis regret doing so.
- **Inability to reach the cervix or uterus through the vagina.** If you have a colpocleisis operation and the uterus is not removed, it can be difficult for your healthcare provider to work out where any abnormal bleeding from the vagina has come from when you have healed after the operation.

If you do have abnormal bleeding after the operation and you still have a uterus, make sure that your healthcare provider knows the sort of operation you have had, since a pap smear of your cervix or a biopsy of

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the lining of the uterus will probably not be possible. Ultrasound assessment of the lining of the uterus is still possible as is MRI or CT scan, but this not as accurate at diagnosing cancer as a biopsy. A hysterectomy might have to be considered if this occurs. If you have had abnormal pap smears of your cervix in the past you should discuss this with your surgeon before the operation.

When can I return to my usual routine?

You should 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, but you should always check with your insurance company as some will want you to wait longer. 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 your 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 outpatient clinic for follow up after your operation to check you have healed well and see what effect the operation has had on your symptoms. We will ask you to repeat a questionnaire as part of this follow up appointment.

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.

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