

## Colpocleisis

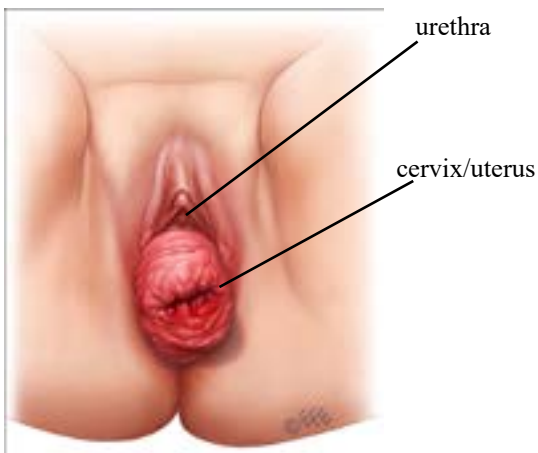
### A Guide for Women

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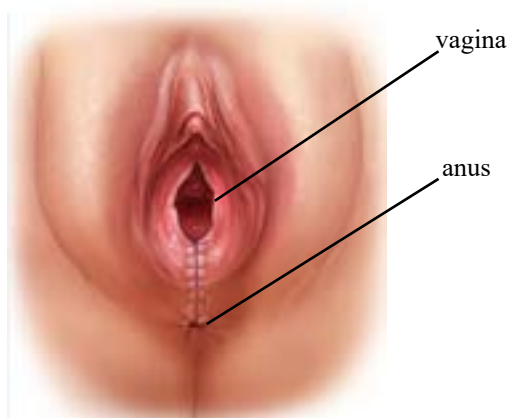
Prolapse of the vagina or uterus is a common condition with up to 11% of women requiring surgery during their lifetime. Prolapse often occurs as a result of damage to the support structures of the uterus and vagina.

Symptoms related to prolapse include a bulge or sensation of fullness in the vagina, or an external bulge that extends outside of 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 of procidentia (complete prolapse of the uterus and the vaginal walls)-before surgery*



*Appearance after colpocleisis surgery*



### What is a colpocleisis?

A colpocleisis (or vaginal closure) is an operation which treats the symptoms of the 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), 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. It is associated with high success rates (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 organized. You will also receive information about your admission, hospital stay, operation, pre- and post-operative care.

### What will happen to me after the operation?

When you wake up from the anesthetic 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.

It is normal to get a creamy white or yellow discharge for 4 to 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 doctor. 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%.

### Are there any complications?

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

- **Anesthetic problems.** With modern anesthetics and monitoring equipment, complications due to anesthesia are very rare. Surgery can be performed using a spinal or general anesthetic. Your anesthetist will discuss what will be most suitable for you.
- **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 doctor.
- **Bladder infections (cystitis).** Cystitis occurs in about 6% of women after surgery and is more common if a catheter

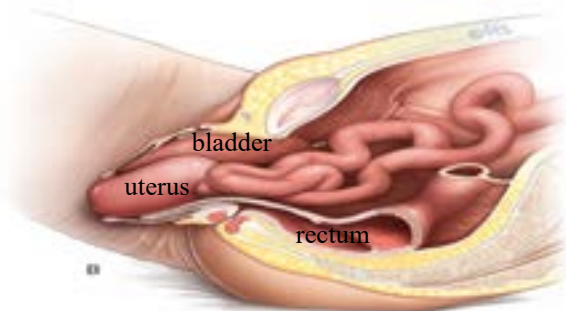
has been used. Symptoms include burning or stinging when passing urine, urinary frequency and sometimes blood in the urine. Cystitis is usually easily treated by a course of antibiotics.

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

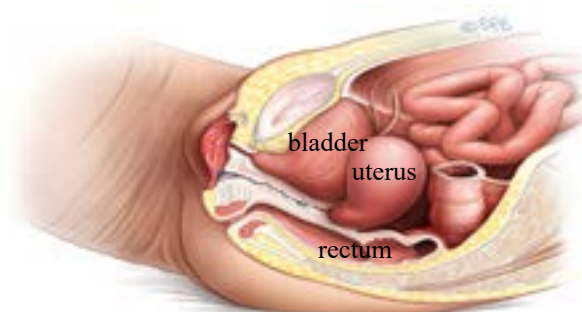
Specific complications related to colpocleisis:

- **Hematoma.** 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 hematoma can also become infected. Most hematomas will resolve by themselves. Rarely you may have to have another operation so that the stitches can be opened to allow a hematoma 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 fiber diet and drink plenty of fluids to help as well.
- **Bladder and bowel injury.** These rare complications of vaginal prolapse surgery.

*Side view procidentia-before surgery*



*Appearance after colpocleisis*



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 is 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.

About 1 in 10 women do not feel satisfied with the outcomes of the surgery. This could be due to the recurrence of prolapse or because their initial symptoms haven't improved after the operation.

About 1 in 5 women regret their decision later, as sexual intercourse is not possible after this operation. This could be avoided by considering other options of treating the prolapse and you should discuss this with your surgeon.

#### **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. Remember to gradually build up your level of activity. We advise you to avoid heavy lifting and sport for at least 6 weeks to allow the wounds to heal. If you work, it is usually advisable to plan to take 4 to 6 weeks off. Your doctor can guide you as this will depend on your job type and the exact surgery you have had.

For more information, visit [www.YourPelvicFloor.org](http://www.YourPelvicFloor.org).