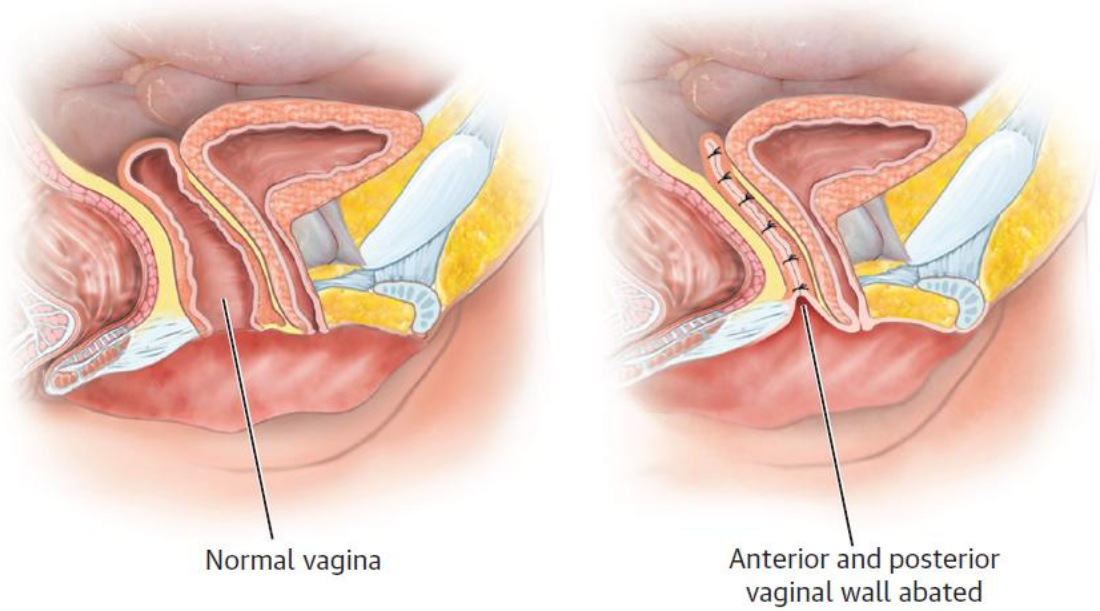
Colpocleisis

Aim: Colpocleisis is a surgical procedure to treat severe prolapse, where there is complete or almost complete prolapse of the vagina and/or uterus. Women for whom conservative management with a vaginal pessary has failed and who are unable to undergo other prolapse surgery due to medical illness can be offered colpocleisis. As the surgery results in a significantly shortened vagina, it is only performed in women who no longer wish to have sexual intercourse.

As severe prolapse also often affects bladder function, your gynaecologist may organise testing of bladder function, called urodynamics, prior to undergoing colpocleisis (See UGSA Patient Information Sheet "Urodynamics"). This is to further understand how the prolapse is contributing to your bladder symptoms and whether it is necessary to perform an incontinence procedure at the same time as the colpocleisis.

Surgical technique: Colpocleisis involves removing the vaginal skin from the front and back wall of the vagina and then stitching the remaining skin closed. This pushes the prolapsing tissue back into the pelvis. It can be performed with or without the uterus present. If the uterus remains, two channels are created on either side of the vaginal wall. This allows any uterine bleeding to become apparent. The vagina ends up being around 3–4 cm long. As mentioned above, if there is stress incontinence (leakage of urine with cough/sneeze/laugh or activity) present either before the surgery, or if it is likely that stress incontinence will occur after the surgery, an incontinence procedure (sling or urethral bulking agent) can be performed at the same time. A perineorrhaphy, where the vaginal opening is narrowed, is also performed to reduce the risk of recurrent prolapse. The image below illustrates a normal vagina and after colpocleisis.



While all surgery has potential risks, serious complications are rare. The main potential risks are listed below.

- Bleeding requiring blood transfusion occurs in 2–3%
- Damage to surrounding organs including the bladder and bowel are uncommon, but may require further surgery
- Vaginal or bladder infection
- New onset urinary incontinence
- Blood clots forming in the legs or lungs
- Recurrent prolapse in less than 10%.

The other potential concern is a feeling of regret after undergoing colpocleisis and the subsequent inability to have sexual intercourse. This highlights the importance of thorough counselling prior to having this surgery.

IN HOSPITAL: You can expect a 2–3 day stay in hospital. After the operation you will have an intravenous drip in your arm and a small catheter will drain your bladder for 24–48 hours. Once the catheter has been removed, the nurses will check that you are emptying your bladder properly. Dissolvable sutures (stitches) are used to close the vaginal skin and these will start to dissolve between 4–6 weeks after surgery.

RECOVERY: You will be discharged from hospital when you are able to perform your usual personal care and move around without significant pain. Most women only require simple oral pain medication such as paracetamol and anti-inflammatories. Urinary tract infections are common after pelvic surgery. If you develop burning pain on passing urine, you need to see your local doctor. A urine sample to confirm an infection will be taken, and antibiotics commenced. It is important to maintain regular bowel motions that are easy to pass to avoid straining and laxatives are often commenced in hospital and continued on discharge to avoid constipation. You should avoid strenuous physical activity and any heavy lifting (more than 15kg) to allow adequate healing for at least the first 6 weeks. Scar tissue is at its strongest by 3 months.

For more detailed postoperative recovery information, see UGSA Patient Information Sheet "Recovery after Vaginal Prolapse Surgery".