

Colpocleisis

(Prolapse repair that closes the vagina)

Gynaecology

Introduction

This leaflet will provide information for women who have a vaginal prolapse and are considering colpocleisis surgery (prolapse repair that closes the vagina). This is only suitable for women who are not sexually active now and who do not wish to be sexually active in the future. If this leaflet does not answer all your questions, please feel free to ask a member of the team.

What is a prolapse?

A prolapse is a bulge or lump in the vagina caused by sagging of the vaginal walls and, or, uterus (womb). Vaginal prolapse is a common condition where the walls of the vagina and sometimes the womb are no longer supported. They bulge down within and sometimes outside the vagina. A vaginal prolapse is not harmful, however treatment should help ease your symptoms.

Common symptoms of a prolapse include:

- The feeling of a lump in your vagina
- Sensation of heaviness or pulling in your vagina
- Not being able to empty your bladder or bowel
- Difficulty with sexual intercourse
- Persistent aching in your lower back, groin and also above the pubic bone
- Frequent urinary tract infections
- Greater than normal amounts of vaginal discharge.

Why am I being offered this treatment?

Prolapse of the vagina or uterus is a common condition with up to 11% of women requiring surgery during their lifetime.

You are being offered a colpocleisis operation, as you have a prolapse which bothers you and treatment with a vaginal pessary has not been successful or has not been something that you previously wished to try.

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.**

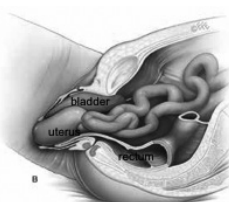
What is a colpocleisis?

- A colpocleisis is an operation that corrects prolapse by partial or complete closure of the vagina. The uterus can be left in place or removed, if not already removed
- It involves sewing the front and back walls of the vagina together
- This closes off the vagina and gets rid of the prolapse bulge
- As the vagina is closed off, sexual intercourse is not possible after the operation
- It is not suitable for women who are sexually active now or may wish to be so in the future
- It is a smaller operation than other operations offered for prolapse and, therefore, is often requested by older women who are troubled by lots of other medical problems
- A colpocleisis operation treats the prolapse bulge in approximately 90% of women (9 in 10)
- The risk of a prolapse coming back once the colpocleisis is healed is very small.

Front view of procidentia before surgery



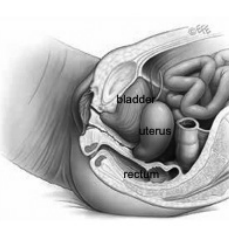
Side view of procidentia before surgery



Front view after surgery



Side view after surgery



What happens about consent?

We must seek 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 proposed procedure or treatment, please do not hesitate to ask for more information. You will have the opportunity to ask any questions not covered during your pre-admission clinic appointment.

Are there any risks to this operation?

Unfortunately, all operations carry some risk. It is important that you are aware of these risks and consider them when making a decision whether or not to have surgery for your prolapse. There are some general risks that are present for any operation. These include:

Anaesthetic Risks:

The risk from having an anaesthetic is usually small but you should be aware that all operations carry a risk of death. Deaths caused by anaesthetics are very rare. There is probably about 1 death for every 100,000 anaesthetics given in the UK (Royal College of Anaesthetics 2017). 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. This can be discussed with your doctor.

Bleeding:

The risk of serious blood loss is very small and it is rare that a blood transfusion may be required after a prolapse operation. However, your risk of bleeding may be higher if you are taking an anti-clotting medication such as Warfarin.

Infection:

There is a risk of infection at the wound site or in your bladder, which is reduced by giving you a dose of antibiotics during the operation. The risk of a serious infection is very small. You will be screened for MRSA at your preoperative check by taking some skin swabs.

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.

Deep Vein Thrombosis (DVT):

This is a clot in the deep veins of the legs. The risk of a DVT is about 4 in 100 and many cause no symptoms. In a very small number of cases, bits of the clot can break off and get stuck in the lungs causing a serious condition (pulmonary embolism - PE). The risk can be reduced by wearing special stockings and sometimes using injections to thin the blood.

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.

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 does not always make these problems better. Some problems, such as bladder leakage on coughing, laughing and sneezing, may get worse or there may be issues with developing an overactive bladder. Sometimes the procedure can make it difficult to pass urine .

Damage to the bladder or bowel:

Bladder and bowel injury are rare complications of vaginal prolapse surgery.

Failure to treat prolapse:

In a small number of cases, the prolapse is still there and rarely a prolapse can come back after this operation.

It is difficult to investigate for uterine bleeding after Colpocleisis in women who retain their uterus.

Regret:

As the vagina is closed off during a colpocleisis, sexual intercourse is not possible after the operation. Some women later regret having the surgery because of this.

What are the benefits of this procedure?

Colpocleisis is associated with high rates of patient satisfaction with respect to prolapse symptoms. The satisfaction rates are similar to other prolapse repair procedures with lower rate of recurrent prolapse.

It is associated with less risk of damage to adjacent organs and major pelvic vessels or nerves with other surgical technique.

Colpocleisis is a simple procedure and less invasive than other prolapse repair and hence better tolerated by frail or elderly women. It can be performed with you asleep (a general anaesthetic), under regional or rarely under local anaesthetic.

Are there any alternatives to this procedure?

Do nothing:

Prolapse is not a dangerous or harmful condition. If it is not bothering you, you could decide to do nothing about it. If the prolapse is very large, we may suggest checking it is not stopping your bladder from emptying properly before you make your final decision not to have treatment. We would also suggest thinking about having your prolapse treated if it is rubbing on your underwear and getting sore.

Vaginal Pessary:

If you have not already tried a pessary, we would encourage you to do so. A leaflet is available; please ask if you would like one.

A different operation:

There are many different operations used to treat prolapse. The choice about which treatment is best for you will be made together with your doctor based on the risks and benefits of the treatment and individual circumstances.

It is not possible to list all the possible operations in this leaflet. If you decide you want a different operation for your prolapse, your doctor will explain the options open to you and offer you the appropriate leaflet.

What are the consequences of not having this surgery?

If you chose not to have the procedure, you will be left with the bulge and any symptoms you are experiencing, which may or may not become worse.

What should I expect before the operation and how can I prepare myself?

Before admission for surgery, you will be asked to attend a pre-admission clinic to ensure that you are fit and well for your surgery. A nurse practitioner or a doctor will ask about your general health, past medical history and any medication that you are taking.

Any necessary investigations will be organised, such as blood tests, ECG and chest X-rays.

You will receive information about your admission, hospital stay, operation and pre and post-operative care. You will be advised of the increased risk of deep vein thrombosis from flying six weeks either side of your procedure. You will also be given the opportunity to ask any further questions that you may have.

Plan ahead; when you come out of hospital you are going to need extra help at home for the first two weeks. Make sure your family are aware of this.

If you smoke, try to stop completely. This will make your anaesthetic safer, reduce the risk of complications after the operation, and speed up the recovery time. If you are unable to stop completely, even doing so for few days will be helpful.

Some medicines need to be stopped or altered before the operation. You should check with your GP and bring your list of medications with you when you come to the pre-admission clinic.

Your consent for the operation will have been taken at the clinic appointment with your consultant.

What happens on my admission to hospital?

You are usually admitted to hospital on the day of your surgery but admission times may vary. You will be informed by letter when you will need to come in.

What will happen on the day of my operation?

On the day of your operation, you will not be able to eat or drink for a specified time prior to your surgery. You will be informed of this at your pre-operative assessment and on your admission letter. A doctor will see you prior to your operation and your written consent will be verified before your operation can take place. You will also have the opportunity to ask any questions not covered during your pre-admission clinic appointment.

You will be asked to put on a theatre gown and a pair of elasticated stockings (TEDS). The stockings help to prevent clots (thrombosis) in your legs. You will need to keep these on whilst you are in hospital. On discharge, the nurse will tell you how long you need to keep these stockings on at home.

You will be escorted to theatre. If a pre-med has been given, a theatre trolley will be arranged to collect you from the ward. Otherwise, a team member will walk to theatre with you.

You will be taken to the anaesthetic room where you will be asked some questions. If you are having general anaesthesia, you will be given an injection into a vein usually in the back of your hand. Once you are asleep, you will be taken into theatre.

You will wake up in the recovery area once your operation is finished and you will then be escorted back to your bed on the ward.

What will happen after the operation?

Your pulse and blood pressure will be taken regularly following the operation. The nursing staff will also check your wound.

As you come round from the anaesthetic, you may experience episodes of pain in the first 24 – 48 hours after surgery and, or, nausea.

You will have a catheter (a tube into your bladder to drain your urine). The catheter tube will be removed the morning after your operation. Most women find they only need simple pain relief such as Paracetamol. There may be a small amount of bleeding from the vagina which settles quickly.

Once you are eating, drinking and passing urine normally, you will be able to go home. Most women go home the day after their colposcopy. Some women need to stay longer because of their medical problems.

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 bloodstained 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.

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.

Contact details

Prior to your admission if you have any questions or worries you may contact your GP for advice or contact the Urogynaecology Nurse Specialist on 01902 695186 (Monday – Friday, 9:00am – 4:00pm).

You should also contact either your GP or the Gynaecology Ward on 01902 694034 (24 hours a day) if you have any problems once you get home.

Useful support advice and literature is available:

PALS (Patient Advice and Liaison Service): 01902 695362

NHS Direct: 08454647

Bladder & Bowel Foundation

SATRA

Innovation Park,
Rockingham Road,
Kettering,
Northants,
NN16 9JH

Nurse Helpline for medical advice: 0845 345 0165

Counsellor helpline: 0870 70 3246

General enquiries: 01536 533255

E-mail: info@bladderandbowelfoundation.org

www.iuga.org International Urogynaecology Association

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。