University Hospitals Sussex
NHS Foundation Trust

Colpocleisis

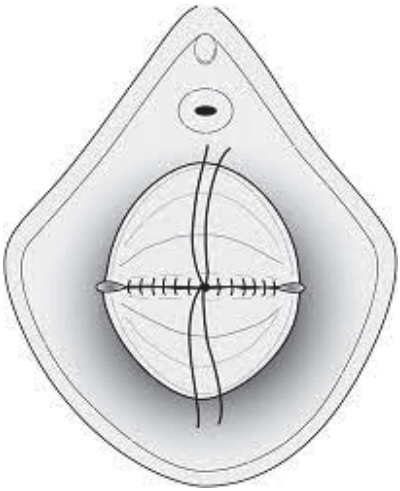
Department of Gynaecology

Patient Information

What is colpoclesis?

Colpocleisis is an operation to correct prolapse by closing the vagina. It will not be possible to have vaginal sexual activity after that. This will be discussed with you beforehand and only carried out with your voluntary agreement. Other forms of intimacy will remain unaffected.

These operations can be carried out under general, spinal or local anaesthesia.



Why do I need this kind of surgery?

This kind of surgery is done to improve pelvic organ prolapse, which entails slipping down of the vagina, the womb and/or the top of the vagina after hysterectomy.

This prolapse is caused by weakness of the supports that keep the vagina and uterus in place. This weakness can result from a number of factors, such as child bearing, going through the change or weak ligaments and muscles.

The condition can cause a sense of bulge, discomfort, urinary and bowel problems and sexual difficulties.

What can I expect before the operation?

You will be invited for pre-op assessment, when the nursing staff will go through your hospital stay and explain your operation. On admission, the nursing staff will go through your stay on the ward again to ensure you feel comfortable whilst in the hospital.

Please do let us know about any concerns you have or if there is any information you think we should know about that will make your stay with us more comfortable.

You will need to make arrangements for your family, children or any other commitments that you have prior to coming in to hospital and to cover the length of your recovery.

You will see an anaesthetist and the doctor performing the surgery before you go to theatre. It is not unusual to feel anxious; the nursing staff will gladly discuss how you are feeling and talk you through your emotions.

If you have not already signed the consent form in outpatients clinic when your operation was agreed and booked, the doctor will go through it with you before you go to theatre.

You will be asked for permission to enter your data on the national database for continence and prolapse surgery. This is a quality control measure to compare the safety and effectiveness of such procedures at the hospital against other units in the country.

You will be given a quality of life questionnaire to complete and bring with you as you attend for follow up after surgery. This will help us to assess the benefit of surgery for you.

What does the operation involve?

The operation is done through the vagina. Vaginal removal of the uterus and any other procedure for prolapse may be carried out first. After that, the front and back walls of the vagina are then sealed together with sutures.

A catheter may be inserted in the bladder, to save you the need to go to the toilet until you are mobile.

What are the risks?

There are risks with any operation but these are small. The main risks associated with these operations are:

Common risks:

- Initial difficulty in passing urine. This is usually managed by leaving the catheter to drain the bladder for few days. You can still go home and the catheter can be drained into a bag that can be placed on the leg, using a special bandage. This is called a leg bag, which can be emptied in the toilet discretely. It will enable those who need to go home with a catheter to be mobile despite having the catheter. Patients are then seen on the ward for another trial without catheter, when the majority do succeed in passing urine.
- Postoperative pain
- Urinary tract infection, which may need antibiotics
- Wound infection, which may need antibiotics
- Wound bruising and delayed wound healing.

Uncommon risks:

- Damage to the bladder and/or bowel, which will be repaired at the time of the operation. If such injury is not identified and repaired at the time, there is a risk of fistula, but this is extremely rare.
- Venous thrombosis and pulmonary embolism (blood clot in leg/lung). These are reduced by elastic stockings and injections that thin the blood to prevent clots.
- Whilst the operation may improve the sense of bulge, there is small chance that urinary, bowel and/or sexual problems may persist. It is hoped however they will at least improve to some degree.
- Unmasking of stress incontinence of urine that was hidden by the kink of the urethra, associated with prolapse. This will need assessment and will be managed by pelvic floor muscle training. Surgery might be required, if there is inadequate improvement on pelvic floor muscle training.
- Failure and recurrence. This may need further surgery.
- Bleeding requiring blood transfusion
- Return to theatre e.g. because of bleeding

In order for you to make an informed choice about your surgery please ask one of the doctors or nurses if you have any questions about the operation before signing the consent form.

What can I expect after the operation?

As you come round from the anaesthetic you may experience episodes of pain and / or nausea. Please let the nursing staff know and they will assess you and take appropriate action.

You may have a catheter in the bladder to save you having to go to the toilet.

You will have a drip to give you fluids, though you will be able to eat and drink. It is not unusual to experience lower back pain and a feeling of fullness in your bowel and generalised discomfort when sitting.
We use a pain score to assess your pain
0-10: 0 = No Pain, 10 = Very Strong Pain.

Your nurse will be checking your blood pressure, pulse, respirations and temperature and monitor any vaginal bleeding. S/he will also ask you to move from side to side and to do leg and breathing exercises once you are able, this will help prevent any pressure damage, a DVT (deep vein thrombosis) or chest infection.

Day 1 after the operation

The drip and catheter are usually removed the next day. The nursing staff will assist with washing as necessary and encourage early mobilisation. We would normally expect you to sit out of bed and begin to walk around the day after your operation.

You will be able to go home when you are passing urine without difficulty. This can be on the first day or later, depending on the how you feel.

You will be asked to pass urine in a jug and will have a scan to measure how much urine is left in the bladder. It is best to forget that you need to pass urine and drink and walk as you would normally do. This helps your bladder to work as normal.

Day 2 after the operation

You will be able to shower and mobilise around the ward on the second day of your operation. It may be painful to open your bowels at first. You will have mild laxatives to soften the stools and prevent constipation and straining.

What about going home?

You will be seen and assessed the following day to check on your recovery and decisions will be made about your care, this information will be shared with you. You may then be able to go home. Please feel free to ask questions about your operation and recovery at any time.

The average length of stay following this kind of surgery is 1-2 days.

As you physically recover from your operation, the nursing team will discuss your convalescence. To ensure you have a good recovery you should take note of the following:

Rest:

During the first two weeks at home it is common to feel tired, exhausted and emotional. You should relax during the day, gradually increasing the number of things you do each day. Avoid crossing your legs when you are lying down.

Vaginal bleeding:

You can expect to have some vaginal discharge/bleeding for few days after surgery. This is like a light period and is red or brown in colour. Sanitary towels should be used not tampons to reduce the risk of infection.

Stitches:

The wound in the vagina will be closed by dissolvable stitches and these do not need to be removed.

Housework:

Weeks1-2: We recommend that you do light activities around the house and avoid any heavy lifting (not more than 1.5kgs in each hand).

Weeks 3-4: We recommend that you gradually introduce lighter household chores such as dusting, washing up, making beds and ironing. You may begin to prepare food and cook remembering not to lift any heavy items.

Weeks 4-6: By this time you should resume normal daily activities, but continue to refrain from straining until 3 months after surgery, to ensure good tissue healing.

Exercise:

Exercise is important and it is advisable to go for short walks each day, increasing the distance gradually. You should avoid straining or heavy exercise for 3 months, to ensure good tissue healing.

You may return to normal exercise such as gentle cycling and swimming after 4-6 weeks. You will be able to manage the stairs on your arrival home.

It is good to do pelvic floor exercises. You will be given a physiotherapy booklet titled ‘Fit for Life’ to guide you.

Diet:

A well balanced nutritious diet with high fibre content is essential to avoid constipation. Your bowels may take some time to return to normal after your operation and you may need to take laxatives.

You should include at least 5 portions of fruit and vegetables per day. You should aim to drink at least 2 litres of water per day.

Sex:

As outlined above, it will not be possible to have penetrative vaginal sex after this operation. This is why the operation is usually done for women who are not sexually active and do not intend to be sexually active.

It will still be possible to be intimate in other ways. Local oestrogen cream can be applied externally. If you need to discuss this aspect further, you can speak to the doctor before agreeing to the operation. This is to avoid any regret after the operation.

Returning to work:

This will depend on the nature of your work. If you work in an office based environment, you will need 4–6 weeks off work. If your work involves lifting and exertion, you will need 3 months off work.
The hospital doctor will provide a sick certificate for this period.

Driving:

It is usually safe to drive after 12 weeks but this will depend on your level of concentration and ability to perform an emergency stop.
You may need to check with your doctor as well as your car insurance company.

What about follow up?

You may be invited for follow up, usually about 12 weeks after surgery.

During this follow up appointment, your symptoms will be reviewed and you will be examined to assess wound healing.

If you have problems before this you can either contact your doctor or contact the hospital to bring the appointment forwards.

Are there any alternatives to this kind of surgery?

You will have been offered vaginal pessaries before being offered surgery.

Alternative procedures include:

- Vaginal repair, without obliterating the vagina. This approach preserves sexual function.

- Operations through abdominal (open tummy) or laparoscopic route. These operations include sacrocolpopexy for patients who had previous hysterectomy and sacrohysteropexy as well as utero-sacral suspension for patients who wish to keep it.

  These can be discussed with your doctor. Patient information leaflets are available for these alternatives.

Who can I contact with any concerns or questions?

You should contact your doctor or the hospital if you notice increased temperature, wound swelling and/or pain, smelling discharge either from the wound or the front passage, blood in urine or motion, abdominal distension and/or failure to open your bowel.

If you have any problems or questions, you can contact
The Urogynaecology Unit at Lewes Victoria Hospital
on 01273 474 153 Ext. 2178 (from 09:00 till 17:00 Monday to Friday)

The Gynaecology Ward at the Princess Royal Hospital
on 01444 441 881 Ext. 5686

The Gynaecology Ward at the Royal Sussex County Hospital
on 01273 696 955 Ext. 4013

Secretary at Worthing 01903 205111 Ext. 84811

Secretary at St Richard's 01243 788122 Ext.32972

References/useful links

https://bsug.org.uk/budcms/includes/kcfinder/upload/files/info-leaflets/Colpocleisis%20BSUG%20July%202017.pdf

https://www.yourpelvicfloor.org/media/Colpocleisis_RV1-2.pdf

This leaflet is intended for patients receiving care in Brighton & Hove, Haywards Heath, Shoreham, Worthing or Chichester

This patient information leaflet was prepared by Dr. Sharif Ismail, Consultant Subspecialist Urogynaecologist

This information leaflet has been approved at the Clinical Governance and Safety and Quality Meetings of the Department of Obstetrics and Gynaecology as well as Brighton and Sussex University Hospitals NHS Trust Carer and Patient Information Group (CPIG).

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