



## PATIENT INFORMATION LEAFLET

# COLPOCLEISIS - AN OPERATION FOR PROLAPSE

## WHAT IS A PROLAPSE?

A prolapse is a bulging of one or more pelvic organs into or out of the vagina. Pelvic organs are your womb, vagina, bowel, and bladder.

Prolapse happens when the muscles, ligaments and supporting tissue that hold the organs in their correct positions become weak.

## WHY AM I BEING OFFERED THIS TREATMENT?

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 wished to try.

## 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 stops the vaginal walls from bulging into or outside of the vagina and supports the womb (if you still have one). The operation can be done if you have a womb or if you have had your womb removed.

Colpocleisis is only suitable if you are not sexually active (and not intending to be at any point in the future), as the vagina will be closed off making it not possible to have vaginal intercourse.

The operation is quicker than other operations for prolapse. This makes it a suitable option if you have medical problems which may make you less suitable for longer, more complex operations.

The operation may be an option if you are not sexually active and had repeated prolapse following previous surgeries.

## WHAT ARE THE BENEFITS AND HOW LONG WILL IT WORK FOR?

A colpocleisis operation has high success rates (90-95%).

The risk of the prolapse coming back once the colpocleisis is healed is very small.

## WHAT ARE THE ALTERNATIVE TREATMENTS?

The other options to colpocleisis are:

**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 urine 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. There is a large range of plastic pessaries available to support the prolapse. These are worn inside the vagina and, once in place, you should not be able to feel it. They are fitted by a nurse or doctor who will advise you on the type and size of pessary that might suit you best. We usually suggest you have the pessary changed every 4-6 months.

Pessaries are useful in treating the symptoms of prolapse. 70% of women (7 out of 10) who use a pessary find it successfully treats their symptoms. However, not everyone finds a pessary to suit them. The main disadvantage of a pessary is that it needs to be changed regularly. Sometimes the pessary can rub the vaginal walls causing bleeding or discharge. This can be treated with an appropriate cream.

**A Different Operation:** There are many different operations used to treat prolapse. Deciding which operation to have depends on many factors including:

- The type of prolapse you have.
- What treatments you have had in the past.
- Any medical problems you may have.

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.

## WHAT WILL HAPPEN BEFORE THE OPERATION?

If you have not already completed an electronic questionnaire to help us identify your troublesome symptoms you will be asked to fill this out. You may also be asked to fill in a bladder diary to give us some information on how your bladder is working. It is very important that you complete both the questionnaire and the bladder diary as it gives us valuable information to guide your treatment.

Most people choosing a colpocleisis operation will not need any other tests. However, if you are having a lot of problems with your bladder or bowels, the doctor may suggest extra bladder or bowel tests. They will explain why they have suggested the test, what it involves and give you a leaflet explaining them in more detail.

If you have not had a hysterectomy, an ultrasound scan will be arranged to check the womb lining looks healthy before your colpocleisis. This is because it can be difficult to get a sample of the womb lining once the vagina is closed.

Shortly before you come in for your operation, you will be asked to attend a pre-operative appointment with a nurse. It is important that we arrange this for you as it gives us an opportunity to make sure we can reduce your risk from surgery as much as possible.

It will not be possible to go ahead with your operation until these checks are done.

Routine tests, such as blood tests and a heart tracing may be done at this appointment. You may need other tests depending on what medical problems you have. Please bring a list of all your medications, and any allergies you might have when you attend.

Before you come into hospital for your operation, you should make sure you have a supply of simple pain relief at home, such as Paracetamol, as this will not be supplied for you to take home.

## HOW IS THE OPERATION PERFORMED?

Before you go to theatre for your operation, you will be given some elasticated stockings to wear. These reduce the risk of a clot in the leg, known as a deep vein thrombosis (DVT).

The colpocleisis operation can be performed with a general (asleep) or regional (awake but pain-free) anaesthetic. The anaesthetist will discuss this with you. During the operation, the front and back walls of the vagina are sewn together using dissolvable stitches. Sometimes there are some additional dissolvable stitches on the outside of the vagina along the skin between the vagina and anus (perineum).

A dose of antibiotics will be given during the operation to reduce the risk of infection. Usually, a catheter tube is inserted along the urethra into your bladder during the operation and left in place until the following morning to drain your bladder or urine.

## WHAT WILL HAPPEN AFTER THE OPERATION?

The catheter tube will be removed the morning after your operation. Most people 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 people go home the day after their colpocleisis. Some people need to stay longer because of their medical problems. We will give you some medication to take home to help your bowels move without the need to strain.

## WHAT WILL HAPPEN AFTER I GET HOME?

It is normal to feel more tired than usual after an operation and this may last several weeks. It is important to take rest and allow your body to heal. However, we would advise gentle exercise, initially around the home, to help prevent a blood clot.

Try to avoid strenuous exercise that leaves you short of breath, heavy lifting or straining on the toilet as this can put a strain on the repair.

You can drive as soon as you can make an emergency stop without it hurting. This usually takes 4 weeks. If you work, you may need a certificate for your employer. This can be given (on request) before you go home from hospital.

We would like to see you in the out-patient clinic 6 months after your operation to check it has healed well and see what effect it has had on your symptoms. We will ask you to repeat the electronic questionnaire as part of this follow up appointment.

## WHAT ARE THE RISKS OF SURGERY FOR PROLAPSE?

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 unless you have certain medical problems.
- **Bleeding:** The risk of serious blood loss is very small and it is rare that we have to give a blood transfusion after prolapse operations, however, your risk of bleeding may be higher if you are taking

an anti-clotting medication such as Warfarin. It is very important that you share with us any religious objection you may have to receiving blood in a life-threatening emergency.

- **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.
- **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 of a DVT is higher in women who smoke or who are overweight. 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. 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.
- **Worsening or persisting problems with your bladder or bowels:** Many people 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.
- **Damage to the bladder or bowel:** During the operation, the surgeon will make cuts and place stitches very close to the bladder and bowel. Rarely, the surgeon may make a hole in them by accident. Usually this can be repaired straight way and the operation finished as normal. However, it may affect your recovery and your surgeon will want to explain what has happened when they see you on the ward the next day.

## ARE THERE ANY OTHER RISKS ASSOCIATED WITH THIS OPERATION?

**Risks specific to a colpocleisis operation, rather than other operations for prolapse include:**

**Hematoma.** This is 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.

**Failure to treat the prolapse:** 10% of women (1 in 10) who have a colpocleisis do not feel satisfied with the results of surgery. This may be because the prolapse is still there or because the operation has not helped other problems, they had hoped it would. Rarely, a prolapse can come back after this operation.

**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 5% women (1 in 20) who have a colpocleisis regret their decision later. The risk of this is reduced by considering all the other options for treating your prolapse carefully before making your final decision.

## THINGS I WOULD LIKE TO KNOW BEFORE MY OPERATION?

Please list below any questions you may have, having read this leaflet.

- 1.
- 2.
- 3.

**If you require any further information or clarification of terminology, please do not hesitate to talk to one of the doctors or nurses, who will be happy to discuss your concerns with you.**

## CONTACT DETAILS



Urogynaecology Clinical Nurse Specialists - (0161) 701 6150 or (0161) 701 6776

Appointment queries (08:30-16:00) - (0161) 701 4455 (choose option 3 "Urogynaecology")



**For urgent out of hours enquiries:**

Emergency Gynaecology Unit (based at Wythenshawe Hospital)

(0161) 291 2561 Open 24 hours, 7 days a week



<https://mft.nhs.uk/saint-marys/services/gynaecology/Urogynaecology/>