

Colpocleisis surgery to treat vaginal prolapse (closing the vagina)

Department of Urogynaecology

Information for Patients

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What is a prolapse?

A prolapse is a bulge within the vagina (front passage). Prolapse happens when a pelvic organ like the womb (uterus), bladder or bowel slips down into the vagina.

A prolapse may arise because of weakness in the walls of the vagina (vaginal wall prolapse) or weakness in the ligaments that support the top of the vagina (apical prolapse).

There are different types of prolapse:

- Bulge in the front wall of the vagina (anterior compartment or cystocele) where the bladder is involved
- Bulge in the back wall of the vagina (posterior compartment or rectocele) where the bowel is involved
- A bulge because of weakness at the top of the vagina. This lets the womb (uterus) or the top of the vagina after hysterectomy (vault) drop down and bulge.

What is colpocleisis?

This an operation to treat a prolapse. We sew the front and back walls of vagina together to close the vagina. You cannot have sex after this operation. If the womb is still there a few small spaces are left to let fluid drain out of the uterus or cervix.

The entrance to the vagina can also be made smaller for extra support. We use dissolvable stitches. This gives support around the perineum (skin between front and back passage). This part of the operation is called perineorrhaphy (repair of perineum).

We can do colpocleisis under general anaesthesia (asleep) or spinal anaesthesia (awake but numb from the waist down). We can combine it with other surgeries, such as hysterectomy or treatment for urine leakage.

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or call 111 for non-emergency medical advice**

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To give feedback about this information sheet, contact InformationForPatients@uhl-tr.nhs.uk

What are the benefits of colpocleisis?

- High success rate. 9 out of 10 women have successful treatment
- A shorter operation than most of the other operations for prolapse. This means a shorter time that you are asleep and quicker recovery after the operation.
- Less risk of damage to other organs such as bladder or bowel than other operations that treat prolapse.
- Lower chance of prolapse coming back than after other prolapse operations.

What are the risks of having colpocleisis?

Common risks:

- **Blood loss needing a blood transfusion.** There is a risk of bleeding with any operation. It is uncommon that we have to give a blood transfusion with this operation. Rarely bleeding can occur some hours or even days after the operation or may be hidden behind the stitches (haematoma). If this happens you need to be taken back to the operating theatre to stop the bleeding or drain the blood collection.
- **Infection** (lungs, skin, pee or in the tummy) happens in about 5 to 13 cases in every 100 operations). Infections are usually treated with antibiotics.
- **Blood clot in the vein of the leg** (deep vein thrombosis) which can break off and go to the lung (pulmonary embolism) (4 in 100).
- **Poor wound healing.** Wounds can become infected or the stitches can become loose. This lets the wound open up or stitches can be too tight causing discomfort.
- **Prolapse can come back** but it is less likely after colpocleisis than other prolapse operations.
- **Failure of the operation** it may not help all of your symptoms alongside the prolapse such as leaking pee or trouble opening your bowels (1 in 10 women).
- **Worsening urgency to pee** (Overactive bladder) symptoms may either get better or get worse after this operation.
- **Worsening leaking pee when you cough or sneeze** (Stress urinary incontinence) due to straightening of the peeing pipe (urethra) that was kinked by the prolapse.
- **Difficulty peeing** after this operation (1 in 10 women). Only few women have long term problems with peeing and need to learn to use a catheter tube to let the pee out of the bladder.
- **Difficulty having a poo** may mean you need to use laxatives. It is important not to become constipated after the operation so the prolapse does not come back from straining for a poo.
- **Damage to bowel, bladder, peeing pipe (urethra) or tubes from kidneys to the bladder (ureters).** The risk is small but once recognised, it can usually be repaired but you will likely need extra treatments to help you heal well.

Following **rare complications** can sometimes happen:

- Return to theatre because of internal bleeding after the operation
- Need to take out the womb (hysterectomy)
- Anaesthetic problems: these are extremely rare. The risk of a serious problem caused by the anaesthetic is 1 in 10,000; risk of death 1 in 100,000.
- Heart attack, stroke or kidney failure, Death within 6 weeks of surgery due to complications are all rare but serious if they happen.

Problems later on

- Regret about not being able to have sex ever again(1 in 5 women).
- In case of bleeding from the womb in the future, you may need scan called MRI or CT as there is no access to the womb to take a sample. You may need a hysterectomy if there is suspicion of cancer.

Recovery after colpocleisis:

- Try to get out of bed and walk about as soon as possible. This will reduce risk of blood clots
- Bath and shower as usual
- Vaginal spotting / slight bleeding is normal for 2 weeks after the operation
- Take laxatives so you do not struggle to have a poo and tear the stitches
- It will take about 6 to 8 weeks to get back to you normal level of activity
- You should take time off work for 6 to 12 weeks after the operation
- You should be completely healed after 3 months
- You can drive as soon as you can operate the pedals, safely do an emergency stop and look over your shoulder without discomfort. This is generally after 3 weeks, but you must check this with your insurance company. Some of them insist that you wait longer.

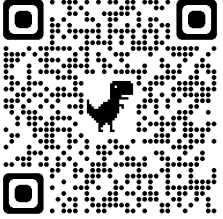
Other options to colpocleisis:

- You could have no treatment if you prefer
- Pelvic floor exercises may help with a bulging feeling
- A support pessary may hold the prolapse up
- There are other operations that may be suitable for you and you should discuss these with your consultant. For example: hysterectomy, Manchester repair, vaginal sacrospinous hysteropexy, sacrohysteropexy or sacrocolpopexy, abdominal or vaginal sacrospinous fixation.

You can find more information about colpocleisis at:



<https://bsug.org.uk/pages/information-for-patients/111>



<https://www.yourpelvicfloor.org/leaflets/>

British Society of Urogynaecology (BSUG) database

We will ask for your consent to collect anonymous information about your surgery and recovery. The information is stored in a secure online database. The information collected helps us assess and monitor our practice.

Multidisciplinary team meeting

Before your surgery we may discuss your urinary problem, tests and operation at a meeting to be sure that your planned treatment is best option for you. Sometimes, the original plan may need to be changed. We will discuss any changes for your planned treatment with you first.

Contact details

Urogynaecology Nursing Office: 0116 2047897

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