



COLPOCLEISIS

Many older patients come to their physician for treatment of pelvic organ prolapse. Pelvic organ prolapse is a condition in which the normal support tissues of the uterus and other pelvic organs are damaged. Therefore, the uterus, bladder, and rectum may bulge into the vagina and become downwardly displaced toward the vaginal opening. Due to their age, these patients may have multiple medical problems and may be at increased risk of complications if they undergo long surgeries for correction of these pelvic defects. Although pessaries (devices inserted into the vagina to support the uterus, bladder, and rectum) are an option for these patients, some patients prefer a permanent surgical method of treatment. These patients are good candidates for a surgical procedure called colpocleisis.

Q. WHAT IS A COLPOCLEISIS?

A. Colpocleisis involves closure of the vagina after either leaving the uterus in place or performing a hysterectomy. Two types of colpocleisis are commonly performed - a partial colpocleisis (the Latzko procedure) where only the upper part of the vagina is closed, and a total colpocleisis (the LeFort procedure) where the entire vagina is closed. During a LeFort colpocleisis, narrow tunnels are left at the lateral aspects of the vagina allowing blood and mucous from the uterus to drain through them.

Q. HOW IS COLPOCLEISIS PERFORMED?

A. Colpocleisis is carried out using a vaginal approach. Your physician will mobilize your vaginal tissues, and will then sew the vaginal tissue that normally overlies the bladder to the vaginal tissue that normally overlies the rectum. This in essence will close the entire vagina. By closing the vagina your doctor provides an extra layer of support for your pelvic organs.

This procedure is relatively simple, and should take your doctor anywhere from an hour to an hour and a half to complete. Recovery from colpocleisis is fairly quick, and often you will be required to stay in the hospital only one night.

BENEFITS OF COLPOCLEISIS

Colpocleisis is advantageous for a woman who would otherwise be unable to tolerate a long, extensive surgical procedure. The surgery is easy to perform, takes a relatively short amount of time, requires only regional or local anesthesia, and has a fairly quick recovery time. There is no abdominal entry during this procedure so operative risks are greatly decreased.

It is important for women to realize that since their vagina will be completely obliterated during a colpocleisis procedure, they will no longer be able to have intercourse. Therefore, a patient who is still interested in sexual intercourse should not consider this operative procedure.

RISKS OF COLPOCLEISIS

Although colpocleisis has many medical and surgical advantages, a woman must understand some of the disadvantages that may be encountered if they have a colpocleisis. First, as mentioned above, a woman will no longer be able to have sexual intercourse if she undergoes a colpocleisis. The psychological implications of this must be thought about before the surgery is chosen. Second, because the uterus is retained, if a woman has vaginal bleeding after this procedure, evaluation of the problem may be difficult since the uterus will no longer be accessible. Third, there have been some reports of recurrence of pelvic prolapse after a colpocleisis-- a woman should be aware of this possibility. Finally, a woman should be aware of the slightly increased risk of urinary incontinence due to a change in the anatomy of the urethra and the bladder after surgery.

Additionally, there are normal operative risks. These include risks of infection, bleeding, and damage to organs near the surgical field including the bowels, bladder, and ureters (the organ that brings urine from the kidney to the bladder).

ALTERNATIVES TO COLPOCLEISIS

Colpocleisis is just one treatment of pelvic organ prolapse. A woman has several other options including conservative management with estrogen therapy, Kegel's exercises, and pessary placement. Additionally, she has surgical options that include hysterectomy with repair and suspension of any vaginal defects. The important thing to remember about these surgical procedures is that, while they do preserve the vagina and therefore the ability to have intercourse, they are longer and more involved. Therefore, they may not be appropriate for some women with multiple medical problems.

THOMAS G. STOVALL, M.D.

Dr. Stovall is a Clinical Professor of Obstetrics and Gynecology at the University of Tennessee Health Science Center in Memphis, Tennessee and Partner of Women's Health Specialists, Inc.

Date Published: 2004-08-04

Health Information Provided by Women's Health Specialists
7800 Wolf Trail Cove, Germantown, TN 38138, (901) 682-9222, www.whsobgyn.com

This information is for educational purposes only. It does not represent comprehensive coverage of the topics addressed and is not a substitute for direct consultation with your health care provider. Always consult a health care provider regarding your specific condition. Trademarks referred to are the property of their respective owners.