



**York Teaching Hospital**  
NHS Foundation Trust

# Colpocleisis

Information for patients, relatives and carers

## **Obstetrics and Gynaecology**

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① For more information, please speak to your consultant's secretary

Caring with pride

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In this leaflet we try to answer some common questions about having Colpocleisis (Vaginal Closure Surgery). Remember everyone is different and you are encouraged to ask your own questions of the doctors and nurses.

## **What is Colpocleisis?**

Colpocleisis is an operation to treat vaginal prolapse. The aim of this operation is to close the vaginal canal by stitching the front and back walls of the vagina together. Colpocleisis is only appropriate for women who no longer intend to have sex.

## **What are the benefits of this surgery?**

The benefits of this surgery are to resolve the symptoms of prolapse such as the feeling of a lump in the vagina.

## **What are the alternatives to surgery?**

Other therapies such as physiotherapy, ring pessary or other more complex major prolapse surgeries will be discussed with you together with the option of no treatment.

## **What happens before surgery?**

On your arrival the nurses will introduce themselves to you and explain what will happen during your stay. You will be asked about your present medications, any allergies you may have and your arrangements for going home and who is going to look after you. Do not hesitate to ask if there is anything which you are uncertain about.

You will need to change into a theatre gown and one of our dressing gowns. You are welcome to bring your own dressing gown if you would prefer this. Your dressing gown must be clean as you are going into an operating theatre.

A doctor will see you and will discuss the operation with you again. If you have any questions please ask.

One of the anaesthetists who will be giving you your anaesthetic will come and see you before your operation to discuss the anaesthetic with you and to check when you last had anything to eat and drink. Please tell the anaesthetist about any chest problems, dental treatment or any previous anaesthetics you have had as well as any anaesthetic problems within your family. You may also be required to undergo further investigations at this time.

Before the procedure, you will be asked to sign a consent form (FYCON107-1 Colpocleisis). You sign to confirm that you agree to the procedure and understand the information given to you. The form will be kept in your Patient Notes and you will also be given a copy for your own records.

You will also be given another leaflet at your pre-operative assessment with information about preparing for surgery.

## **How is the procedure carried out?**

The operation is performed through the vagina.

Cuts are made on the front and back wall of the vagina. The vaginal canal is then closed by stitching (suturing) the front and back walls of the vagina together. The vaginal cuts are repaired using dissolvable stitches.

An additional operation to treat or to prevent urinary stress incontinence may also be performed at the same time. Your surgeon would have discussed this with you beforehand.

A catheter may be inserted into the bladder to help the bladder to drain. You will have a drip inserted in your arm which will allow you to have fluids until you are able to drink normally.

## Are there any risks?

Possible risks of complications associated with this type of operation include the following:

Frequently occurring risks: vaginal bleeding or wound infection (one in 10); urinary infection, retention, and or frequency; post-operative pain (one in 10 to one in 100).

Serious Risks: Excessive bleeding requiring transfusion and/or return to theatre (two in 100); damage to bladder or urinary tract (two in 1000), damage to bowel (five in 1000); pelvic abscess (three in 1000), failure to achieve desired result (up to two in 100); thrombosis, pulmonary embolism or death (37 per 100,000).

## What happens after surgery?

After surgery you will be taken to the recovery area where a nurse will monitor your progress. When the recovery nurse is satisfied with your condition you will return to your bed in the ward area.

You may feel sick, especially in the first 24 hours after your surgery. There are various medicines available to control this. A drip will be used to give fluid to you while you are unable to drink.

In order to prevent blood clots in the legs (thrombosis), we will ask you to wear compression stockings while you are in hospital. You will also be given an injection every day to keep your blood thin to prevent a blood clot.

You should be able to walk the day after your operation and we will encourage you to shower by the second or third day.

## **Will I be in a lot of pain?**

Pain levels vary from person to person but there are different methods of pain relief available that we can use to ensure you remain comfortable.

Many patients are given a hand held device to control pain. This is called a Patient Controlled Analgesia (PCA) machine. The PCA is loaded with a syringe that is full of pain killing medicine. The syringe is connected by a tube to a drip in your hand or arm. We will give you a button which you will need to press which will start the machine to release the pain relief drug straight into your vein.

Nurses can also give injections of strong pain relief and when you start eating you will also be able to take pain relief in the form of tablets.

## **When can I go home?**

You will usually be able to go home two days after your operation. You may be allowed to go home earlier if you are recovering quickly.

## **What else do I need to know?**

Before surgery, and if appropriate, you may want to discuss the operation with your partner. It is important to remember that Colpocleisis is only suitable for women who no longer have sex.

When you go home we advise you to avoid strenuous effort for the first six weeks after your operation. Just do gentle movements and do not over strain yourself. After this time you can build up to your normal levels of activity but remember that it may take time for you to regain your previous levels of fitness.

During the first few weeks you may notice a bloodstained discharge from the vagina. If the bleeding is heavy, smells unpleasant or if you feel unwell then it may be a sign of infection and you should visit your GP immediately. They may prescribe you antibiotics.

## **When will I be able to drive?**

You are allowed to drive if you are able to perform an emergency stop, however you will need to check details of your cover with your insurance company.

## **Will I need to come back to the outpatient department?**

You will need to come to the outpatient department around eight weeks after your operation. The doctor may need to examine you during your appointment. Following this visit you may be able to resume work provided it does not involve heavy lifting.

## **Tell us what you think of this leaflet**

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact:

Mr O A Adekanmi, Consultant Gynaecologist and Obstetrician, The York Hospital, Wigginton Road, York, YO31 8HE, telephone 01904 725549 or

Mr O A Ajayi, Consultant Gynaecologist and Obstetrician, Scarborough General Hospital, Woodlands Drive, Scarborough, YO12 6QL, telephone 01723 385248.

## **Teaching, Training and Research**

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

## **Patient Advice and Liaison Service (PALS)**

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email [pals@york.nhs.uk](mailto:pals@york.nhs.uk).

An answer phone is available out of hours.

Please telephone or email if you  
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Owner

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