

INFORMATION SHEET AND CONSENT FORM

Colpocleisis and cystoscopy

Indications:

- Pelvic organ prolapse in women who are no longer sexually active
- Generally performed in women whose medical comorbidities require an operation suitable to be performed under regional anaesthesia

Aim:

- To reduce prolapse by opposing the anterior and posterior vaginal walls
- The vaginal length is greatly reduced to 1-2 cm

Surgical Technique:

- The operation is usually performed under spinal anaesthetic (you are awake) or general anaesthetic (you are asleep) and antibiotics are given through a drip
- The mucosa is removed from the front and back of the vagina
- Strong dissolvable sutures are used to oppose the two surfaces, effectively closing up the vagina
- This keeps the prolapsed tissue inside your body
- A catheter is placed overnight

Complications:

- Serious complications are rare however your symptoms must be severe enough to accept the risks listed below
- Return of prolapse 10%
- New urinary symptoms like leakage or urgency 5%
- Regret over decision to have an operation to close vagina
- Return to theatre for pain or bleeding 1%
- Blood loss requiring transfusion 1%
- Problems emptying bladder needing to self-catheterise 10% (temporary in majority)
- Injury to bladder, urethra or ureter requiring longer use of catheter or reoperation later - 1%. If this is not recognised during the operation a fistula (connection between urinary tract and vagina) may develop and need further surgery (1-2/1000)
- Urinary tract infection 5%
- Clot in legs or lung <1%

In Hospital and Recovery:

- Hospital stay is usually between 2-3 days
- When you wake up from your operation you will have a bladder catheter. These are usually removed the following day and we will assess whether you are emptying your bladder properly. If you are not, the nurses will teach you to self-catheterise and you will go home doing this while your bladder function recovers which is most often within 2 weeks. The risk of this is around 10%.
- You will be given pain medicine to manage post-operative pain and you should take aperients to avoid constipation
- You will require a needle for at least 5 days to minimise risk of blood clots
- A small amount of vaginal bleeding is to be expected for 2 weeks
- It is crucial to avoid constipation, heavy lifting, running or any other stress to your pelvic floor over the first 3 months postoperatively while healing takes place.
- Time off work is usually 4-6 weeks depending on your occupation
- Worsening pain or urinary symptoms like burning or pain are not normal and you should see your local doctor.
- Dr Mowat will review you around the 6-week mark, but if you have any concerns before this, please ring the rooms
- As a long-term lifestyle measure we recommend avoiding lifting over 15 kgs, excessive exercise, weight gain, constipation and smoking to optimise the chance of a long-lasting repair.