Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

Colpocleisis (Le Fort's Procedure)

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Patient Information

Gynaecology Services

The Patient Information Leaflets page on the Trust website is available on the link:

https://www.wwl.nhs.uk/patient-information-leaflets or scan the QR code.



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Introduction

This leaflet has been written to try and answer questions you might have about a Le Fort's procedure; however, it is not intended to replace the personal contact between you and the doctors and nurses. **It should be read together with the leaflet REF: Gyn 058 Prolapse** in which available treatments are described and compared**.** Follow the link below or scan the QR code.

https://www.wwl.nhs.uk/leaflets/download/wwl-5ff723901af9c6.37706261

If at any time you have any worries or questions not covered by the leaflet, please feel free to discuss them with a member of staff.

What is a Le Fort's Procedure?

It is an operation performed through the vagina to cure a prolapse by stitching the front and back wall of the vagina together to prevent the prolapse from coming down. It is also sometimes called a Colpocleisis (closure of the vaginal walls).

It is only suitable for those who no longer wish to have intercourse as it almost completely closes the vagina.

Alternative treatments for prolapse

These are described in their own information sheets and are compared in the information sheet about the treatment of prolapse.

How is a Le Fort's procedure done?

A rectangle of skin is removed from the front wall of the vagina and another from the back wall. The two "raw" areas are then sewn together to provide support for the tissue coming down, but in doing so the vagina is almost entirely closed off, with only a small channel at each side to let out any discharge. This prevents the walls of the vagina and the uterus from coming down.

If you have already had a hysterectomy the walls of the vagina can be completely closed together as no channels are required.

Sometimes extra support can be provided by using dissolvable stitches around the perineum (skin between the vagina (front passage) and the back passage. This is called a perineorrhaphy.

How successful is the operation?

As with all operations for prolapse, it is not guaranteed to be completely successful, as the reason for the prolapse occurring in the first place is that the tissues in that area are weak. This operation is however very successful. Overall, 95% of patients are permanently cured (19/20).

Benefits of treating prolapse

The main benefit of treating a prolapse is to make you feel more comfortable. Occasionally, it can improve bowel or bladder function, but this is not always the case. Generally, if a prolapse is not treated, it will not result in any harm except for the feeling of discomfort.

Are there any risks involved in having a Le Fort's procedure?

- Heavy bleeding is rare although there will be some bleeding during and after the procedure.

- There is a very small risk that your bowel or bladder could be damaged, but any damage would usually be repaired at the time of the operation.

- It is not routine to place a catheter in the bladder for this operation. Occasionally you may have difficulty passing urine; this usually settles over a few days; but may require a catheter in the bladder.

- There is a small risk of infection either in the pelvis at the site of the operation or a water (urinary) infection. Antibiotics are given during the procedure to reduce this risk.

- There is a small risk of thrombosis (blood clot in the leg). You will be given stockings to wear and may be given injections following the operation to reduce this.

- There is a risk following a prolapse operation that it will not cure all your symptoms, even if the prolapse is effectively repaired and also there is a risk that over time a prolapse will return. For a Le Fort's procedure this occurs in about 5% of women (1 in 20).

- Sometimes when a prolapse comes down it makes a kink in the urethra (tube from the bladder through which urine passes). This can make it difficult to pass urine (wee) but it can also stop urine leaking out. When the prolapse is repaired the urethra is straightened out and you may become aware of urine leaking with coughing and exercise which was not happening before surgery. This happens in up to 10% (1 in 10) women who have surgery and unfortunately there is no good test to predict who will get this.

- This can usually be treated effectively.

- In about 1 in 10 women, there can be irritation of the bladder causing frequent visits to the toilet, or occasionally leakage, especially if a very large prolapse has been corrected. This usually gets better gradually.

- Regret due to it no longer being possible to have sexual intercourse.

What should I expect after my operation?

- Immediately after your operation, you may have a drip in your arm to give you fluid until you are able to eat and drink properly.

- This is not generally a very painful operation, but you may need pain killers, so do ask the nurses for some if you are in pain.

- You may be given an injection to thin your blood and help prevent thrombosis (blood clots) until you are fully mobile.

- You will be encouraged to move about after the operation. Most people will start to mobilise on the same day as the operation. Moving around will reduce the chance of you developing any post-operative complications, such as clots in your legs and lungs and should also help prevent you getting a chest infection.

After your operation, you will be seen by a doctor who will explain to you how it went and if there were any changes to the previously planned operation. You will be informed of your progress at all times. Don't be afraid to ask the nurses or doctors if you have any questions.

You will usually go home the day after your operation, though this can vary and some ladies may even go home the same day. You may need some help at home after your operation, so please let the staff know if you think there may be a problem getting some help.

For other information about recovery after the operation, see leaflet

REF: Gyn 024 Following Major Gynaecological Surgery follow the link below or scan the QR code.

https://www.wwl.nhs.uk/leaflets/download/wwl-5ff7215ac7c508.84688751

How long will it take for me to recover?

You will start to feel better fairly quickly but it takes about six to eight weeks to get completely back to normal. It is important for you to be as active as possible, as staying in bed can mean there is an increased risk of blood clots (thrombosis) occurring in the veins and lungs. Although you need to be active, you should be sensible and make sure you have periods of rest when you begin to feel tired.

You are advised to gradually start doing a little more each day without tiring yourself. Do whatever you feel able to do without too much effort: avoid lifting and straining until you are seen again in the out-patients clinic. It is important to avoid constipation following the operation. Make sure you drink plenty of water or juice, eat lots of fruit vegetables, and roughage such as oats or bran. If you are prone to constipation, it is worth taking regular laxatives to avoid straining.

It is recommended that you avoid the following until at least 12 weeks after surgery:

- Sit up exercises.
- Lifting children or heavy objects.
- Gardening.
- Heavy housework.
- Aerobic exercises.

Follow-up

You will be sent an appointment for a follow up consultation in clinic 8-12 weeks after your operation.

Contact information

If you have any problems after you have gone home or if you have any questions about the information in this leaflet, please feel free to speak to one of the nurses by telephone:

Swinley Ward 01942 822568

Ward 3 (Leigh) 01942 264260



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