



Patient Information Leaflet

Colpoclesis

Produced by:
Obstetric and Gynaecology Department

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If you are unable to read this leaflet because English is not your first language, please ask someone who speaks English to telephone PALS on 01983 534850 for further information and help.

Polish:

Jeśli nie jesteś w stanie przeczytać tej ulotki bo angielski nie jest pierwszym językiem, poproś kogoś, kto mówi po angielsku, o kontakt telefoniczny z (PALS 01983 534850) aby uzyskać więcej informacji i pomoc

Russian:

Если вы не можете прочитать этот буклет на английском языке потому что не является первым языке, пожалуйста, попросите кого-нибудь, кто говорит на английском языке для телефонного (PALS 01983 534850) для получения дополнительной информации и помощи

Turkish:

Eğer İngilizce ana diliniz değilse, çünkü bu broşürü okumak için yapamıyorsanız, daha fazla bilgi için 01983 534850 üzerinde PALS telefon İngilizce bilen birine sormak ve yardım lütfen

Bulgarian:

Ако не сте в състояние да прочетете тази листовка, тъй като английският не е първи език, попитайте някой, който говори английски, за да телефонирам (PALS на 01983 534850) за повече информация и помощ

Czech:

Pokud nejste schopni přečíst tuto příbalovou informaci, protože angličtina není vaším rodným jazykem, zeptejte se někoho, kdo mluví anglicky na telefonní PALS na 01983 534850 pro další informace a pomoc

Bengali:

আপনি ইংরেজি আপনার প্রথম ভাষা না থাকার কারণে এই লফিলটে পড়তে অক্ষম হন, তাহলে আরও তথ্যের জন্য 01983 534850 নভেগিশেন PALS টলেফিে ন ইংরেজি কথা কটে জিজ্ঞাসা করুন এবং সাহায্য করুন

Introduction

This information leaflet is written for women who are considering Colpoclesis as a treatment for prolapse. The information provided is of a general nature and your care will be tailored to your own needs.

A prolapse of the womb or vagina can cause many symptoms. One of the most common symptoms is a sensation of bulge at the entrance of the vagina. Other symptoms may include lower abdominal pain, back pain, bladder symptoms and difficulty opening the bowels. Colpoclesis aims to reduce these symptoms.

What is a Colpoclesis?

A Colpoclesis is an operation performed through the vagina to cure a prolapse. It involves sewing the front and back walls of the vagina together with only a small channel in each side to let out any discharge. This would provide support to the tissues and prevents the vaginal walls and uterus from coming down. It is important to note that closing of the vagina means that sexual intercourse is no longer possible after the operation. Therefore, this operation is not suitable for women who are sexually active or who wishes to be in the future.

This surgery can be performed with a general anaesthetic, regional anaesthetic or local anaesthetic. You will have a discussion with the anaesthetist to decide which is suitable for you.

What are the benefits of Colpoclesis?

Colpoclesis treats 90–95% cases of prolapse. It will help to improve your symptoms and may help with bladder or bowel function but this is not always the case. The risk of a recurrence is very low. Around 1 in 10 of people have recurrence of symptoms. It can be done in women with or without a uterus. This procedure can be carried out faster than other vaginal reconstructive procedures for prolapse so it is suitable for women with medical problems who may not be less suitable for longer and more complex operation. It is also suitable for non-sexually active women who have recurrent prolapse, following previous surgeries.

What are the risks of Colpoclesis?

Most operations are straightforward and do not have any complications. However, there are risks associated with all operations. It is important for you to be aware of these risks when making the decision whether this is the right treatment for you.

These include:

Anaesthetic risks: This is a very small risk unless you have certain medical conditions. The complications due to anaesthesia are very rare. The anaesthetist will discuss with you whether a general, regional or local anaesthetic will be suitable for you.

Bleeding: The risk of serious blood loss is low. It is unusual to need blood transfusion following vaginal surgery. There will be some minimal blood loss during and after the procedure.

Damage to local structures: There is a small risk of damage to bowel and bladder but if this were to happen, it would be repaired at the time of the operation.

Infection: Even though antibiotics are given during surgery and the surgical field is kept clean, there is a risk of developing infection in the pelvis, at the site of the operation or in the urinary tract.

Deep vein thrombosis: There is a small risk of thrombosis (blood clot) in your legs and lungs, following any pelvic surgery. You will be given compression stockings and injections to reduce the risk of blood clots.

Pain: You may experience some mild pain for few days or weeks after the operation which is normal. Some people experience hip pain after the operation due to the positioning of the legs during the operation. The pain should resolve over time.

Constipation: can be a short-term complication. You can be prescribed laxatives to help with this. Drinking plenty of fluids and maintaining a high fibre diet will also reduce the chances of constipation.

Future visual examination of the cervix: As the vagina is closed off, in the future, it can be difficult for healthcare professionals to work out where any abnormal bleeding vagina has come from. A pap smear or uterine biopsy will also not be possible. If you have had any abnormal smears in the past, please discuss this with your surgeon before the operation.

Failure to treat symptoms: Some women may not be satisfied with the operation. This may be because the operation did not treat all the symptoms, the prolapse is still present or over time the prolapse has recurred. Around 10% of people have recurrence of symptoms.

Regret: After this operation, vaginal intercourse is not possible as the vagina is closed off. Some women may later regret having the operation because of this.

What are the alternative options?

Doing nothing: A prolapse is not a dangerous condition. Therefore, if it does not bother you then you do not need to have any treatment for it. It may be recommended that you are checked to see whether the prolapse is stopping your bladder from emptying fully. If symptoms persist or gets worse, you may wish to consider treatment later.

Pelvic floor exercises: This can help in improving the strength of the pelvic floor muscles which help to support the pelvic organs. However, if the prolapse is severe then this may not help in improving symptoms.

Vaginal pessary: This is a plastic device worn inside the vagina to support the prolapse and treat symptoms. Once they are in place, you should not be able to feel it. They can be fitted by a doctor or nurse. You will be advised on the size and type of pessary which is the most suitable for you. Vaginal pessaries are recommended to be changed every 6 months. Sometimes they can also cause discharge or bleeding.

Different operation: There are several operations that can treat prolapse. The choice of operation may depend on factors such as the type of prolapse you have, what treatments you've had, any medical problems you may have. You may wish to discuss other operations with your doctor.

Before the operation

Your doctor may recommend that you fill in a bladder diary to find out how well your bladder is working. If you have not had a hysterectomy, an ultrasound will be arranged to look at the lining of the womb. This is done to see if the womb lining looks healthy as it can be difficult to get a sample of your womb lining once the vagina is closed.

Pre-assessment: Shortly before your operation, you will attend a pre-op assessment clinic where you will be asked about your general health and medications. You will also have any necessary investigations (e.g blood tests, heart tracing). You will be provided with information about your admission, pre- and post-operative care. This appointment will also give you the opportunity to ask any questions you may have. Some medicines may need to be stopped or altered before the operation. This will also be discussed with you. At the appointment, you will be given specific information about when you should last eat or drink before the operation as this will depend on your position on the theatre listing. You will also be given information about using rectal suppository to empty the rectum before the operation.

If you smoke, it is recommended that you try to stop smoking completely. This will make your anaesthetic safer, reduce the risk of complications after the operation and speed up the recovery time. You will need help around the home for the first two weeks after surgery. You can also plan for this. Make sure your family/friends know this too.

You will be asked to sign a consent form before the operation, as it involves general anaesthesia, which will be kept in your records. You are entitled to withdraw consent at any point, even after signing the form.

On the day of the operation

On the day of the operation, you will be asked to come in the morning. You will then be seen by the surgeon who will again explain what will happen during the operation and the risks associated with it, making sure you have full understanding. You will also meet the anaesthetist before your operation and you will have the opportunity to ask any questions you may have regarding the anaesthetic. The anaesthetist will discuss which is the most appropriate type of anaesthetic for you. Please tell the anaesthetist about any chest troubles, recent dental treatment and any previously anaesthetics you have had. They will also need to know about any anaesthetic problems within the family. Antibiotics would be given at the time of operation to reduce the chance of you getting infections after the operation.

After the operation

After waking up from the operation you will be taken from the theatre to the recovery room. Once you are awake again and breathing on your own, you will be taken to the ward.

You may have:

- An oxygen mask over your face giving you oxygen.
- A drip in your arm to give you fluids.
- A catheter in your bladder which is removed 24 to 48 hours after the operation.

You are likely to be sleepy for the rest of the day. Once you are eating, drinking and passing urine normally, then you will be able to go home. Most patients go home the following day after surgery. However, some may require a longer stay because of their medical problems.

You may be given some laxatives to help with your bowel movements without the need to strain. The front and back wall of the vagina are sewn together using dissolvable stitches. Sometimes, there may be additional dissolvable stitches on the skin between the vagina and anus.

Returning to normal life

You should feel better quickly and get back to normal within 6–8 weeks. If you have any problems in the first 10 days after the discharge from the hospital, please contact the staff on the ward to which you were admitted. The telephone number will be provided to you on your discharge from hospital. The nursing staff on the ward will always be happy to answer any queries you may have.

Pain

Most people experience some pain or discomfort and you will be offered pain relief to ease this. The anaesthetist will have discussed pain relief with you before your operation. You will have a choice of tablets or suppositories to control any pain that you may have. You will be encouraged to take your pain relief to speed up your recovery.

Bleeding

After the operation, there may be some minimal vaginal bleeding, which resolves quickly. You will need to wear a sanitary pad. For 4 to 6 weeks after surgery, it can be normal to get a creamy white or yellow discharge. If the discharge has a foul smell, please contact your GP.

Stitches

The stitches you have are all dissolvable. The threads may come away for up to three months, which is normal.

Exercise

You should be fit light activities such as short walks few weeks after surgery. **Please avoid lifting, pushing or pulling anything heavy or strenuous exercise for the first 6 weeks** to allow wound healing. Please avoid straining on the toilet as this can put strain on the repair. It is advisable to do gentle exercise around home to prevent deep vein thrombosis. You should start doing pelvic floor exercises two weeks after your operation. This is very important as it will reduce the chances of the prolapse occurring again.

Driving

It is possible to drive as soon as you can make an emergency stop without pain or discomfort. This is usually after about 4 weeks. We recommend short distances initially and then gradually building up to longer journeys. We strongly advise that you check with your insurance company in the first instance, as many companies have strict guidelines and time frames with regards to driving and liability after surgery.

Cervical smears

As the vagina is closed off, it is not possible to carry out cervical smears. If you have had abnormal smears in the past, please discuss this with your doctor before the operation.

Returning to work

Generally, it is recommended that you take 6 weeks off work but this may depend on several factors including whether you have a sedentary or physically demanding job. Your gynaecologist and GP can provide you with advice regarding this. You may require a certificate for your employer, which can be supplied on request by the hospital before you go home.

If you have any queries or concerns about the content of this leaflet please call (01983) 524081 and ask to speak to the relevant department.

If you require this leaflet in another language, large print or another format, please contact the PALS Team, telephone **01983 534850**, who will advise you.

Valuables should not be brought into the hospital. If patients have to bring in valuable items they should ask a nurse to store them safely and request a receipt for the items. You may not be able to have the valuable items returned if the time of discharge from hospital is out of hours.

We are sorry but the Trust cannot accept responsibility for loss or damage to items not given for safe keeping.

You can get further information on all sorts of health issues online at: **www.nhs.uk**

For Health advice and out of hours GP service please call the NHS 111 service on: **111**

We Value Your Views On Our Service

If you wish to comment on the care which you, your relative or friend has received, we will be pleased to hear from you. Please speak to the person in charge of the ward, clinic or service in the first instance or ask them to contact the PALS Team. If you wish to contact them directly, telephone on **01983 534850**.

Alternatively you may prefer to write to:

Chief Executive
Isle Of Wight NHS Trust
St Mary's Hospital
Newport, Isle of Wight, PO30 5TG

You can also share any concerns you have about our services with the Care Quality Commission (CQC) on **03000 61 61 61** or at **enquiries@cqc.org.uk**

All NHS sites are no smoking areas.

If you would like help and advice to stop smoking please call: Freephone 0800 169 0 169 to talk to the NHS Smoking Helpline.