Colpocleisis

Colpocleisis (*colpectomy*) is a surgical procedure to partially or completely remove and stitch (*suture*) the vagina closed, including the opening. A reason for the surgery is to help with problems caused by prolapse (*falling down*) of one or more organs. Prolapse could involve the uterus, bladder (falling through the top wall of the vagina), or the rectum (falling through the bottom part of the vagina). Prolapse of an organ can cause bladder problems (*uncontrolled loss of urine*), problems defecating, and pelvic pain.

Colpocleisis may be done in elderly women who:

- Have stopped menstruating.
- Have already had your uterus removed (*hysterectomy*).
- Do not desire to have sexual intercourse.
- Have medical problems that might make more advanced surgery very risky.

Prolapse of the pelvic organs is caused by having babies, heavy straining and lifting for a long period of time, previous pelvic surgery, obesity, chronic constipation with straining, and just getting older.

BEFORE THE PROCEDURE

- **Do not** take aspirin or blood thinners for a week before the surgery.
- **Do not** eat or drink anything for 12 hours before the surgery.
- Let your caregiver know if you develop a cold or an infection before the surgery.
- If you are being admitted the day of the operation, arrive at least one hour before the surgery to sign any necessary forms and to get prepared for the operation.
- There is a waiting area available for your family and friends during your surgery.

LET YOUR CAREGIVER KNOW ABOUT:

- If you have any allergies, especially to medicines.
- Medicines you are taking, including prescriptions, over-the-counter drugs, herbs, eyedrops, and creams.
- Previous problems with anesthesia or numbing medicines.
- History of blood clots or bleeding problems.
- Previous surgery.
- Other health problems or medical diseases.

RISKS AND COMPLICATIONS

- Injury to surrounding pelvic organs.
- Bleeding.
- Infection.
- Blood clots to the legs or lungs.
- Problems with the anesthetic.

PROCEDURE

An intravenous (IV) will be placed in your arm, and you will be given a medicine to make you relax. You will be given a spinal or epidural anesthetic, or you will be put to sleep with a general anesthetic. The top of the vagina, under the bladder, and the bottom of the vagina, above the rectum, are removed out through the opening of the vagina. The opening is sutured closed. Colpocleisis closes the vagina completely and eliminates the vagina.

AFTER THE PROCEDURE

- You will go to a recovery room until your vital signs (blood pressure, pulse, breathing, temperature) are ok. Then you will be transferred to a regular hospital room.

- You will still have an IV for a couple of days. You will also have a tube device (*catheter*) in your bladder for a couple of days.
- You may be given an antibiotic to prevent an infection, pain medicine, and a sleeping pill, if needed.

HOME CARE INSTRUCTIONS

- Follow your caregiver's instructions regarding medicines, diet, rest, driving, general activities and follow-up appointments.
- **Do not** lift over 5 pounds (2.3 kilograms) until advised to do so.
- Only take over-the-counter or prescription medicines for pain, discomfort, or fever as directed by your caregiver.
- **Do not** take aspirin. It can cause bleeding.
- You may take warm sitz baths 2 to 3 times a day to reduce swelling and discomfort.
- You may take a laxative with your caregiver's advice.

SEEK MEDICAL CARE IF:

- There is increasing pain in the affected area.
- You develop redness or swelling in the affected area.
- Heavy drainage or pus is coming from the affected area.
- You develop a rash.
- You think the stitches (*sutures*) in your wound are breaking.
- You develop nausea and/or diarrhea.
- You become constipated.

SEEK IMMEDIATE MEDICAL CARE IF:

- You have an oral temperature above 102° F (38.9° C), not controlled by medicine.
- You begin to bleed from the wound area.
- You develop bloody or painful urination.
- You develop abdominal pain.
- You develop shortness of breath.
- You develop leg or chest pain.
- You pass out.

Document Released: 03/14/2011
ExitCare® Patient Information ©2011 ExitCare, LLC.