Colpocleisis

What is a Colpocleisis?
It is an operation that corrects prolapse by shortening and narrowing the vagina. After surgery, vaginal intercourse is not possible. The uterus can be left in place or removed, if not already removed. Your doctor will decide whether or not you are a candidate to have the uterus removed.

Why is this surgery used?
- For correction of vaginal or uterine prolapse. Common terms for prolapse are cystocele, rectocele, or enterocele.

How do I prepare for surgery?
- Before surgery, your will have a pre-operative appointment with your doctor at their office or with a nurse practitioner or a physician assistant at a Pre-op Clinic in Domino Farms.
- To make sure you are healthy for surgery, we may ask you to see your primary doctor, a specialist, and/or an anesthesiologist before the surgery. (An anesthesiologist is a doctor who puts patients to sleep and controls their pain during surgery.)
- The lab work for your surgery must be done at least 3 days before surgery.
- Some medications need to be stopped before the surgery. You will find out which medications to stop at your pre-op appointment. If your pre-op appointment is less than a week before your surgery, please call your doctor and ask for instructions
- Smoking can affect your surgery and recovery. Smokers may have difficulty breathing during the surgery and tend to heal more slowly after surgery. If you are a smoker, it is best to quit 6-8 weeks before surgery. If you are unable to stop smoking before surgery, your doctor can order a nicotine patch while you are in the hospital.
- If you need a bowel prep you will get instructions at your pre-op appointment.
• You will need to shower at home before surgery. Instructions will be provided at your pre-op appointment.
• Do not wear makeup, nail polish, lotion, powder, deodorant, or antiperspirant on the day of surgery.
• Remove all body piercings and acrylic nails.
• If you have a “Living Will” or an “Advance Directive”, bring a copy with you to the hospital on the day of surgery.
• You may need a family member or a friend to help with your day to day activities, especially shopping and laundry, for a few days after surgery.

What can I expect during the surgery?
• In the operating room, you will receive general anesthesia.
• Compression stockings will be placed on your legs to prevent blood clots in your legs during surgery. If you are at a high risk for blood clots, you will also receive a blood thinning medication (Heparin).
• After you are asleep and before the surgery starts we will place:
  o A tube in your throat to help you breath. It is removed before you wake up.
  o A tube through your nose to remove gas and fluid from your stomach. It is usually removed before you wake up.
  o A tube (catheter) in your bladder to drain urine and monitor the amount of urine coming out during surgery. The catheter will usually stay in until the next day.
• After you are asleep the doctor will close the vagina with suture.
• After the surgery we examine the inside of the bladder with a camera to be certain that there were no bladder injuries.

What are possible risks from this surgery?
We work very hard to make sure your surgery is as safe as possible, but problems can occur, even when things go as planned. It is important that you are aware of these possible problems, how often they happen, and what will be done to correct them.
Possible risks during surgery include:

- **Bleeding:** If there is excessive bleeding, you will receive a blood transfusion. If you have personal or religious reasons for not wanting a transfusion, you must discuss this with your doctor prior to the surgery. The risk of having a blood transfusion is less than 1%.

- **Damage to the bladder, ureters** (the tubes that drain the kidneys into the bladder), and to the bowel: Damage occurs in less than 1% of surgeries. If damage occurs, it will be repaired while you are in surgery if possible.

- **Death:** All surgeries have a risk of death. Some surgeries have a higher risk than others.

Possible risks that can occur days to weeks after surgery:

- **Blood clot in the legs or lungs:** A blood clot in a vein blocks blood flow and can cause leg swelling and pain, shortness of breath, chest pain and death. The risk of getting a blood clot is about 2 in 1,000.

- **Bowel obstruction:** A blockage in the bowel that causes abdominal pain, bloating, nausea and/or vomiting

- **Infection:** This includes urinary tract infection or surgical site infection. This may cause fever, redness, swelling or pain.

- **Scar tissue:** Tissue thicker than normal skin forms at the site of surgery

- **Urinary symptoms:** Leakage of urine and inability to urinate without a catheter

What happens after the surgery?

- Right after the surgery you will be taken to the recovery room where we will monitor you for a short time before you go to a hospital room or the observation unit.

- You will stay in the hospital for 1-2 days. You may stay longer if your doctor decides this is needed. While you are at the hospital you will:
  - Start eating a liquid diet. This may happen later on the day of your surgery or on the day after surgery.
  - Take medications for pain and nausea if needed.
- Still have the tube in your bladder. The tube will be left in until the
day after your surgery.
- Have the compression stockings on your legs to prevent blood clots.
The stockings will stay on your legs until you are up and walking.
- Take a blood thinning medication (Heparin) if you have a high risk of
getting blood clots in your legs or lungs.
- Re-start your routine medications.
- Learn how to use a small plastic device to help expand your lungs
after surgery.
- Start walking as soon as possible after the surgery to help healing and
recovery.

When will I go home after surgery?
Most women spend one night in the hospital and are ready to go home around
noon-time the day after surgery. You should plan for someone to be at the
hospital by noon to drive you home.

What to expect at home after surgery?
If you use a bowel prep before surgery, it is common not to have a bowel
movement for several days.

Call your doctor right away if you have any of the following signs and
symptoms:
- A fever over 100.4°F (38°C)
- Heavy bleeding like a menstrual period or (and) are changing a pad
every hour
- Severe pain in your abdomen or pelvis that the pain medication is not
helping
- Heavy vaginal discharge with a bad odor
- Nausea and vomiting
- Chest pain or difficulty breathing
- Fluid or blood leaking from the incision or if the incision opens
- Swelling, redness, or pain in your legs
- Rash
- Pain with urination

**How will I care for myself at home after surgery?**

- **Caring for your incision:**
  - Your incision will be closed with dissolvable stitches.
  - You may need to have menstrual pads at home, due to some bleeding and spotting that will occur after the surgery.
- **Diet:** You will return to your regular diet after you are discharged.
- **Medications:**
  - **Pain:** You will get a prescription for pain medication to use after you get home. Do not take it more frequently than instructed.
  - **Stool softener:** Narcotic pain medications may cause constipation. You may need to take a stool softener may be needed while taking these medications.
  - **Nausea:** Tell your doctor if you have a history of severe nausea with general anesthesia. You may need a prescription for anti-nausea medication.

**Activities:**

*Your doctor* will give you instructions about the **activities** you will be **allowed** to do after surgery. What you can do will depend on the surgery you have.

- **Energy level:** It is normal to have a decreased energy level after surgery. Once you settle into a normal routine at home, you will slowly begin to feel better. Walking around the house and taking short walks outside can help you get back to your normal energy level more quickly.
- **Showers:** Showers are allowed within 24 hours after your surgery.
- **Baths:** Ask your doctor about taking tub baths. Your doctor may instruct you to soak in warm (not hot) water for 10 to 15 minutes soon after surgery. It depends on the surgery you have.
- **Climbing:** Climbing stairs is permitted, but you may need some assistance at first.

- **Lifting:** For 6 weeks after your surgery you will need to avoid lifting or pushing anything heavier than a gallon of milk.

- **Driving:** Do not drive while you are taking prescription pain medications. After you stop them, you may drive when you are sure you can move as quickly as you need to in an emergency without hurting yourself.

- **Exercise:** Exercise is important for a healthy lifestyle. You may begin normal physical activity within hours of surgery. Start with short walks and gradually increase the distance and length of time that you walk.

- Ask your doctor when you can start specific activities like bicycling, swimming or dancing.

- Allow your body time to heal. Do not restart a difficult exercise routine until you have had your post-operative exam and your doctor says it is allowed.

- **Sex:** Vaginal intercourse will not be possible after this surgery.

- **Work:** Most patients can return to work 4 to 6 weeks after surgery. You may continue to feel tired for a couple of weeks.

**Follow-up with your doctor:**

It's important that you schedule a post-operative appointment with your doctor before you leave the hospital. The post-operative appointment typically occurs in 6 weeks after surgery.

If you have any further questions or concerns about your surgery, please talk with your doctor.

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Author: Diana Stetson, PA-C

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