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## COLPOCLEISIS OR LE FORT OPERATION FOR PROLAPSE

### What is the Le Fort procedure?

This is an operation for prolapse where the vagina is effectively “closed off” to support the pelvic organs in the pelvis. These organs include the womb, the bladder and the bowel. After the procedure the vagina is extremely short and narrow which means intercourse is impossible.

### Why is it performed?

It is sometimes suggested in those cases of prolapse where bigger operations cannot be performed because they may be too hazardous because of a patient's age, general medical condition or where the patient herself does not want to have a bigger procedure.

### How is it done?

A general anaesthetic is necessary or sometimes a spinal block or an epidural is performed. Cuts are made inside the vagina on the front and back walls over the bladder and bowel. These cuts are then stitched to each other closing off the vagina and leaving two narrow canals on the right and left sides. Sometimes a catheter is left in the bladder after the operation but this is removed as soon as is practical (usually the day after the operation). Expect to stay in hospital 1 or 2 nights. Some discomfort is expected but it is not usually severe and generally will be controlled by simple tablets rather than any injections. There will be vaginal bleeding for up to 10 days after the operation but this will usually be light after the first few days, gradually tailing off.

### What results can be expected?

The purpose of the operation is to reduce the prolapse and remove the discomfort and sensation of a lump within the vagina. **Following the operation intercourse will be impossible.** It is a very successful operation in selected cases and there is a high degree of satisfaction amongst patients. It must be stressed however that no operation for prolapse has a 100% guarantee of success; stitches may tear out and tissue may re-stretch with time. The success of the repair is usually around 80% in the long term (over 5 years). Weight loss if overweight, reducing or stopping smoking, improving pelvic tone by doing pelvic muscle exercises and continuing to do them after the surgery will improve the operation success rate.

### **Risks include**

- Excessive bleeding which may require a return to the operating theatre to control. Blood transfusions are very rare but will very occasionally be needed.
- Infection of the vagina can occur and this will normally be controlled by antibiotics. Rarely, infections can be life threatening.
- Anaesthetic complications including heart and lung complications
- Thrombosis in the leg veins (deep venous thrombosis) which uncommonly can travel to the lungs (pulmonary embolus) and very rarely cause death.
- Damage to structures connected to the vagina (bladder and bowel) can rarely occur and may require further surgery to correct



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It should be understood that major complications are rare and the majority of women undergoing these procedures have a satisfactory result with no major problems.

### **Post Operative instructions**

Pain should be relieved with Panadol, Nurofen or Panadeine (remember if you take Panadeine, this increases the risk of constipation so ensure you have an adequate intake of fibre and fluids in your diet).

Recovery from surgery is characterised by up and down days, both physically and emotionally. Some days will be good, others will not be so. This is to be expected.

When you go home you must not lift objects heavier than 5kgs or do strenuous work for about 6 weeks.

Do not drive an automatic car for	1 week*
Do not drive a manual car for	2 weeks*
Do not make a bed for	2 weeks
Do not stretch upward for	6 weeks
Do not do any lifting for	6 weeks

Remember to rest, if you are tired and uncomfortable you have been doing too much and need to slow down.

**\*It is important to check with your insurance company, re driving your car as each company has different policies on driving and surgery.**