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 not possible.

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 patients 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, 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 one or possibly two nights maximum. 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 ten days after the operation but this will usually be light after the first few days and 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 five years). Weight loss - if overweight, reducing or stopping smoking, improving pelvic tone by doing pelvic floor 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 would usually 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 - DVT) 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;

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. This is to be expected.

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

<table>
<thead>
<tr>
<th>Activity</th>
<th>Time Period</th>
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<tbody>
<tr>
<td>Do not drive an automatic car</td>
<td>1 week*</td>
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<tr>
<td>Do not drive a manual car</td>
<td>2 weeks*</td>
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<td>Do not make a bed</td>
<td>2 weeks</td>
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<tr>
<td>Do not stretch upward</td>
<td>6 weeks</td>
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<tr>
<td>Do not do any lifting</td>
<td>6 weeks</td>
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Remember to rest, if you are tired and uncomfortable you have been doing too much and need to slow down.

**Notify Dr Frazer**
If any of the following occur:

You develop signs of infection: redness, discharge or swelling around the wound, fevers, increasing pain and burning or frequency associated with passing urine.

Vaginal discharge increases/begins to have an unpleasant odour or becomes bright bleeding.

You experience discomfort that simple pain medication does not relieve.

Any other symptoms that may concern you including leg pain, shortness of breath, chest pain or abdominal swelling.

You will generally see Dr Frazer at two and six weeks for post-operative checks.

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