Colpocleisis (Vaginal Shortening)

What is a colpocleisis?

A colpocleisis is a surgery to correct pelvic organ prolapse (“fallen womb, bladder”, etc.) for women who do not desire future vaginal intercourse and/or are in poor general health.

When is this procedure done?

- Chronic discomfort from bulging vagina
- Difficulty emptying the bladder

How is the surgery performed?

The surgery is performed by making an opening in the vagina and the tissue layer under the vaginal skin is reinforced with strong sutures in order to “fix the bulging”. The vaginal opening is also narrowed. The stitches will dissolve over a period of a few months and will not need to be removed.

Where is the surgery performed? Will I need to stay in the hospital?

This procedure is an outpatient procedure (you will go home the day of surgery) performed at the University of Virginia Outpatient Surgery Center (OPSC) located just south (behind) the main hospital. Otherwise the surgery is also done in the main hospital.

What are possible risks from this surgery?

- Bleeding
- Infection
- Damage to bowel
- Pain with intercourse
- Difficulty with bowel movements
- Failure of the surgery
- Rare risks include:
  - Blood clot in the legs or lungs
  - Complications from anesthesia

What will be the recovery time for a vaginal closure/shortening?

Typical recovery for the procedure is 2-3 weeks. During the first week you will likely need to take pain pills which will likely make you feel tired and sleepy.

Advantages or disadvantages of a vaginal rectocele repair?

**Advantages** of vaginal reconstructive procedures are:

- Small vaginal incision, no abdominal incision,
- No hospital stay (same day surgery or just overnight)
- Faster post-operative recovery time (average 2-3 weeks or less)

**Disadvantages** include:

- Your surgeon will discuss other risks of your planned surgery with you.
- Vagina is shortened thus the vagina is no longer deep enough to permit vaginal intercourse.

How do I prepare for surgery?

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- If you have any medical problems, make sure that you are cleared for surgery (medicine or anesthesia). Make sure you have all the necessary lab work, EKG, or chest x-rays done at least 3 days before surgery.

- Make sure your physician knows what medications, including herbal supplements, you are currently taking. Some medications need to be stopped for some time before the procedure:
  - Coumadin
  - Plavix
  - Heparin
- Motrin or Ibuprofen
- Aspirin
- Metformin
- St. John’s Wort

• Smoking can affect your recovery. Smokers heal more slowly after surgery and may have difficulty breathing during the surgery. If you are a smoker, it is best to quit 6-8 weeks before surgery.

Do I have any limitations afterwards?

Walking: Normal physical activity is expected within hours of your procedure. Start with short walks and gradually increase the distance and length of time that you walk.

Climbing: Climbing stairs is permitted, but you may require some assistance initially.

Lifting: Please limit lifting to anything less than 10 pounds (2 one gallon containers) for 4-6 weeks.

Showers: Showers are allowed within 24 hours after your surgery. Refrain from baths for at least 1 week.

Driving: Driving may be resumed 3-5 days after surgery, but be careful if taking prescription pain medications.

Sex: Sex may be resumed 6 weeks after surgery.

Work: Most patients will be able to return to work between 2-3 weeks after surgery. Some patients may have residual fatigue for a couple of weeks.

Diet
No dietary restrictions unless diabetic. Regular food as tolerated.

Medications
Pain: A pain medication will be prescribed for you after surgery. Do not take more frequently than indicated on the instructions.

Stool softener A stool softener will be needed while taking prescription pain medications.

How long after surgery do I come back to Follow-up
Before you leave the hospital you should have a post-operative appointment made with your physician between 4-6 weeks after surgery.