



Modified Colpocleisis- A Case Series To Assess Patient Satisfaction and Quality of Life

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Introduction

Uterovaginal prolapse is a common condition affecting approximately 40% of women. It is more prevalent with higher parity and post menopause.

Treatment options include vaginal pessaries or surgical repair. Common surgical approaches include Vaginal hysterectomy, Manchester repair, anterior/posterior Colporrhaphy and Sacrocolpopexy. All of these surgical options have operative morbidities, which are higher in an aging population.

Colpocleisis (Le Fort Procedure) is a surgical approach including closure of the vagina and introitus.

We present a Modified Colpocleisis approach involving closure of the vaginal introitus only.

Objective

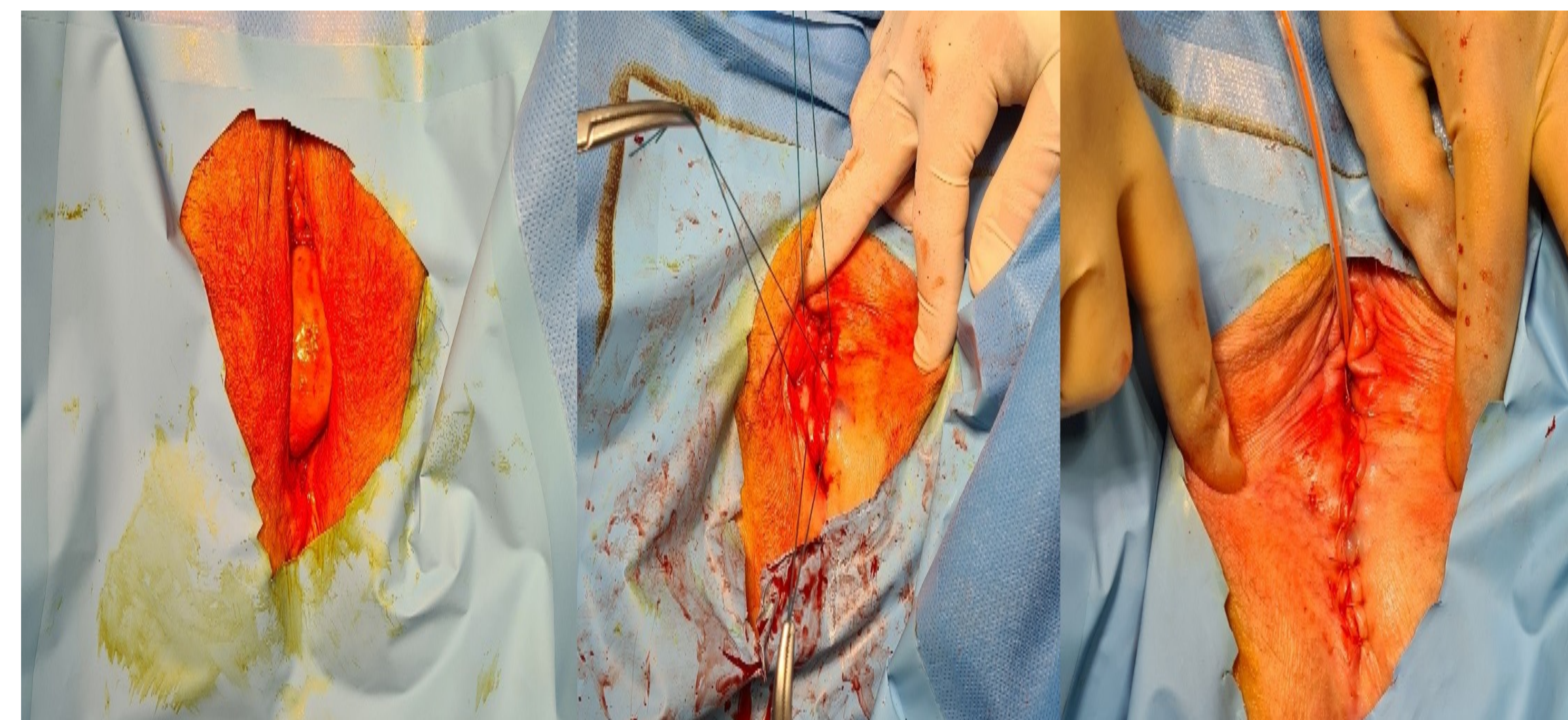
The aim of this case series was to investigate the impact of the modified colpocleisis operation on patient's satisfaction and post-operative subjective outcomes.

Study Design and Method

This case series includes 6 patients who had Modified Colpocleisis performed at the University Hospital Limerick in April 2022 to August 2022. All patients were assessed at the 6 week post-operative check-up appointment followed by a telephone consultation assessing satisfaction with the procedure and improvement in quality of life after 3-6 months.

Surgical method: Excising a horseshoe of skin at the vaginal entrance and then bringing together the vaginal introitus with vicryl to vaginal and vulvar skin and deep maxon sutures to the perineal muscle providing a shelf at the entrance.

Modified Colpocleisis



Results

Patients age range was 61-78 years old. All had significant medical morbidities. 5 of them underwent Colpocleisis under spinal anesthesia and 1 under general anesthesia.

At the 6 week follow up appointment and at the telephone consultation all of the patients reported feeling well, no pain or discomfort, no issues with micturition and bowel movement. They all reported being very comfortable, relieved completely of the pressure sensation and marked improvement in the tolerance of physical activity and quality of life.

Conclusion

In frail elderly or medically compromised patients with significant uterovaginal prolapse who do not wish to preserve coital ability, Colpocleisis is a safe and effective surgical technique with a high subjective satisfaction rate. It is a much less morbid surgery compared to extensive vaginal repairs. We would encourage Gynecology colleagues to consider this low morbidity surgical approach in affected women of advanced years.