

A case report on repeated episodes of per vaginal bleeding following colpocleisis operation

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- **Case description:**
- A 76 years old patient had Vaginal Colpocleisis operation after an MDT review because of significant cardiac history of aortic valve replacement and was on permanent pacemaker for the past 5 years . Patient had Vaginal hysterectomy and anterior repair in 2006 and was experiencing recurrent prolapse . Pt was diagnosed to have Stage 3 anterior vault prolapse and stage 2 posterior wall prolapse with repeated attempts of pessary failure .Pt was on life long warfarin .
- Patient had uneventful colpocleisis operation with noted to have stage 4 complete vaginal vault prolapse .Blood loss at the operation was minimal .Patient was discharged on day 2 post operative day with bridging thromboprophylaxis protocol .
- On 6 th post operative day , pt was admitted with per vaginal bleeding . Streaks of blood noted in vagina with sutures noted to be healing . Patient was managed conservatively with Tranexemic acid and was discharged home .
- On 10th post operative day , patient re admitted with another episode of per vaginal bleeding and noted to have oozing from the sutures . Additional haemostatic suture under local anaesthesia was placed in the edge of vaginal mucosa with vicryl 2/0 and no active bleeding noted . Patient was discharged home on 12 th post operative day.
- On 14 th post operative day , patient readmitted with per vaginal bleed and significant drop of Hb. CT abdo pelvis commented bleeding in the region of right vaginal wall likely right internal iliac artery branch culprit vessel . Patient was managed with IR embolization in bleeding vessel with 1 unit of blood transfusion . Patient was discharged on 15 th post operative day with commencement of warfarin .
- On 22 nd post operative day , patient readmitted with per vaginal bleeding . CT abdo pelvis with contrast reported bleeding in the region of right vaginal wall . Bilateral iliac artery embolization noted . No active contrast extravasation present within the abdominopelvic cavity . IR consultant opinion was to manage conservatively as regional bleeding likely small with stable Hb of 93. Patient was managed conservatively with warfarin and enoxaparin and discharged home on 23 rd post operative day with follow up phone call after 4 weeks noted patient well and no further per vaginal bleeding .
- **Discussion :**
- The British Urogynaecological society colpocleisis information leaflet mentions blood transfusion after colpocleisis operation is a rare event . Numerous publications support the information with mentioning bleeding is minimum similar to light period . This case mentions a rare cause of bleeding which is from branch of right internal iliac artery though indeterminate , that needed interventional radiology guided embolization while patient experienced repeated episodes of per vaginal bleeding followed by blood transfusion and repeated hospital admissions .