

COLPOCLEISIS : CLINICAL OUTCOME AND PATIENT SATISFACTION

Hypothesis / aims of study

Although colpocleisis is recognized as a highly successful surgical procedure in elderly women, it is not popular amongst gynaecologists. This may be due to concerns about long-term regret and also de-novo stress urinary incontinence. Nevertheless, a literature review reported a success rate between 75 and 100% with followup intervals ranging from 3 months to 30 years (1). The purpose of this study was to assess the anatomical, functional outcomes and the regret rate.

Study design, materials and methods

Between January 2005 and March 2011, 85 women with a mean age of 75 (range 63-94) underwent total or Le Fort colpocleisis for Stge 3 or 4 uterine or vault prolapse. All women have had no wish for any future intent for sexual intercourse which is a prerequisite for this procedure in this cohort. Records were reviewed for patients' characteristics, operative data and incidence of complications. The follow-up visit at 4-6 months comprised a medical history and a gynecological examination. A visual-analog-scale to assess patients' quality of life after surgery was used. The patients were asked: "Would you again choose to have this surgery performed?" and "Do you regret choosing to have a vaginal closure procedure?"

Data was analysed using IBM-SPSS release 21.0. Appropriate statistical methods were used during the analysis of this data.

Results

All women were multiparous with a median parity of 4 with a range between 2 and 10.

Table 1. Patient characteristics

Variable	Number (%)
Urodynamic Stress Incontinence	10(11.7%)
Mixed incontinence	18(21.17%)
Detrusor Overactivity	6(7%)
Previous Hysterectomy	23(27%)
Previous Prolapse Repair	10(11.7%)
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23(27%) underwent total colpocleisis; 62(73%) needed Le Fort Colpocleisis. 54(64%) cases were performed under local anaesthesia and 31(36%) were done under general anaesthetic. Procedure lasted from 20 to 70 minutes (Mean 34± 17) and the estimated loss ranged from 50 to 200ml (Mean 77±12). Median hospital stay was 1 day (range 1-7 days). No perioperative complications were noted. Amongst the women who had UDSUI, 3 underwent urethral bulking agent; 2 had transobturator tape; Single-incision midurethral tapes were performed in 5 cases. 10 (11.7%) developed urinary tract infection of which 2 (2.3%) had wound infection postoperatively.

8 (80%) women were cured of SUI. There was 1 case in which colpocleisis failed and prolapsed recurred due to breaking down of sutures after 1 month. Hence Pelvic organ prolapse was cured in 98.8% of the patients with 1.2% failure rate. However, one patient developed persistent vulvovaginal pain and requested revision of the procedure. There was no recurrence of prolapse and very low complication rate at 4-6 month follow up in patients who had the procedure done successfully. 81 (95.3%) reported an improvement in quality of life. None of the patients reported the loss of sexual function. All women except one stated that they would choose to have the procedure again.

Interpretation of results

Our study shows that this procedure showed a good outcome with the lowest regret rate. There were no adverse events reported during the procedure. In this group, it is also noted that the procedure can easily be done under local anaesthetic which is a better option in the elderly women. This is very important as the elderly women are susceptible to the risks of general anaesthetic. A concomitant surgery for SUI can be done easily along with the high success rate.

Concluding message

Colpocleisis is a safe effective option for the treatment of advanced pelvic organ prolapse in high risk elderly women who do not wish to preserve vaginal function. Our data suggest that women are unlikely to regret having had the operation.

References

1. FitzGerald MP, Richter HE, Siddique S, Thompson P, Zyczynski H; Ann Weber for the Pelvic Floor Disorders Network. Colpocleisis: a review. Int Urogynecol J Pelvic Floor Dysfunct. 2006 May;17(3):261-71. Epub 2005 Jun 28. Review. PubMed PMID: 15983731.

Disclosures

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