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COLPOCLEISIS : EXPERIENCE AND REMARKS

Aims of Study : genital prolapse has course in high proportion (37%) in elderly (after 80 years). A cystoectocele is always associated with genital prolapse and it may cause severe handicaps frequently due to incontinence, but often due to urofaecal retention too. The ideal surgical approach in those cases would be colpohysterectomy with vaginal resuspension to sacral ligaments (Mc Call) and colpoperineoplasty that nevertheless may be a mayor vaginal surgery for that particular category of patients.

Methods : as alternative we propose the "colpocleisis" with full thickness excision of the anterior and posterior vaginal wall and than a suture between fornex and introital mucosa achieving an immediate resolution of the descensus and allied colporectocele. The entire operation can be performed also in local anaesthesia timing not longer than 45 minutes.

Results : 24 patients operated according that procedure (all aged over 80 years) had an ideal postsurgical safe course and with a high rate (90%) of positive results (genital descensus resolution, continence, complete bladder and rectal voiding) at 18 months follow-up.

Conclusions : Colpocleisis is a vaginal surgical approach that can be easily performed by the urologist too and it is an effective alternative to permanent catheter or maxipad to be offered to the patients to improve their quality of life.