

COLPOCLEISIS: A GOOD OPTION FOR THE MANAGEMENT OF PELVIC ORGAN PROLAPSE IN SELECTED ELDERLY WOMEN

Hypothesis / aims of study

Colpocleisis is an operative technique intended at complete closure of the vagina. First performed by Neugebauer in 1867 and published by LeFort in 1877, colpocleisis and colpectomy have been considered obsolete and with a high incidence of de novo stress urinary incontinence (SUI). However, this procedure has been revisited and performed by the gynaecologists in recent years. Our aim is to analyse the efficacy of Colpocleisis in the treatment of pelvic organ prolapse in selected elderly women and to assess the cost effectiveness of this procedure when compared with the pessary use in the National Health Service (NHS).

Study design, materials and methods

From January 2005 to December 2007, 41 women with a mean age of 77 (range 63-94) underwent total or Le Fort colpocleisis for Stage 3 or 4 uterine or vault prolapse. All patients had associated enteroceles, cystoceles and rectoceles and were multiparous - median parity 4 (range 2-10). 17 (41%) women had concomitant urinary incontinence and underwent urodynamic studies after reduction of prolapse using a pessary. Of these 17 women, 5(30%) had a confirmed urodynamic stress incontinence; 9(52%) had mixed urinary incontinence; 3 (18%) had detrusor overactivity. 3 women underwent transurethral injection of Zuidex™ and 2 underwent transobturator tape procedure along with colpocleisis. Economic analysis was done by the procedure coding department.

Results

12(27%) had undergone hysterectomy and 5(12%) had prolapse repair ; 22(54%) tried pessary in the past . 12(30%) women required total colpocleisis, 29(70%) needed Le Fort Colpocleisis. 22(54%) of the procedures were performed under local Anaesthesia and 19(46%) were done under general anaesthesia. Procedure lasted from 20 to 65 minutes (Mean 33 ±14) and the estimated blood loss ranged from 50 to 200 ml (Mean 77 ± 12). Median Hospital stay was 1 day (range 1-7 days). No perioperative complications were reported. Overall there were no significant complications apart from 5(12%) who developed postoperative infection; 1 had urinary tract infection. Of the 17 (41%) women who had reported urinary incontinence prior to the procedure, 12(71.4%) were cured of incontinence following the procedure. At a median follow-up of 6 months, 40/41 (97.5%) has been cured of prolapse symptoms. One woman developed persistent vulvovaginal pain and requested revision of the procedure. Economic analysis is follows: cost of the procedure is £635; Hospital stay £135; two appointments (initial and followup) £250. Therefore overall cost of the procedure is £1025 whereas pessary costs £12.43; Each OPD visit £100 over 10 year period - £2000 + inflation.

Interpretation of results

In this study, colpocleisis has shown a high success rate in these selected elderly women with a very low complication rate. Therefore this procedure can be offered to all women who receive pessary treatment for utero-vaginal prolapse.

Concluding message

Colpocleisis is an effective and safe method for treatment of advanced pelvic organ prolapse in high risk elderly women and is a cost effective procedure in the NHS.

References

Int Urogynecol J Pelvic Floor Dysfunct. 2006 May;17(3):261-71. Epub 2005 Jun 28.

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| <i>Specify source of funding or grant</i> | Nil |
| <i>Is this a clinical trial?</i> | No |
| <i>What were the subjects in the study?</i> | HUMAN |
| <i>Was this study approved by an ethics committee?</i> | No |
| <i>This study did not require ethics committee approval because</i> | It is not required |
| <i>Was the Declaration of Helsinki followed?</i> | Yes |
| <i>Was informed consent obtained from the patients?</i> | Yes |