

Start	End	Topic	Speakers
14:00	14:15	1. Current status of colpopcleisis	Ann-Sophie Page
14:15	14:30	2. Advantages and disadvantages	Ann-Sophie Page
14:30	14:45	3. Specifics of surgical technique Speaker	Jennifer King
14:45	15:30	Demonstration and surgical technique practice - ALL	Jennifer King Ann-Sophie Page

Description

Management of severe, bothersome prolapse in frail, elderly women or those with significant co-morbidities can be challenging. Not uncommonly, such patients will have had previous unsuccessful prolapse surgery, failed conservative management with pessaries and urinary dysfunction. The usual range of reconstructive procedures may not be possible.

For 150 years the traditional approach has been to suggest colpopcleisis to essentially close off the vagina. The obvious disadvantage is that this precludes vaginal intercourse however the literature overwhelming reports minimal instances of patient regret over this loss. The data similarly quotes high and durable efficacy with very low complications.

In many areas of the world, women are living well into their seventh and eighth decades with a still fairly active lifestyle. This, and the reduced availability of vaginal mesh, has resulted in increased recommendation for colpopcleisis in women for whom an abdominal or endoscopic approach is considered too morbid.

Is this expanded role for colpopcleisis valid? What do we know about outcomes in elderly women who are still largely self-caring? What are the potential complications and are these really negligible? Are there surgical techniques associated with a lesser complication profile?

The main focus is on the applicability of colpopcleisis in such patients. How do we explain the mode of action? Is it truly effective even after several years? Are there absolute contra-indications or situations where colpopcleisis is likely to be complex? What are potential short and longterm complications and how can these be managed? Technical aspects of the procedure will be addressed using surgical models.

Key learning points include the importance of patient selection and careful counselling. We will discuss in detail the difficulties posed by pre-existing incontinence and voiding compromise plus how to minimise de novo incontinence.

We will address intra-operative and surgical complications including failure and rare issues such as vesico-vaginal fistula. We also assess possible options following a failed colpopcleisis. The incidence and management of subsequent vaginal, cervical and uterine malignancies are covered.

Participants will gain an in depth understanding of the colpopcleisis procedure, its indications and reasonable expectations as to outcome.

Workshop structure

1. Presentations

- Current status of colpopcleisis & discussion; 15 mins
- Advantages and disadvantages, management of complications & discussion; 15 mins
- Specifics of surgical technique & discussion; 15 mins

2. Practical session – demonstration technique using surgical models; 45 mins

Suggested reading

1. Felder L, Heinzlmann-Schwarz V, Kavvadias T. How does colpopcleisis for pelvic organ prolapse in older women affect quality of life, body image and sexuality. A critical review of the literature. *Womens Health* 2022 Jan-Dec;18:174550572221111067
2. Fitzgerald MP, Richter HE, Siddique s et al. *Int Urogynecol J Pelvic Floor Dysfunct* 2006;17(3):261-71
3. Hammerbak-Andersen M, Klarskov N, Husby KR. Colpopcleisis: reoperation risk and risk of uterine and vaginal cancer: a nationwide cohort study. *Int J Urogynecol J* . 2023;34(10):2495-2500
4. Grzybowska M, Futyma K, Kusiak et al. Colpopcleisis as an obliterative surgery for pelvic organ prolapse: is this still a viable option in the 21st century? Narrative review. *Int Urogynecol J* 2022 Jan;33(1):33-46

Aims of Workshop

Colpocleisis was first performed in the late 1800s. The popularity has waxed and waned but it has consistently been touted as an effective and minimally invasive procedure for the frail and / or elderly patient.

However it is not without complications and while not a complex procedure, it does require a good understanding of the technique.

In this workshop we will review appropriate indications and patients plus potential problems.

Participants will then be taken through the procedure using surgical models.

Educational Objectives

The workshop will have a maximum of 20 participants.

Workshop structure

Three presentations, including case presentations and discussion

1. current status of colpocleisis 15 mins
2. advantages and disadvantages 15 mins
3. specifics of surgical technique 15 mins

Practical session 45 minutes- demonstration of technique, surgical models for each participant.

Colpocleisis is generally considered a minimally invasive procedure for older or frail women who are unfit for more major prolapse operations. The data is supportive in terms of efficacy and morbidity however it is not a well-researched procedure. There is also rarely any formal teaching on technique.

Colpocleisis is entertained more frequently in recent years as our patients are living longer and anaesthetic advances have meant more elderly patients can undergo surgery. However it was initially indicated in very frail women who were minimally active and often bedbound. Understandably in this population, few would be concerned about sexual activity while long term outcome data is limited.

In this workshop we aim to re-evaluate the place for colpocleisis. Can we anticipate similar results in those older women who still manage activities of daily living and a level social activities. And how much more significant are the known complications in more active and outgoing women?

We will also examine surgical techniques which can reduce complications, particularly those involving the urinary tract and take participants through the essentials of a safe technique.

Learning Objectives

1. Understanding management of vaginal prolapse in elderly patients
2. Advantages & disadvantages of colpocleisis
3. Learning colpocleisis technique

Target Audience

Urogynaecology and Female & Functional Urology

Advanced/Basic

Intermediate

Suggested Learning before Workshop Attendance

N.A.