

Urologist



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PATIENT INFORMATION BROCHURE

COLPOCLEISIS

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Patient well-being is my first priority!

COLPOCLEISIS

Why is it done?

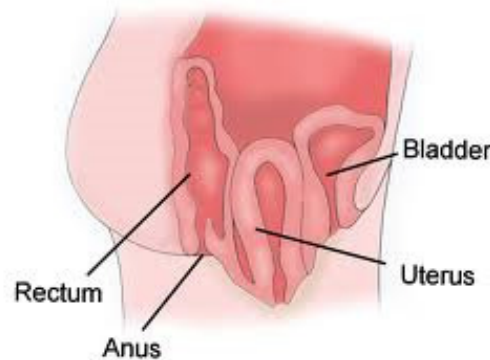
- The aim of surgery is to relieve the symptoms of vaginal bulge and/or laxity
- Improve bladder function
- Used where women are elderly and have no desire to be sexually active again
- Vaginal prolapse is a common condition causing symptoms such as a sensation of dragging or fullness in the vagina, and difficulty emptying the bowel or bladder and back ache.
- About 1 in 10 women need surgery for prolapse of the uterus or vagina.

Pre-requirements

- An informed consent is required from the patient and a pre-admission clinic will be arranged.
- Patients may not eat or drink from midnight the previous evening.
- Patients are to refrain from smoking before the procedure.
- **Patients allergic to IODINE/CHLORHEXIDINE should clearly state this at the pre-admission clinic as well as to theatre staff and Dr Schoeman.**
- Any anti-coagulants such as Warfarin or Aspirin must be stopped 7 days prior to surgery. This may be replaced by once daily Clexane injections.
- Pre-operative blood tests are required 4 days prior to surgery.
- Patients with cardiac illnesses require a cardiologist/ physician report.
- A chest X-ray is required for patients with lung disease.
- Be prepared for an 2-3 day stay.

How is it done?

- This procedure is done under a spinal / general anaesthetic, as decided by the anaesthetist.
- A large portion of the vaginal mucosa is removed on the bladder and rectal side, from the vault to the introitus.
- The edges of the front wall are sewn to the back wall, therefore occluding the whole urethra.
- The sides of the vagina is not occluded to allow drainage of fluids.
- A catheter is placed into the bladder at the end of surgery.
- The catheter is removed the next day



- What to expect after the procedure?
- When you wake up from the anesthetics you will have a drip to give you fluids and may have a catheter in your bladder.
- The catheter is usually removed the next morning

Complications?

There are also general risks associated with surgery:

Wound infection,

Urinary tract infection,

NO MORE VAGINAL INTERCOURSE

Rarely

Bleeding requiring a blood transfusion and

Deep vein thrombosis (clots) in the legs,

Chest infection