HOLLYWOOD GYNAECOLOGY

COLPOCLEISIS

Post-Operative Information

Colpocleisis is a surgical procedure used to treat vaginal prolapse, usually in women who are no longer sexually active. It involves closing the vaginal canal to support the pelvic organs and relieve symptoms such as vaginal bulging, pressure, or difficulty with bladder and bowel function.

This operation is highly effective for women with significant prolapse who do not wish to maintain vaginal intercourse. It can be performed under spinal or general anaesthesia and often involves a short hospital stay. In some cases, additional procedures (such as a hysterectomy or repair of bladder or bowel prolapse) may be performed at the same time.

Colpocleisis offers excellent symptom relief with a shorter recovery time than many other prolapse surgeries.

Your procedure item numbers may include:

- Colpocleisis
- Cystoscopy

Most patients stay in hospital for 1–2 days and recover fully within 4–6 weeks.

Pain

It is common to have pelvic or abdominal discomfort after surgery. Use your prescribed pain relief as needed.

Vaginal Discharge and Bleeding

Post operatively you may experience a moist vaginal discharge for 8 weeks. This will initially be pink/brown in colour, then may become clear, white or yellow in colour. This is

provoked by the wound and by the presence of suture material in the vagina. It is entirely normal and does not indicate infection.

Contact the Rooms or your GP if bleeding becomes heavy or you pass clots larger than a 50-cent coin. If you are soaking more than a pad an hour or feel lightheaded or dizzy please present to your closest emergency department.

Exercise and Physical Activity

You may gradually return to your usual level of activity as your energy allows. It is safe to resume normal daily tasks, including light housework, as tolerated. However, in the first 6 weeks, please avoid more strenuous activities such as sweeping, mopping, or vigorous exercise. Slowly walking up and down stairs in your house will not hinder your recovery. Stairs are safe to use. However, please stop if you feel pain.

As a general rule:

- If you can lift something (e.g. a full kettle) without thinking about it - it's safe.
- If you need to brace yourself or hold your breath to lift it (e.g. a bag of potting mix) - avoid it for 6 weeks

When to resume specific activities:

- Walking: Immediately
- High-impact exercise/aerobics: After 6 weeks
- Weight training & abdominal exercise: After 6 weeks

If any form of exercise causes you significant discomfort, you must stop it immediately.

Time Off Work

Time off work will depend on your job and the procedure performed:

- **Desk-based jobs**: Usually 2–3 weeks.
- **Physically demanding roles**: Typically 4–6 weeks.

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Bathing and Swimming

Avoid for 6 weeks.

Driving

Most patients can drive after 2 weeks if:

- No longer taking strong pain medications
- Can perform an emergency stop without hesitation or pain

Please check your car insurance policy for specific post-surgical requirements. Always follow your insurer's advice if they require a longer recovery period before driving.

Bowel Care

Constipation is common after surgery. Fasting, bed rest and medications for pain can all contribute to slowing of bowel function in the first few days. Constipation can lead to significant post op pain, so it is important to prevent and manage.

To avoid constipation:

- Drink plenty of fluids, mobilise and eat a healthy fibre rich diet as soon as possible post op
- Use over-the-counter options like **Movicol** (softens and bulks stool to naturally trigger a bowel movement) or **Coloxyl** (stool softener) before constipation becomes a problem.
- If you feel that your rectum is full but you are unable to evacuate it, **glycerine suppositories** may also help
- Sometimes a Microlax or fleet enema may be required, if constipation is severe. All of these medications can be purchased without a prescription from any pharmacy.

If constipation persists despite the above, please contact your GP.

TED Stockings

You do not need to wear compression stockings at home unless advised by your surgeon.

Pain Relief

You may be prescribed:

- **Paracetamol** and **anti-inflammatories** – take regularly as directed
- **Stronger pain relief** (e.g. Tapentadol) - use if pain isn't controlled by the above. We recommend taking this if your pain level reaches 3–4/10, rather than waiting until pain becomes severe.

Follow-Up Appointment

A follow-up appointment will be scheduled 1–6 weeks after surgery.

When to Seek Medical Advice

Please contact our Rooms or your GP if you experience any of the following:

- Increasing pain in the abdomen, pelvis or back, not relieved by taking analgesia, or is severe when you move, breathe or cough
- Persistent or heavy vaginal bleeding or discharge, or passage of large clots
- Offensive smelling vaginal discharge
- An elevated temperature or fever
- Shortness of breath or chest pain
- Swelling of your abdomen
- Nausea or vomiting that is worsening

- Pain, burning or stinging, or difficulty when passing urine
- Persistent or worsening redness, pain, discharge, increasing swelling or an enlarging bruise around your wound

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Contact Details

Dr Leake, Dr Pontré and Dr Fitzgerald

- **During business hours:** Call the Rooms at (08) 9389 5065
- **Non-urgent post-op questions:** Email: nurse@leake.com.au

Dr Karthigasu, Dr Robertson and Dr Julania

- **During business hours**: Call the Rooms at (08) 93898900
- **Non-urgent post-op questions:** Email: reception@karthigasu.com
  info@drpipparobertson.com
  reception@julania.com.au

Please note: emails are not monitored 24/7

Emergency requiring urgent care: Attend **KEMH Emergency Department or your closest hospital.**

In a medical emergency (e.g. difficulty breathing, chest pain, or very heavy bleeding): Call **000** immediately.