Colpocleisis (Lefort procedure) — vaginal approach

01 What is it?

A prolapse, or organ descent, occurs when the walls of the vagina and the muscles of the perineum no longer support the pelvic organs enough: the bladder, the uterus or the rectum. They then form a hernia, a "lump", which gives an unpleasant feeling of heaviness, pressure or discomfort.

This sheet, given to you by Dr Gatri, is intended to complement the explanations given during your consultation. Do not hesitate to ask her if you have any questions.

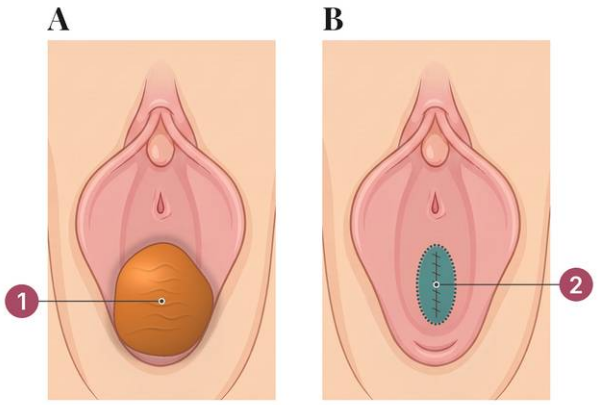


FIGURE 1 — Colpocleisis, or the Lefort procedure, treats the prolapse by closing the vagina: A, before; B, after (diagram, front view).

A — Before: the prolapse

1 Prolapse: a hernia, a "lump"

B — After: the vagina is closed

2 The vagina is closed

In orange: the "lump" of the prolapse.

In blue-green, outlined with dots: the operated area, the closed vagina.

Front view: the right of the image is the patient's left side.

Diagram Wagram Clinic, 2026.

Colpocleisis (closure of the vagina), or the Lefort procedure, treats the prolapse by closing the vagina; this is also called partitioning of the vagina. The operation is performed by the natural route.

This sheet is based on the patient information sheet of the CNGOF and the SCGP "Prolapsus traitement par voie vaginale" (2025), adapted to the practice of the clinic.

02 Why this procedure?

A prolapse is not dangerous, and generally not painful. It can, however, interfere with daily life, limit physical activity and affect your self-image. The aim of surgery is to improve your quality of life.

Colpocleisis may be offered to elderly patients for whom the anaesthetic carries a significant risk, and who are no longer sexually active.

03 How does the procedure take place?

The operation is performed under general anaesthetic or regional anaesthesia (spinal or epidural).

In the operating theatre, you are placed in the gynaecological position; a catheter is usually inserted into the bladder.

The operation is performed through the vagina, which is closed. It uses only your own tissues, without an implant.

It may be combined with other procedures depending on your case: your surgeon will explain to you what they plan to do.

At the end of the operation, a urinary catheter may be left in place, depending on your surgeon's usual practice.

During the operation, an unexpected finding or event may lead the surgeon to carry out steps other than those planned, or even to stop the operation.

04 What the procedure does not guarantee

The result is usually good in the long term, but it cannot be guaranteed.

The prolapse can come back: this is not exceptional. Excess weight, a chronic cough, constipation or changes in the vaginal lining at the menopause increase the risk, and this risk varies from one patient to another. A recurrence does not necessarily bring back the urinary or digestive symptoms. It can be treated with medical care or by a further operation.

05 Risks and complications

In the majority of cases, the operation goes ahead without complication. Some complications are related to your general condition and to the anaesthetic: they are explained to you during the consultation with the anaesthetist or the surgeon.

During the operation, the bladder may be opened accidentally, especially if you have already had surgery. This injury may interrupt the operation; the urinary catheter is then kept in for longer. An injury to the rectum is exceptional and is repaired immediately. Injuries to blood vessels, nerves or the digestive tract are exceptional, and sometimes cannot be cured.

In the days that follow, bleeding or a haematoma is rare; it exceptionally requires antibiotic treatment, a further operation or a transfusion. Pain is usually moderate.

In the longer term:

- Pain: persistent pain is exceptional.
- Digestive problems: digestive problems, including difficulty opening your bowels, may appear or worsen; appropriate treatment can make them disappear. An obstruction of the bowel is exceptional, as the abdomen is not normally opened.
- Urinary problems: a urinary infection is always possible and is treated with antibiotics. Leaks of urine on exertion may appear or increase, and later require pelvic floor rehabilitation or another operation. Frequent or urgent needs to pass urine are not rare; if you had them before the operation, they may persist. Passing urine may also become very difficult: a catheter then has to be reinserted, or you may need to learn to catheterise yourself several times a day, for a while.
- Fistula: an abnormal connection between two hollow organs (urethra, bladder, ureter, vagina or rectum) is exceptional, especially in patients who have already had several operations; it is usually treated surgically.

As with any surgery, this operation carries risks, including to life, which cannot always be foreseen.

06 Alternatives

A prolapse is not dangerous and, in the great majority of cases, it does not lead to complications: the aim of the operation is to improve your quality of life.

Other techniques by the vaginal route exist; your surgeon will explain to you what they plan to do.

For further information: the documents of the Haute Autorité de santé (the French National Authority for Health) for patients on genital prolapse, "Prolapsus génital de la femme - Des solutions pour le traiter" (in French, 2022), and on the gynaecological pessary, "Prolapsus génital de la femme - Le pessaire gynécologique : à quoi ça sert ? Comment l'utiliser ?" (in French, 2022).

07 Contraindications

If you have a urinary infection, the operation is postponed until the infection has cleared.

Smoking increases the risk of complications of any surgery; stopping smoking six to eight weeks before the operation removes this additional risk. If you smoke, talk to your doctor, your surgeon and your anaesthetist, or call the Tabac Info Service helpline on 39 89.

08 Before the procedure

Tests may be requested to prepare your operation as well as possible, including a urine test.

An anaesthetic consultation takes place a few days before the operation.

A local treatment based on oestrogens or hyaluronic acid, as a cream or pessaries, may be prescribed for you before the operation to help healing.

Compression stockings may be prescribed to prevent phlebitis, to be worn during the operation and until you are walking normally again.

09 After the procedure and your instructions

- The length of the hospital stay varies, from one day (day surgery: you go home the same day) to a few days.
- Your surgeon decides when to remove the urinary catheter.
- Bowel movements usually return within the first 48 hours. Constipation may bother you for a few days; a laxative may then be prescribed.
- For about six weeks, avoid exertion, sport, heavy lifting and baths. Avoid strenuous effort for the two months following the operation.
- A follow-up consultation with your surgeon takes place a few weeks after the operation; they will then tell you when to resume all your activities, in particular sport.
- Plan for a period of recovery, the length of which is adapted to the work you do.

10 When to seek medical advice without delay

Once you are home, if a symptom worries you, do not wait for the follow-up consultation: contact Dr Gatri.

11 Your questions for Dr Gatri

This information sheet probably cannot answer all your questions. In any case, do not hesitate to ask your doctor any question that comes to mind, either orally or in writing.