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Mini Case Study

Reframing the 'Outdated': Le Fort Colpocleisis as the Definitive, Low-Morbidity Solution for Recurrent Prolapse in the High-Risk Elderly Patient

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Abstract

To present a case illustrating the successful, definitive use of Le Fort colpocleisis in a high-risk, elderly patient with multiple recurrent total vaginal wall prolapse, challenging the notion of its obsolescence and advocating for its selective application in contemporary gynecologic surgery.

Keywords: *Le Fort Colpocleisis; Vaginal Wall Prolapse; Sacrospinous Fixation*

Case Report

A 73-year-old G3P3 woman presented with total vaginal wall prolapse 6 months after her third anti-prolapse surgery (sacrospinous fixation). Her extensive surgical history included an abdominal hysterectomy 10 years prior, followed by two separate operations for recurrent prolapse (abdominal support/sling and wall prolapse supportive surgery), culminating in the most recent recurrence. Given her advanced age and history of recurrent failure after multiple major surgeries, she was deemed high-risk for further reconstructive procedures requiring general anesthesia and extensive dissection. A Le Fort colpocleisis was performed three months ago. The procedure was uncomplicated, and she was discharged within a week with a rapid return to normal bowel and bladder function. At her 2-week follow-up, the patient reported complete satisfaction with the outcome, no complications, and complete resolution of her prolapse symptoms. She is scheduled for a final post-operative follow-up in 30 - 60 days.

Discussion and Teaching Point

The management of multiple recurrent total vaginal prolapse in the elderly is challenging. While contemporary urogynecologic practice favors reconstructive surgery (sacrocolpopexy, uterosacral/sacrospinous ligament suspension) with the preservation of coital function, this patient population often faces heightened surgical risk, longer recovery, and an increased likelihood of further recurrence. Le Fort colpocleisis, a procedure that obliterates the vaginal lumen, is often considered a historical or "outdated" option. However, in

appropriately selected patients-specifically, the elderly, non-sexually active patient with significant comorbidities and/or history of multiple failed repairs-it offers a definitive, low-morbidity, and highly effective solution. The procedure can often be performed with regional or local anesthesia and minimal sedation, minimizing operative stress and accelerating recovery. This case demonstrates that when performed by experienced surgeons, the Le Fort colpocleisis remains a crucial and valid procedure in the armamentarium for definitive management of severe, recurrent pelvic organ prolapse in the high-risk patient.

Conclusion

Le Fort colpocleisis provides an effective, durable, and minimally-invasive definitive surgical option for refractory or multiple recurrent total vaginal prolapse in selected elderly, non-sexually active patients. Clinicians should be reminded of its value as a low-risk, high-impact procedure in the management of complex pelvic floor disorders [1-5].

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