



**Reframing the Outdated: Le Fort Colpocleisis as a Definitive, Low-Morbidity Solution
for Recurrent Vault Prolapse in High-Risk Elderly Women**

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Abstract

Pelvic organ prolapse (POP) remains a significant cause of morbidity among elderly women, particularly those with recurrent vaginal vault prolapse following multiple reconstructive surgeries. While contemporary urogynecological practice favors reconstructive approaches that preserve vaginal function, such procedures may be associated with higher morbidity, longer operative time, and increased recurrence in high-risk elderly patients. Le Fort colpocleisis, an obliterative vaginal procedure, offers a durable and minimally invasive alternative for carefully selected patients who no longer desire vaginal intercourse. This article revisits the historical evolution, surgical rationale, and clinical outcomes of Le Fort colpocleisis, supported by a representative case of recurrent vault prolapse managed successfully in a high-risk elderly patient.

Keywords: *Pelvic organ prolapse, vaginal vault prolapse, Le Fort colpocleisis, obliterative surgery, elderly women.*

Introduction

Pelvic organ prolapse (POP) is defined as the partial or complete descent of one or more pelvic organs—including the uterus, bladder, rectum, or vaginal vault—due to inadequate pelvic floor support. It is estimated to affect nearly 40% of women during their lifetime and has a substantial negative impact on quality of life. Advanced and long-standing POP in elderly women often leads to urinary incontinence, obstructed voiding, defecatory dysfunction, and difficulty with ambulation.

Surgical management of POP is broadly categorized into:

Reconstructive Surgery

Aims to restore normal anatomy and vaginal function

Examples include:

- Abdominal sacrocolpopexy
- Sacrospinous ligament fixation

- Uterosacral ligament suspension
- Pectopexy

Obliterative Surgery

Aims to close or narrow the vaginal canal to prevent prolapse Example:

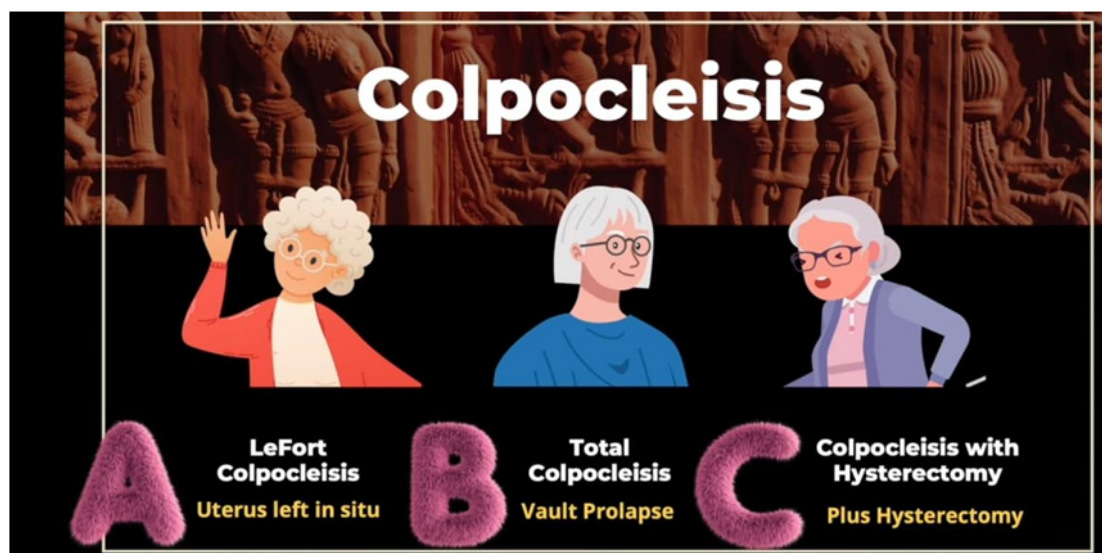
- Le Fort colpocleisis

Although reconstructive procedures are frequently preferred due to preservation of sexual function, they may not be ideal for elderly patients with multiple comorbidities or recurrent surgical failure.

Historical Perspective

The management of POP has evolved over centuries. Prior to modern anesthesia, pessaries and mechanical support devices were the mainstay of treatment. With the introduction of anesthetic agents such as ether and chloroform in the early 19th century, surgical approaches emerged.

In 1823, Gérardin first introduced the concept of partial colpocleisis after observing that women with vaginal septa rarely developed prolapse. Ludwig Adolf Neugebauer performed the first documented partial colpocleisis in 1868, reporting favorable outcomes. The technique was later refined and formally described by Léon Le Fort, who introduced the classical procedure involving denudation of anterior and posterior vaginal walls with preservation of lateral channels for cervical drainage.



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Le Fort colpocleisis gained prominence as an effective option for elderly women who did not desire future sexual activity. Reported success rates range from 90% to 100%, with high patient satisfaction and low complication rates.

In 1937, Herbert Adams introduced total colpocleisis for post-hysterectomy vault prolapse, further expanding obliterative options. For decades, these procedures were reserved for frail elderly women, though modern evidence supports broader consideration in appropriate candidates.

Aim and Objectives

The aim of this study is to highlight Le Fort colpocleisis as:

- A long-term, effective, and definitive surgical solution
- A minimally invasive option with low morbidity
- A suitable procedure for high-risk elderly women with recurrent vaginal vault prolapse
- Additionally, the procedure's role in improving voiding function by relieving functional obstruction is emphasized.

Surgical Modifications and Considerations

A modified Le Fort technique allowing limited sexual intercourse was described by Goodell and Power. In this approach, triangular segments of vaginal epithelium are excised rather than rectangular sections, creating a double vaginal canal in the upper third while preserving coital function in the lower portion. Concurrent perineorrhaphy has been shown to improve posterior vaginal support and overall surgical success.

The most common drawback of standard colpocleisis remains loss of sexual function due to vaginal shortening. However, failure rates are exceedingly low, and reoperation following Le Fort colpocleisis is rarely reported.

Materials and Methods (Case Presentation)

A 73-year-old woman presented with complete vaginal vault prolapse associated with cystocele and rectocele six months after her third anti-prolapse surgery (sacrospinous ligament fixation). Her obstetric history included three full-term vaginal deliveries conducted at home.

Her surgical history was extensive:

- Abdominal hysterectomy (10 years prior)
- Abdominal sling surgery for vault prolapse
- Abdominal sacrocolpopexy
- Sacrospinous ligament fixation (6 months prior)

Despite multiple reconstructive procedures, she developed recurrent prolapse within months of each surgery. Given her advanced age, repeated surgical failures, and increased anesthetic risk, she was deemed unsuitable for further reconstructive surgery.

An obliterative approach was selected. Le Fort colpocleisis was performed along with anterior colporrhaphy and posterior perineorrhaphy to enhance pelvic floor support. The procedure was uncomplicated, and the patient was discharged with early restoration of bowel and bladder function.

Advantages and Controversies

Advantages

- Can be performed under spinal or local anesthesia
- Short operative time
- Minimal blood loss
- No entry into the peritoneal cavity
- Low infection risk
- Rapid recovery and early discharge
- Improvement in voiding dysfunction
- Low recurrence rate

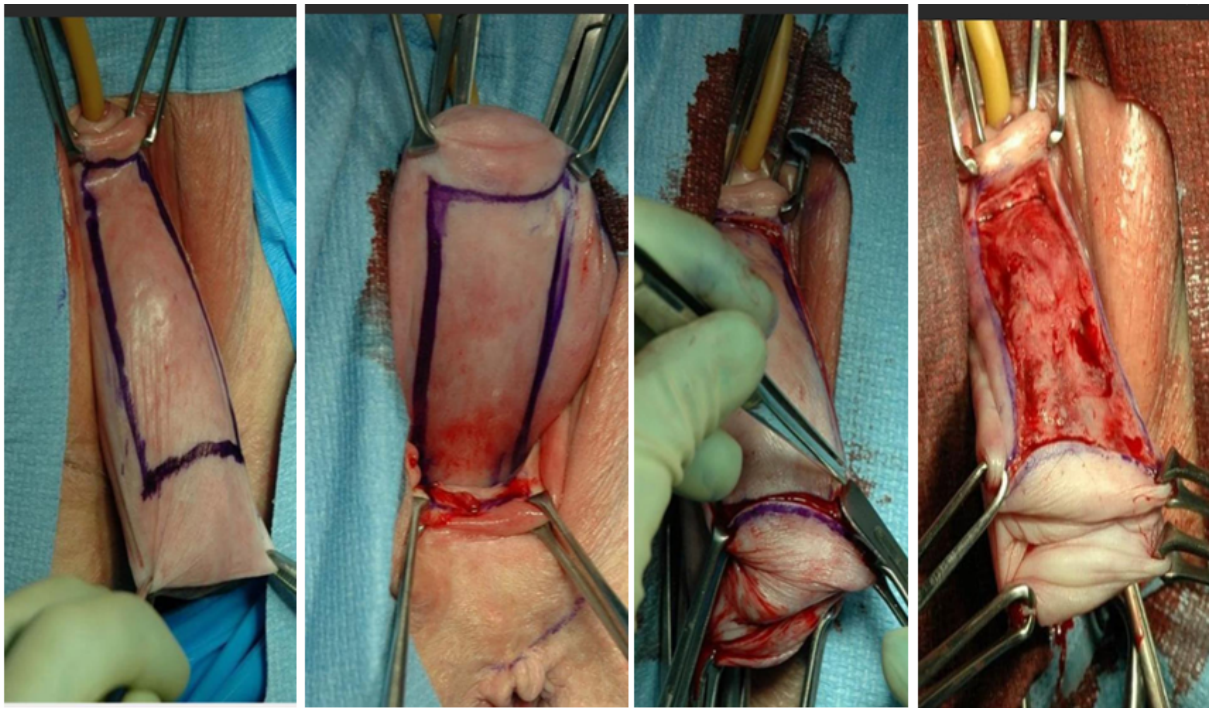
Controversies

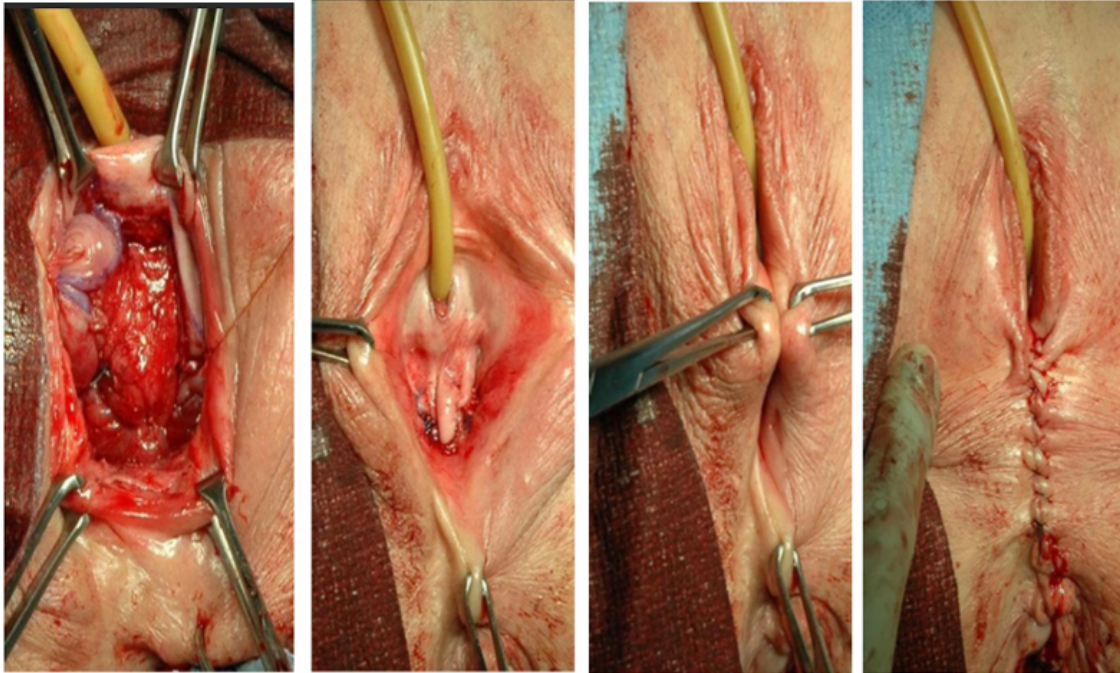
- Loss of vaginal sexual function
- Theoretical risk of occult gynecological malignancy

Results

At the two-week postoperative follow-up, the patient reported complete resolution of prolapse symptoms and high satisfaction with the outcome. No complications were noted. Final follow-up at one month confirmed sustained anatomical correction, functional improvement, and no regret regarding the decision to undergo Le Fort colpocleisis.

This case illustrates that, in elderly patients with multiple failed reconstructive surgeries, Le Fort colpocleisis provides a definitive and low-morbidity alternative.





Discussion

Recurrent vaginal vault prolapse in elderly women presents a complex therapeutic challenge. While reconstructive procedures aim to preserve vaginal function, they are associated with higher operative risk, longer recovery, and recurrence rates approaching 40%. In contrast, obliterative procedures such as Le Fort colpocleisis offer durable anatomical correction with minimal morbidity.

Although often labeled as “outdated,” Le Fort colpocleisis remains highly relevant for appropriately selected patients—particularly elderly, non-sexually active women with significant comorbidities or repeated surgical failures.

Conclusion

Le Fort colpocleisis is an effective, durable, and minimally invasive definitive surgical option for recurrent or refractory vaginal vault prolapse in elderly women who do not desire vaginal intercourse. When patients are carefully counseled and appropriately selected, the procedure offers high satisfaction, low complication rates, and excellent long-term outcomes.

Take-Home Message

- Failure rates with reconstructive surgery can reach up to 40%
- Failure rates with obliterative surgery such as Le Fort colpocleisis are extremely low ($\approx 0.2\%$)
- Surgical success should be measured by patient-centered goals rather than purely anatomical outcomes
- Clear counseling and alignment with patient expectations are essential for optimal satisfaction



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