

"LE FORTE" OPERATION: ITS PLACE IN GERIATRIC GYNAECOLOGY†

by

S. R. PARIKH,* M.D.

and

KALAVATI S. PARIKH,** M.D.

Introduction

Genital prolapse is one of the commonest gynaecological conditions encountered. It is a condition met with at all ages, and at times one is faced with a real problem to find a suitable line of treatment for a particular type of patient. Prolapse of uterus in elderly women in the age group beyond 60 years requires thinking. Not all women are fit to be submitted to vaginal hysterectomy with repairs. One wonders what good it would be to remove a small, atrophic, nob like uterus in an old woman having prolapse of uterus. Besides one does not like to condemn her to pessary. Not all women are surgically fit to be submitted to a major operative procedure as medical conditions like hypertension, diabetes, cardiac disease etc. are not infrequently associated.

Le Forte operation is one among such procedures which provides a solution to this problem. It is one of the oldest procedures. It is said, "It is an admission on the part of the surgeon that he is unable to cure the prolapse by some procedure

which would leave a functioning vagina; yet there are rare cases in which it is useful."

Besides old age and patient being a widow we have to our rescue the social, religious and cultural background in the society in our country where women do not keep a desire to have a functioning vagina.

However, the place of Le Forte operation is yet not denied even in modern geriatric gynaecology. Average life span of human being is increasing. In our own country it has increased in last 30 years from 27-29 to 54-56 years. Is it not that more and more women will be enjoying the long life span and geriatric gynaecology may become a need for superspecialisation? With modern anaesthesia local, block or low spinal Le Forte operation can be easily performed without adding slightest surgical risk to the patient.

Technique of Le Forte Operation

1. A rectangular flap of anterior and posterior vaginal wall is dissected in the classical method.
2. The raw areas so formed are sutured to each other to construct the bridge underneath the cervix ending up to introitus.
3. A canal is left below the cervix and on either side so as to allow free flow of discharge, if any.

*Senior Professor & Head.

**Professor.

Department of Obstetrics & Gynaecology
B.J. Medical College & Civil Hospital Ahmedabad-380 016.

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4. Perineorrhaphy is done in all cases. This is to avoid pull by posterior vaginal wall which might lead to stress incontinence of urine.

5. In the presence of a large cystocele anterior flap dissected is larger. Simultaneous plication of the bladder fascia along with the mattress stitches to approximate the raw area makes both the areas equal and cystocele is thus repaired simultaneously.

6. Similar procedure is done in case of large rectocele by dissecting posterior flap larger.

7. When the vaginal wall is thin and atrophic superficial denudation of epithelium is done instead of dissecting complete flap.

Review of Cases

Twenty-three cases of prolapse of uterus in elderly women treated by Le Forte operation are presented. They were treated at Government Medical College and Civil Hospital, Surat and B.J. Medical College and Civil Hospital, Ahmedabad in last 5 years.

All 23 cases were above the age of 60 years. The eldest being 82 years old. All these women were widows and none of them had any desire to preserve sexual function. All excepting 1 were grand multiparas. The 1 in exception was having only one delivery.

On admission all cases were subjected to complete check up. Routine investigations like blood for Hb%, R.B.C. count, urine for routine and microscopic examination were done. Blood urea and blood sugar also were done routinely in all cases. Special investigations were done as and when required. Seven cases treated at Ahmedabad were subjected to Pap's smear.

Following medical conditions were found:

	<i>No. of Cases</i>
1. Essential hypertension ..	2
2. Diabetes ..	1
3. Mitral stenosis with regurgitation ..	1
4. Cardiac insufficiency ..	1
5. Emphysema ..	1
6. Severe anaemia ..	2
7. Urinary tract infection ..	1

Proper medical treatment was given before these patients were taken for operation.

Thirteen were clean cases i.e. no infection in vagina or cervix and fit medically. They were taken for Le Forte operation within a short time of admission.

Cases having infection of cervix, vaginitis or decubitous ulcer were treated preoperatively by oestrogen cream application and keeping acriflavin tampons in vagina. They were operated after they were relieved of these conditions.

Thirteen cases were operated under general anaesthesia. Eight under low spinal and 2 under local anaesthesia. Self retaining catheter was kept for a week postoperatively. Irrigation of vaginal canal was started from 5th day onwards and was continued till healing was complete. Routine antibiotics were given postoperatively.

Results

All cases had complete healing by first intention excepting the 1 with diabetes. This patient required resuturing. This case also developed cystitis. On urine culture E. Coli were grown. She was treated with furadantin and instillation of 1% mercurochrome in bladder.

Follow Up

Eighteen patients reported for check up about 6 to 8 weeks after operation.

All were completely satisfied and happy about the result of the operation. They expressed their happiness because of their immediate return to their usual routine life. They also expressed that they did not feel the strain of the operation.

The authors have treated 35 cases similarly at Shri M. P. Shah Medical College and Irwin Group of Hospitals, Jamnagar in about 12 years time (1960 to 1972).

The special feature worth mentioning is of 3 cases who had vesical calculi along with prolapse. Two cases were operated for vaginal cystolithotomy and Le Forte

operation in one stage and 1 case was operated in 2 stages.

Summary and Conclusion

Twenty-three cases of prolapse uterus in elderly women treated by Le Forte operation are presented. Place of minimum surgery even in presence of modern available facilities is stressed. One is pleased with the gratifying results and satisfaction on part of patients.

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