

LE FORT'S REVISITED

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SUMMARY

A Historic operation is reviewed. Though Le FORT'S operation was described more than a century ago, its relevance to modern times should not be underestimated. This is a series of 10 such operations. There were no complications and the post-operative results were totally satisfactory. This operation is ideally suited for postmenopausal genital prolapse with associated grave medical illness rendering anaesthesia very dangerous.

INTRODUCTION

Genital prolapse is a common disorder of the postmenopausal period. Some of these unfortunate women at an advanced age have in addition multiple medical problems of a grave nature. Given such a situation the relevance of Le Fort's colpocleisis to modern gynaecologic surgery should not be underestimated. Though originally performed by Neugebauer, Le Fort published his work in 1877. (Mattingly 1985), Goodall Power modified the 'complete' operation to increase its scope.

MATERIALS AND METHODS

Over a period of ten years from 1981 upto 1990, a total of 10 patients underwent Le Fort's

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(6) or modified Le Fort's operation (4). The indications were multiple and varied. Anaesthesia: general or regional was considered as dangerous for all these patients.

Indication of Le Fort's

Medical problem	No. of cases
1. Chronic renal failure with hydronephrosis	3
2. Ischemic heart disease	3
3. Hypertension	4
4. Diabetes Mellitus	3
5. Severe anaemia and malnutrition	1
6. Respiratory tract disease	1

Most of the patients had multiple problems. The patients were between 50 - 70

years old with an average age of 61 years. The operations were carried out under local anaesthesia. The average time required as well as the intra-operative blood loss were noted. Post-operative morbidity was noted. A follow-up record was also maintained.

RESULTS

The average time required for surgery was 30 minutes. The average estimated blood loss was 50-75 ml. Post-operative morbidity was minimal with oral intake being resumed as soon as 4 hours after the operation. All patients were discharged on the 4th post-operative day. There were no complications. Except 1 patient all had a regular follow-up over a period ranging from 3 months to 8 months.

DISCUSSION

Obliteration of the vagina, totally or partially, even at an advanced age appears to be a non-anatomic and unphysiologic procedure. However it does have a continuing value in the surgical efforts of gynaecologists especially in those individuals where sexual function is distinctly not a factor and problems of vaginal prolapse are primary.

Apart from the minimal blood loss, the short operating time and the absence of complications associated with anaesthesia, Le Fort's operation is associated with minimal post-operative morbidity in the form of deep vein thrombosis, pulmonary embolism and hypostatic pneumonia. The hospital stay is considerably shortened. Theoretical disadvantages of the operation have been cited. These include recurrence of prolapse, chronic

urinary tract infection, stress urinary incontinence and enterocoele formation. None of these were seen in the above series. Further none of these complications are as serious as the medical problems of the ailing geriatric patient whose life expectancy would be short. In a series comprising of 58 cases reported by Ridley in 1972, stress urinary incontinence occurred post-operatively in 5 cases.

Doing a hysterectomy under local anaesthesia would seem to be a better alternative to Le Fort's operation. However a senior experienced surgeon is a must for the same. Also the need for administering general anaesthesia may arise intra-operatively should some complication occur such as a slipped and retracted uterine artery, necessitating exploratory laparotomy. The post-operative period would undoubtedly be stormy as a consequence of the prolonged surgery and increased blood loss. Vault infection would also occur more commonly in such a setting. Thus Le Fort's operation definitely provides the answer to postmenopausal genital prolapse in selected cases where anaesthesia is of great concern due to associated medical disorders.

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