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# Tecnica quirurgica colpocleisis de lefort pdf

Tecnica quirurgica colpocleisis de lefort pdf. Colpocleisis de lefort tecnica quirurgica.

Colpocleisisspecialtygynaecology [Edit Wikidata] Colpocleisis is a procedure that determines the closure of the vagina. It is used to treat vaginal prolapse. [1] [2] In older women who are no longer sexually active a simple procedure to reduce prolapse is a partial colpocleisis. The procedure was described by 'Le Fort' [required quotation] and involves removing the front and rear strip of the vaginal wall, with the closure of the front margins and rear wall with each other. This procedure can be performed if the uterus and cervix are present. When it is completed, a small vaginal channel exists on both sides of the septum, produced by the suture of the side eager margins. See also vaginectomy vaginal atresia notes ^ Abbasy S, Kenton K (March 2010). "Oblitering procedures for pelvic prolapse". Clin Ostant Gynecol. 53 (1): 98–86a. Doi: 10.1097 / grf.0b013e3181cd4252. PMID 20142646. ^ Koski Me, Chow D, Bedestani A, Togami JM, Chesson RR, Winters JC (September 2012). "Colpocleisis for advanced pelvic prolapse". Urology. 80 (3): 6–542a. Doi: 10.1016 / j.urology.2012.06.009. PMID 22925232. References Comprehensive gynecology (4th, ed.). Stenchever-droegermueller. pp.Á, 580a–581. This item surgery is a stub. You can help Wikipedia near expansion en.Vte extracted from " Introduction and hypothesis: we present a video that describes the technical considerations for execution Of a Lefort Colpocleisis. Methods: 79-year-old woman presented with a symptomatic vaginal swelling. She wasn't sexually active, and she had no desire to keep the vaginal channel. The story of her was significant for replacing the aortic valve, chronic anticoagulant, and a cardiac pacemaker. She had uterine procidency, with urinary incontinence from occult effort. After options to discuss, you have chosen to undergo lefort colpocleisis. Following cutting edge curettage endometrial, hydro-dissection was performed with lidocaine and adrenaline. Rectangular patches of vaginal epithelium were removed in front and posteriorly, and the proximal margins were neaty, reversing the cervix. As a result, the side margins have been approximate again to create side channels. The front and rear rectangles were then plleaded, reducing the prolapse. Vaginal was closed transversely. A synthetic, mid-urethral retropubic has been placed, and an aggressive rear colpoperhaphy has been performed. Results: The post-operative course of her was simple. At his 6 weeks of follow-up she had no recurring prolapse, denied stress incontinence, and has been emptying without difficulty. CONCLUSIONS: Important suggestions for LeFort Colpocleisis include excluding neoplasm, using lidocaine with hydrodihsh epinephrine, creating adequate side channels, multiple layer closure with excellent hemostasis and aggressive rear repair. Inicio / Archiv / vol. 55 NÁfAºm. 1-2 (1989) / trabajos originals cirugÁfa cabeza y cuello, base de crÁfÁneo, abordaje quirÁfAºrgico es a retrospectivo estudio de seis pacientes with angiofibroma juvenil nasofarÁngeo, en estado de evoluciÁfÁn Á lanica iii-a y a case de osteomagigant of the Laberto etmoidal, que han sido tratados quirÁfAºrgically using el abordaje por the vaa de osteotomÁfa horizontal bilateral de los maxilares Superilas, LeFort 1, MagnÁficos scam resultados. ESTA TÁf © Cnica, Que Por Primera Vez If you have an utilee en medium, to better expand exposiciÁn de la CrÁfÁneo y estructuras vecinas, facilitating ExtirpaciÁfÁn de los tamores with Rapidez, check Directo de la Hemostasia, with Menor PÁf © Rdida de Sangre Y Sin Dejar Scars Desfigorees en La dear. If you describe the TÁf © Cnica QuirÁfÁrgica Detale (AN FAC MED UNMSM 11 EPOCA 1989; 1 (1-2): .. 45-48). Colpocleisis (Le Fort Technique) is surgery to correct vaginal Vault Prolepses. This is when the IL Organ has (a fallen uterus, BladderÁ €, etc.) for women who do not want future vaginal relationship and / or are in bad general health. In an elderly woman who are no longer sexually active a simple procedure to reduce the prolapse is a partial colpocleisis. The procedure was described by a technique strong and involves the removal of the front and rear strip of the vaginal wall, with the closure of the front margins and rear wall with each other. This procedure can be performed if the uterus and cervix are present. When it is completed, a small vaginal channel exists on both sides of the septum, produced by the suture of the side eager margins. Before the procedure in case of health problems, make sure they have deleted for surgery (medicine or anesthesia). Make sure you have all the necessary laboratory work, ECG, or chest X-ray done at least 3 days before surgery. Make sure your doctor knows what drugs, including herbal supplements, which is being followed. Some drugs must be stopped for some time before the procedure. Women looking for care for pelvic floor symptoms must be subjected to a thorough assessment before surgery. Those with pelvic prolaps can have coexisting pelvic floor disorders that can include defecation dysfunction or urinary symptoms as stress incontinence. Therefore patients must be questioned about any associate annoying urinary or intestinal symptoms, because this can affect surgical planning. Furthermore, a complete physical examination should be conducted. Generally, a speculum and the bimanual exam are performed. Surgical procedure The Colpoclesis surgery (the Fort Technique) is performed by doing an opening in the vagina and the layer of fabric under the vaginal skin is reinforced with strong sutures for a correction of bulgingÁ €. Vaginal opening is also reduced. The points will dissolve over a few months and will not need to be removed. Recovery Colpoclesis (Le Fort Technique) This procedure only requires an overnight stay in the hospital; Patients usually remain inside the hospital for 23-hour observation and are downloaded on post-operative day 1. Before unloading, an emptying test is performed. For patients with preoperative urinary retention, the authors use an overpubic catheter. Those home going with a catheter are antibiotic data to prevent infection and are seen in the office within 5-6 days for the removal of the catheter and the subsequent flabby challenge. Pain control is usually made with oral medications. Patients are at home discharged with ibuprofen and paracetamol with hydrocodone. A post-operative follow-up visit is scheduled for 2 weeks. At this time, uterine pathology is examined if the patient had concomitant cervical expansion and scraping. A postvoid residue is also evaluated to evaluate for urinary retention. Patients then have subsequent visits to 6 weeks, 3 months and 1 year, and from then on, if necessary. Risks as for any surgery there are risks, however this procedure involves the lower risks of complications than any other for prolapse. What are the possible risks of this surgery: bleeding intestinal infection damage to difficulty with intestinal movements The lack of rare risk surgery include: blood clot in the legs or lungs complications by anesthesia anesthesia

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