

Colpectomy.

Conceived by Le Fort¹ and Neugebauer,² who excised two little quadrilateral flaps of mucous membrane on the anterior and posterior walls and then the union of the denuded portion with silver wire sutures. This operation results in a band of no great thickness which speedily gives way on pressure of surrounding parts. The procedure of Dubourg³ who substitutes a transverse instead of antero-posterior septum of the vagina.

We have modified the operation in the following manner:

The prolapse being drawn completely out of the vulva we excise on its anterior and posterior wall two long and broad mucous membrane flaps. Commence at the cervix, and terminate anteriorly near the meatus and posteriorly near the fourchette. We suture the two denuded surfaces with buried resorbent sutures, commencing at the cervix (Fig. 139), advancing to the vulvar orifice, pushing back the united tissues so that when the last stitch is put in, the prolapse is completely reduced. Figs. 140, 141, 142 show this putting back of the prolapsed parts as they are progressively sutured.

We thus create a long cicatricial column which occupies almost the whole length of the vagina and which is much more efficacious than the little mucous membrane band described by Le Fort.

¹ André, Du Traitement du prolapsus utérin par le procédé de Le Fort. *Th. de Paris*, 1889.

² Neugebauer, *Centr.-Bl. f. Gyn.*, 1885, p. 6.

³ Bordier, Supériorité des opérations sur le vagin et d'une nouvelle opération, en particulier dans les prolapsus utérins. *Th. de Bordeaux*, 1893-1894.

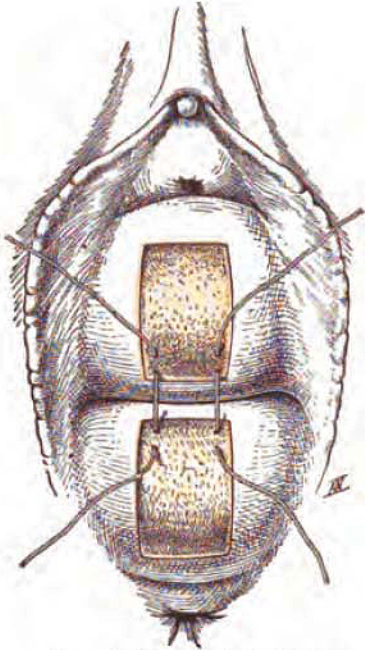


FIG. 139.—Anterior view.

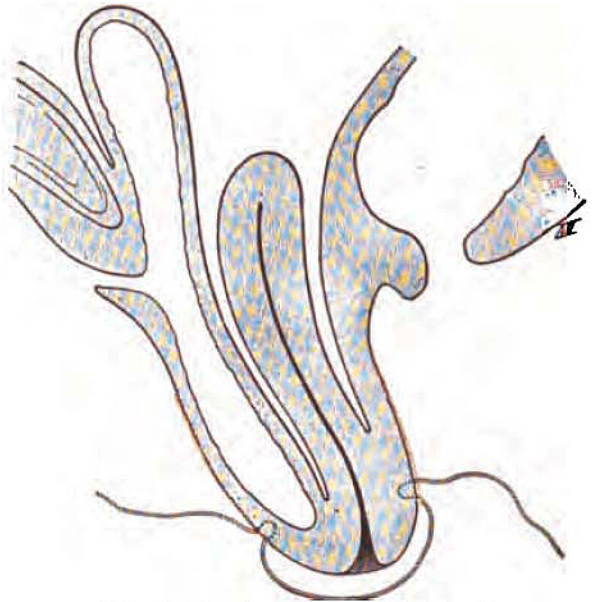


FIG. 140.—Antero-posterior section.

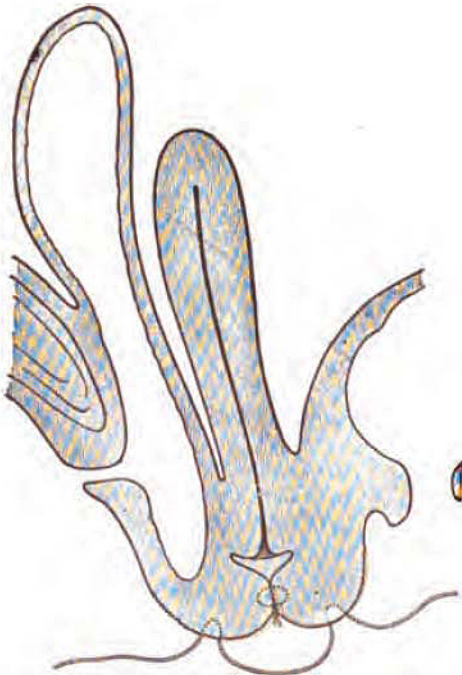


FIG. 141.

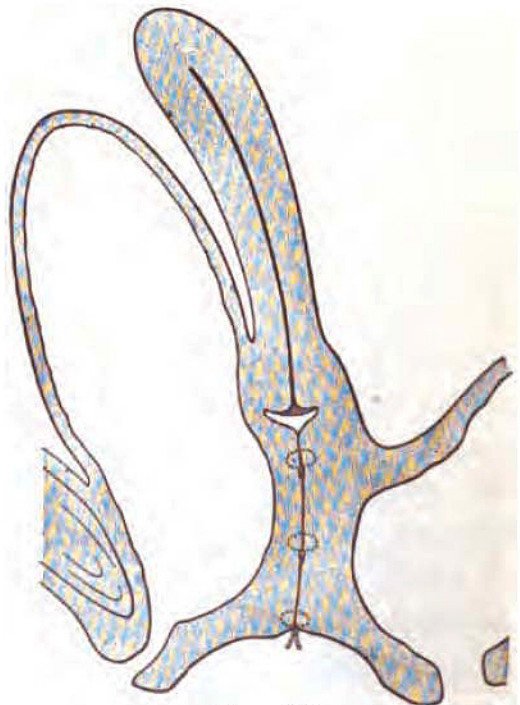


FIG. 142.

Muller¹ advised the *total removal of the vagina*. The prolapse being drawn out to a maximum, he then makes a circular incision of the mucous membrane at its base going above the perineo-vulvar groove posteriorly, and a centimeter from the meatus anteriorly. From this incision he strips the vaginal mucous membrane in its whole extent, amputates the cervix, stops the bleeding and inserts a series of purse-string sutures into the denuded surface, from cervix to perineum, pushing back the tissues as they are sutured.

When the last stitch is inserted, close the vaginal entry with a sagittal suture. When the operation is finished there remains a little cul-de-sac 2 or 3 cm. deep which is tamponed with iodoform gauze.

It seems natural that secretions should form above the cicatricial column. That is nothing if the operation is done on women after the menopause and if the colpectomy is preceded by curettage and a cauterization of the uterine cavity with carbolic acid. Konig² had one death in 30 cases, following infection produced by pushing her hands into the wound soon after the operation was done. She was old.