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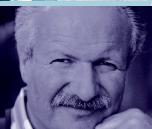
National Association For Continence



Pelvic Organ Prolapse



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Promoting Quality
Continence Care through

Consumer Education



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National Association For Continence

www.nafc.org

How to find medical assistance:

- Talk to your family doctor about your symptoms
- Call NAFC at 1-800-BLADDER for the name of a urogynecologist, gynecologist, or urologist, or visit the NAFC website, www.nafc.org, to “Find An Expert” by using your zip code. You can also search other professional databases for additional choices by clicking on “Other Search Engines” on the NAFC homepage.
- Call your local hospital and ask if the hospital has a continence clinic, or look in your local yellow pages directory. Your medical insurance company will also have a list of specialty providers.
- Confide in a friend. Often friends will tell you where they had their treatment and if they were satisfied.

About NAFC

NAFC is the world’s largest and most prolific consumer advocacy organization dedicated to public education and awareness about bladder and bowel control problems, voiding dysfunction including retention, nocturia and bedwetting, and related pelvic floor disorders such as prolapse.

This material is based on professional advice, published experience and research, and expert opinion. It does not represent individual therapeutic recommendations or prescription. For specific medical advice, consult your personal physician or other knowledgeable healthcare provider. For further information, visit www.nafc.org or call us at 1-800-BLADDER (1-800-252-3337).

Pelvic Organ Prolapse

Pelvic organ prolapse (POP) is a hernia of the pelvic organs to or through the vaginal opening. Approximately 200,000 operations are performed yearly in the United States for POP. Although not life threatening, POP is life altering and results in significant quality of life changes in women.

What is POP?

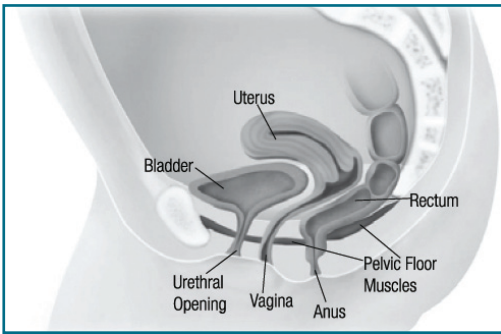


Diagram 1: Normal female pelvic floor seen from the side

The pelvic organs (bladder, uterus and rectum) are supported by a complex “hammock” that includes the pelvic muscles, fibrous or ligamentous support structures, and their attachment to the bony anatomy of the pelvis (Diagram 1). Damage to these support systems results in descent of the pelvic organs. POP is not a new problem; POP and its consequences have been written about since 2000 B.C. While minor degrees of POP affect up to 50% of women who have had a vaginal delivery, only 20% have symptomatic POP that prompts women to seek care. In general, POP that does not extend beyond the vaginal opening is asymptomatic and does not require care, while

POP that extends beyond the vaginal opening is generally bothersome to women. Treatment options for POP are limited and include the use of pessaries, surgery or watchful waiting. Suboptimal surgical results as well as high recurrence rates after treatment have prompted many providers to view prolapse as a chronic disease. Risk factors for the development of POP include difficult vaginal deliveries, family history of POP, obesity, advancing age, prior hysterectomy, and conditions which chronically increase intra-abdominal pressure, such as asthma or constipation.

Symptoms

Commonly, patients with severe POP report feeling or seeing a “ball” or protrusion from the vagina. Other prolapse symptoms are often vague and nonspecific. Patients with mild POP can report feelings of heaviness or pressure that may be present all the time or only after a long day of being on their feet or after heavy physical exercise. POP commonly occurs with other pelvic floor disorders including bladder and bowel problems such as urinary or anal incontinence, constipation and overactive bladder. Symptoms for one pelvic floor problem should prompt questioning for all other disorders as patients often have more than one pelvic floor problem. Fortunately, mild POP rarely affects sexual function although more severe POP may lead to decreased rates of sexual activity.

Sites of POP

Prolapse or support problems can affect one or multiple organs of the pelvis. Weakness of the

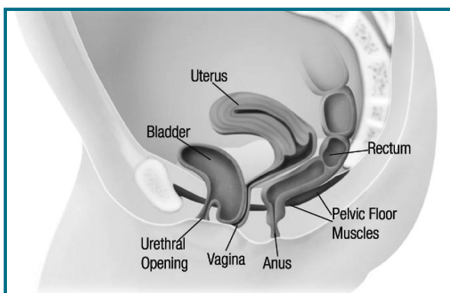


Diagram 2: Cystocele (prolapsed bladder)

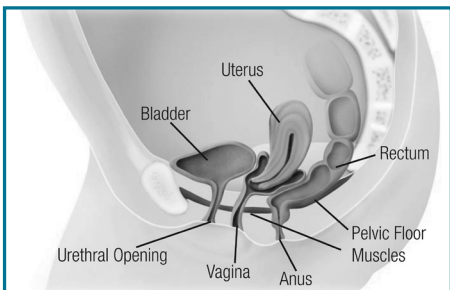


Diagram 3: Uterine prolapse

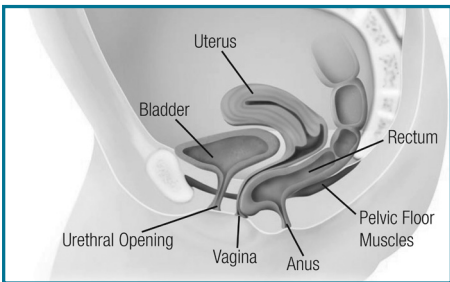


Diagram 4: Rectocele

anterior vaginal wall near the bladder results in a cystocele or anterior wall prolapse (Diagram 2). Weakness at the vaginal apex can result in apical prolapse also referred to as uterine or vaginal cuff prolapse or an enterocele. Defects of the posterior vaginal wall results in a posterior wall prolapse or rectocele.

Non-Surgical Therapy

Mild pelvic organ prolapse that is asymptomatic

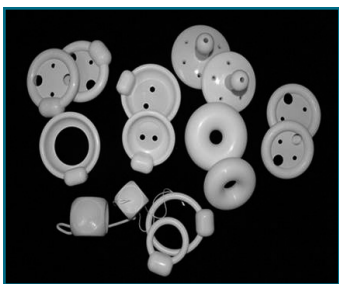


Diagram 5: Variety of Pessaries

does not require treatment. Some prolapse will improve on its own with watchful waiting, although it is not possible to identify whose POP will improve with

time. Although there are limited non-surgical management options for POP, there is emerging information that pelvic floor exercises, or Kegels, may have some limited effectiveness in addressing symptoms of POP. Other non-surgical options for treatment of symptomatic POP include pessaries. Although there are limited non-surgical management options for POP, there is emerging information that pelvic floor exercises, or Kegels, may have some limited effectiveness in addressing symptoms of POP. For assistance in performing the exercises correctly and consistently, consider ordering the **Women's Pelvic Floor Muscle Exercises Instruction Kit** from NAFC. It includes a manual with descriptions and detailed drawings, a motivational video and instructional audio recording. Instruction by a physical therapist or other expert may be necessary, as well as the help of biofeedback in locating the muscles to contract.

Pessaries are silicon devices that come in a variety of shapes and sizes and are placed in the vagina to provide support to the pelvic organs. Since women come in all shapes and sizes, pessaries need to be fitted to the individual. There are many different types of pessaries and

multiple sizes of each type. Fitting is by trial and error. A successful pessary is one that is comfortable, is retained with Valsalva and treats POP symptoms adequately. Pessaries do require upkeep and need to be removed and cleaned on a regular basis. Most women can learn to care for their pessaries themselves, however, women who cannot care for their pessaries need to have the pessary removed and cleaned on a regular basis by their provider. For many, local vaginal estrogen is prescribed for use in conjunction with a pessary for comfort, lubrication to reduce the risk of irritation or ulceration, and a lower incidence of urinary tract infections.

Surgical Therapy

Reconstructive surgery for POP is an option. Prolapse procedures are done to provide support for the pelvic organs. Ultimately, the purpose of the surgery is correct the anatomy as well as provide better bowel, bladder and vaginal function. Prolapse repairs can be done through a vaginal approach, abdominal incision or through a laparoscope (when a scope is placed through the belly button). More recently, robot-assisted procedures are being done for prolapse. Early data on minimally invasive approaches, including the robot and laparoscope, indicate reduced recovery time, shorter hospital stays, and less blood loss for the patient. Because few surgeons are fully trained in the robotic technique, data collection is continuing.

Prolapse repairs can be done transvaginally, abdominally, laparoscopically and/or robotically (when a scope is placed through the belly button). Correcting all support defects is paramount in the surgical approach to POP.

However, given the nearly 30% recurrence rate with surgical approaches, pelvic surgeons are constantly looking for new ways to approach this problem. For women who never plan on having sexual intercourse again, there are relatively simple surgeries that have nearly a 100% success rate. In these techniques the vagina is shortened so that it no longer prolapses. After these surgeries, vaginal intercourse is impossible. These techniques are ideally suited for the elderly patient with severe prolapse and multiple medical problems that would otherwise place her at increased risk with an invasive, reconstructive approach.

Approximately 11% of women will have surgery for POP prior to 80 years of age. Unfortunately, nearly 30% of these women will need another surgery due to failure or recurrence of prolapse or treatment of another pelvic floor problem.

What is the best surgery for the treatment of POP? Since women are individuals, the best treatment is a decision that needs to be made between a woman and her surgeon. In general, abdominal repairs are thought to have higher success rates at the cost of increased morbidity when performed through a large incision. Because of less than optimal success rates with traditional repairs, pelvic surgeons are constantly looking for new surgeries to approach this problem. Many surgeons are using vaginal grafts (made of synthetic and biologic materials) in attempts to improve long-term success rates; however, limited research has been done to prove that these methods improve results without increasing complications. While use of permanent mesh

that is placed vaginally may improve vaginal support, many women have good results with repairs that are performed using their own tissues. In addition, the use of permanent mesh is associated with complications, some of which may require additional surgeries to correct. The most common complications associated with the use of permanent mesh to repair POP are urinary tract infections (4%), exposure of the mesh into the vagina (3%), and pelvic or genital pain (2.5%); other problems include erosion of the mesh, or perforation, into organs such as the bladder or urethra, urinary retention, and, possibly, mesh shrinkage. Research is currently being done to determine if the benefits of using mesh grafts in POP surgical repairs for greater durability sufficiently outweigh the risks of undesirable adverse consequences. Limited research to date indicates that women who are older, smoke, are diabetic, or have had a hysterectomy are at higher risk for these more common complications.

For women who never plan on having sexual intercourse again, there are simple trans-vaginal surgeries that have nearly a 100% success rate. In these techniques the vagina is sewn shut and shortened so that it no longer prolapses. After these surgeries, vaginal intercourse is impossible post-operatively. These techniques are ideally suited for the elderly patient with multiple medical problems that would otherwise place her at increased risk with a reconstructive approach.

In Summary

As the population grows older, the number of women who develop POP will increase. Preventive strategies have yet to be identified and are needed. Some risk factors for POP cannot be changed (such as your family history), but others, including avoiding constipation can. Other prevention strategies, such as a cesarean versus vaginal delivery, remain unproven.

Surgical mesh is used to repair weakened or damaged tissue. Because of better outcomes, surgeons often prefer to use mesh for anterior repair in the case of a cystocele or in cases of prior prolapse and thus already compromised tissue. In urogynecologic procedures, it is permanently implanted to reinforce the vaginal wall or to support the urethra. The mesh is porous but may be synthetic or biologic. Recently, the FDA issued safety communications regarding the potential for serious complications associated with vaginal mesh, of all constructions, in pelvic surgery for prolapse. Before reaching a decision and consenting to a surgical procedure, patients are urged to educate themselves and ask their surgeons about all treatment options, the doctor's experience with such repairs, and the doctor's ability to address any and all complications that may occur during and after surgery. More information and a position statement issued in 2011 by NAFC on this topic can be found at www.nafc.org.



National Association For Continence is a national, private, non-profit 501(c)(3) organization dedicated to a threefold mission: 1) To educate the public about the causes, diagnosis categories, treatment options, and management alternatives for incontinence, nocturnal enuresis, voiding dysfunction and related pelvic floor disorders, 2) To network with other organizations and agencies to elevate the visibility and priority given to these health concerns, and 3) To advocate on behalf of consumers who suffer from such symptoms as a result of disease or other illness, obstetrical, surgical or other trauma, or deterioration due to the aging process itself.

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