

What is Pelvic Prolapse?

Pelvic prolapse is the loss of pelvic support that occurs when the soft connective tissue that support the pelvic organs become stretched, weakened or torn. It is a very common disorder, particularly in older women.

While aging is a factor, there are many potential contributing causes. They include loss of muscle tone, menopause and estrogen loss, multiple vaginal deliveries, obesity, uterine fibroids, family history, pelvic trauma or previous surgery, repeated heavy lifting, chronic constipation and coughing and certain

Pelvic organ prolapse is most often linked to strain during childbirth. Normally your pelvic organs are kept in place by the muscles and tissues in your lower belly. During childbirth these muscles can get weak or stretched. If they don't recover, they can't support your pelvic organs.

You may also get pelvic organ prolapse if you have surgery to remove your uterus, a hysterectomy. Removing the uterus can sometimes leave other organs in the pelvis with less support.

Pelvic organ prolapse can be made worse by anything that puts pressure on your belly, such as:

- Being very overweight (obesity).
- A long-lasting cough.
- Frequent constipation.
- Pelvic organ tumors.
- Medical conditions such as diabetes.

Did you know...

Half of all women over age 50 experience some degree of pelvic organ prolapse. Twenty percent of women over 60 years of age will require surgical intervention.

The symptoms of pelvic prolapse: Loss of bladder or bowel control, difficulty voiding, urinary frequency, problems with bowel movements, feelings of pelvic or vaginal heaviness, bulging, fullness and/or pain, recurrent bladder infections, excessive vaginal discharge,

What are the symptoms?

Symptoms of pelvic organ prolapse include:

- Feeling pressure from pelvic organs pressing against the vaginal wall. This is the most common symptom.
- Feeling very full in your lower belly.
- Feeling as if something is falling out of your .
- Feeling a pull or stretch in your groin area or pain in your lower back.
- Leaking urine without meaning to (incontinence) or frequent urination.

- Having pain in your vagina during sex.
- Having problems with your bowels, such as constipation.

How is pelvic organ prolapse diagnosed?

Your doctor will ask questions about your symptoms and about any pregnancies or health problems. Your doctor will also do a physical exam which will include a pelvic exam.

How is it treated?

Decisions about your treatment will be based on which pelvic organs have prolapsed and how bad your symptoms are.

Treatment

Your treatment will depend on the type of pelvic organ prolapse you have. Your doctor may recommend first treating your prolapse without surgery. In some people, if symptoms significantly affect quality of life, surgery is eventually necessary.

Medications

Menopause results in lower estrogen levels, which weakens the muscles of the vagina. Estrogen therapy may strengthen these muscles. However, some people shouldn't use estrogen, so discuss risks and benefits with your doctor. If you develop symptoms of one type of prolapse, you're more likely to

Physical therapy

Physical therapy may include pelvic floor exercises using biofeedback to strengthen specific muscles of the pelvic floor. Biofeedback involves the use of monitoring devices with sensors that are placed in your vagina, rectum or on your skin. As you perform an exercise, a computer screen shows whether you're using the right muscles and the strength of each squeeze (contraction) so you learn how to do the exercises properly.

Pessary

If you still have symptoms, your doctor may have you fitted with a device called a pessary help with the pain and pressure of pelvic organ prolapse. It is a removable device that you put in your vagina. It helps hold the pelvic organs in place. But if you have a severe prolapse, you may have trouble keeping a pessary in place.

Surgery Corrective surgery can be approached vaginally or laparoscopically

with the addition to robotic-assistance. Minimally invasive surgery allows your surgeon to make smaller incisions and can shorten your hospital stay. Talk to your surgeon about why one procedure may be better for you than another, what the surgical approach will be, and what materials will be used. Also ask your surgeon about the long-term success for your planned procedure.

There are different surgical strategies for various types of prolapse:

- **Posterior prolapse.** A posterior prolapse often involves the rectum and is sometimes called a rectocele. Your surgeon secures the connective tissue between your vagina and rectum to help keep the rectum in its proper position. Your surgeon also removes excess tissue.
 - **Anterior prolapse.** An anterior prolapse often involves the bladder and is sometimes called a cystocele. Your surgeon pushes your bladder up and secures the connective tissue between your bladder and vagina to keep the bladder in its proper position. The surgeon also may remove excess tissue. If you have urinary incontinence, your doctor may use a bladder neck suspension or sling to support your urethra.
 - **Uterine prolapse.** If you don't plan to have more children, your surgeon may recommend surgery to remove the uterus (hysterectomy) to correct uterine prolapse.
 - **Small bowel prolapse and vaginal vault prolapse.** Small bowel prolapse is also sometimes called enterocele. In women who have had a hysterectomy, this type of prolapse is also called vaginal vault prolapse and may involve the bladder, rectum or small bowel. Your surgeon may perform corrective surgery through the vagina or abdomen. In a vaginal approach, your surgeon will use the ligaments that support the uterus to correct the problem. In an abdominal approach — which may be performed laparoscopically, robotically or as an open procedure — your surgeon attaches the vagina to the tailbone at the base of the spine, and small portions of synthetic mesh may be used to help support vaginal tissues. This type of surgery is called vaginal vault suspension.
- **Different materials used**

In some cases, surgical repair may be possible through a graft of your own tissue, donor tissue or some synthetic material onto weakened pelvic floor structures to support your pelvic organs.

- Which surgery and surgical approach your doctor recommends depends on your individual needs and circumstances. Each surgery has pros and cons that you'll need to discuss with your surgeon.

There are a variety of different materials used in order to augment and support your tissues that have torn or disrupted. Biologic grafts are derived from animal tissue that is designed to help repair and support the surrounding tissue. Synthetic mesh which is made from polypropylene material has been used for many years for hernias in order to replace tissue that has been defected. Mesh has been fashioned for the use of vaginal reconstruction, however, recently since the FDA communication in 2011 regarding some of the complications associated with the use of mesh in vaginal pelvic floor repairs. You would need to discuss with your physician the risks and benefits that are involved and if you are even a candidate for mesh.

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Complications. Possible complications of pelvic reconstructive surgery include urinary tract infection, temporary or permanent incontinence, infection, bleeding, and, rarely, damage to the urinary tract that requires additional corrective surgery. Some women may develop chronic irritation or pain during intercourse from a suture or scar tissue.

There's also a risk of recurrence, which seems to be highest for cystocele and lowest for rectocele. Fortunately, recurrence rates are dropping as surgical techniques and preoperative planning improve. The chance of recurrence will also be reduced if a woman avoids stress, such as heavy lifting or straining during a bowel movement, and performs Kegel exercises regularly before and after surgery.

Deciding about surgery for pelvic organ prolapse

Reasons to have surgery for pelvic organ prolapse	Reasons to not have surgery for pelvic organ prolapse
<ul style="list-style-type: none"> • The prolapsed organ is causing a lot of pain. • You are having problems with your bladder and bowels. • The prolapse is making it hard for you to do activities you enjoy. • Your symptoms are affecting your quality of life. • You would rather have surgery than try to manage symptoms on your own. <p>Are there other reasons you might want to have surgery?</p>	<ul style="list-style-type: none"> • Your symptoms are mild and don't get in the way of daily activities. • You want to have more children. • You would like to try exercise to make your pelvic muscles stronger. • You want to avoid surgery if at all possible. • You do not have time to undergo and recover from surgery. • You are concerned about the costs of surgery. • You are able to manage your symptoms on your own or with a pessary. <p>Are there other reasons you might not want to have surgery?</p>

Discuss with your doctor what you are experiencing and then make a decision on your treatment.

Women do not need to live with this burden and the discomfort which can affect their quality of life.

Do what is best for you and **“Regain your confidence!”**

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