

PELVIC ORGAN PROLAPSE

WHAT IS PELVIC ORGAN PROLAPSE?

Pelvic Organ Prolapse (POP) refers to dissension or “falling” of the pelvic organs into the vagina. This occurs when the pelvic floor muscles, connective tissue and ligaments weaken or tear.

Many patients do not experience symptoms, however POP can cause:

- Pressure from the bulge near the vaginal opening
- Inability to hold in a tampon
- Difficulty emptying the bladder with urination
- A need to strain excessively for a bowel movement
- Vaginal dryness or irritation from rubbing on clothing

Risk factors that can cause weakening of the pelvic floor muscles and ligaments include:

- Chronic constipation
- Obesity
- Chronic coughing such as with respiratory illness or smoking
- Pregnancy, vaginal delivery and excessive straining during childbirth
- Genetics, which influence the strength or weakness of connective tissue. If you have a family history of POP, you have a greater risk of developing it

HOW IS POP DIAGNOSED?

To evaluate your condition, your provider will ask about your symptoms and perform a physical exam to measure the level of prolapse. These are other tests your provider might order.

Bladder diary	a record of when you urinate, when you leak, as well as your fluid intake throughout the day
Bladder scan	evaluates proper emptying of the bladder after urination
Cystoscopy	uses a narrow tube with a tiny camera is used to assess for urinary tract problems
Urine analysis	assesses for bacteria, blood and other irregularities in the urine
Urodynamic study	tests the function of the bladder, sphincters and urethra

HOW IS POP TREATED?

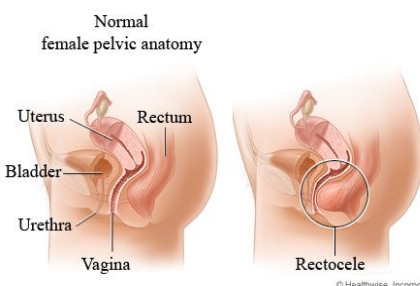
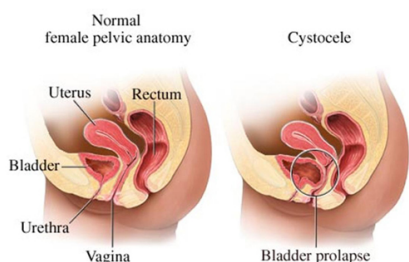
While POP is not life threatening and your symptoms may be minimal, there are treatment options available.

Lifestyle changes

You can avoid excessive straining from chronic constipation and heavy lifting, and lose weight to avoid additional physical stress on the pelvic organs.

Vaginal pessary

A pessary is a silicone device inserted into the vagina to support the bladder and urethra as well as relieve pressure on the bladder and rectum. Pessaries help prevent the prolapse from moving down. We can teach you how to properly insert and remove the pessary if you choose to use one.



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Pelvic floor physical therapy

Strengthening the muscles that help elevate and lift the pelvic organs can help prevent worsening of POP. Working with a physical therapist who specializes in pelvic health can improve your strength to support the viscera (internal organs within the pelvis). Physical therapy will also incorporate safe exercises to help alleviate any symptoms.

Prolapse surgery

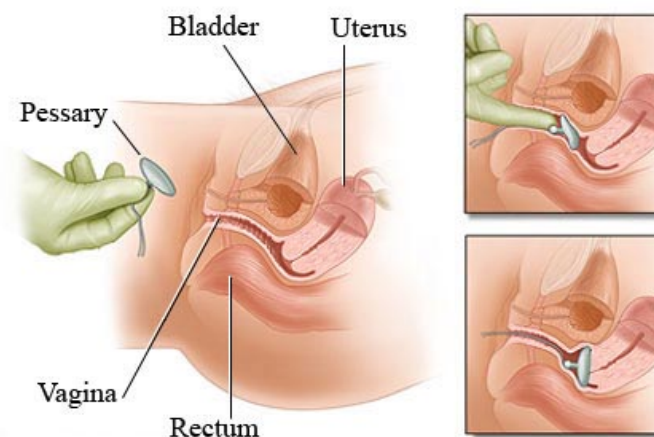
There are several ways surgery can help repair POP:

Apical suspensions, to support the top of the vagina, can be done at the same time as a hysterectomy. There are two types of this surgery:

- sacral colpopexy, performed robotically or laparoscopically through an abdominal incision to attach mesh material from the vagina to a ligament near the tailbone; or
- uterosacral or sacrospinous ligament suspension, the suturing of the top of the vagina to a ligament in the pelvis done through the vagina.

Anterior vaginal prolapse repair uses sutures, mesh or a graft to correct a cystocele/bladder prolapse through an incision in the wall between the vagina and the bladder.

Posterior vaginal prolapse repair uses sutures, mesh or a graft to correct a rectocele/rectal prolapse through an incision between the wall of the vagina and rectum.



TERMS:

Cystocele: the bladder descending or falling into the anterior (front) wall of the vagina, creating a bulge.

Enterocoele: the small bowel pushing into the vagina, usually due to a weakening of the upper vaginal wall.

Rectal prolapse: when the rectum falls out of the anus.

Rectocele: the rectum descending into the posterior (back) wall of the vagina, creating a bulge.

Uterine prolapse: when the uterus falls out of the vagina because of weakness in the ligaments that support the top of the vagina.

KEY POINTS:

1. POP is the descending of the bladder, uterus and/or rectum due to loss of ligament and muscle support.
2. Symptoms are sometimes minimal or absent and are not life-threatening.
3. Treatment options include conservative management or surgery.

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