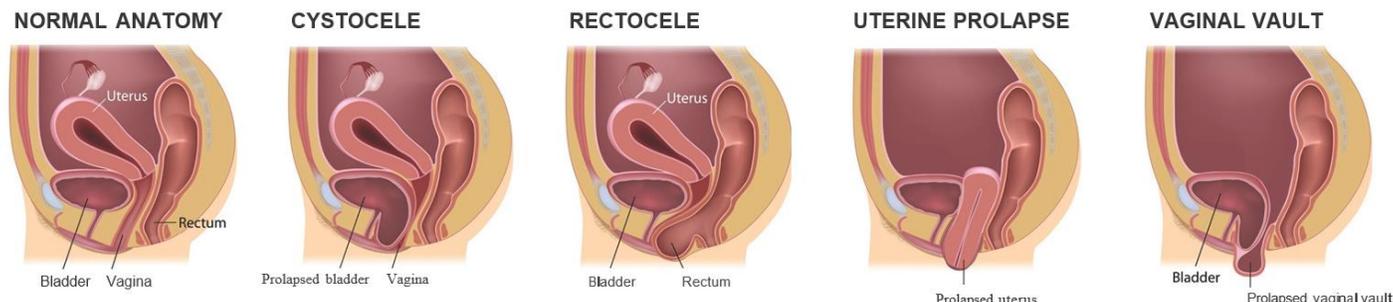


Pelvic Organ Prolapse

Pelvic organ prolapse (POP) occurs when the pelvic floor muscles and connective tissue weaken or tear. This causes the pelvic organs to fall downward into the vagina, similar to a hernia. Women may feel or see tissue coming out of the opening of their vagina as this progresses.



About POP

POP is a very common problem. Many women with POP experience no symptoms. For other women, common complaints include:

- Pressure from the bulge near the opening of the vagina.
- Not being able to wear a tampon.
- Vaginal dryness or irritation from rubbing on clothing.
- Trouble urinating or having bowel movements until the prolapse is pushed upward manually.
- Urinary incontinence, or the accidental loss of urine, is a common complaint, but is not caused by prolapse.

Reasons for pelvic floor damage may include:

- Pregnancy and childbirth: One in three women who gave birth has prolapse. Being pregnant and having a vaginal delivery can damage the pelvic muscles and nerves, allowing the organs to drop.
- This is particularly true of women who had a large baby, needed forceps to deliver, or had many babies.
- Aging and menopause: Loss of estrogen with menopause, along with other changes with aging, can weaken the pelvic floor. POP becomes more likely with age.
- Certain health conditions: Health problems that involve repeated straining, such as obesity, chronic cough, and constipation, can injure the pelvic floor over time.
- Heavy lifting: Extreme weight lifting or picking up heavy items on a repeated basis can increase POP risk.
- Genetics: Genes help determine the strength of the connective tissue, so if your mother had POP, you are more likely to develop POP.

Diagnosis

To evaluate you for prolapse, a specialist urogyn provider reviews your medical history and performs a pelvic exam. They will also measure your vaginal prolapse using a standard grading system.

Treatments

You can try to prevent the prolapse worsening by making lifestyle and behavior changes. For example, to prevent the prolapse from worsening, eliminate constipation and do not strain with bowel movements. Plus, stop extreme weight lifting activities and avoid repeated heavy lifting. Keep your weight in a normal range and lose weight, if you are overweight. Lastly, quit smoking-tobacco use doubles your risk for pelvic floor disorders, such as POP.

LEARN THE TERMS

Pelvic organ prolapse (POP): Dropping of the pelvic organs, such as the bladder, uterus and rectum, caused by a loss of vaginal support.

Cystocele or urethrocele (anterior vaginal wall prolapse): Front wall of the vagina sags downward or outward, allowing the bladder to drop from its normal position.

Enterocoele: Support to the top of the vagina weakens, allowing bulging of the small intestine into the vagina.

Rectocele (posterior vaginal wall prolapse): Rectum bulges upward into the vagina because of a weakened vaginal wall and perineum.

Uterine prolapse: The supports to the uterus and upper vagina weaken, allowing the uterus to slide down into the vaginal canal or beyond the vaginal opening.

Vaginal vault prolapse: Upper support of the vagina weakens

Pelvic Organ Prolapse

Treatments (continued)

PELVIC FLOOR MUSCLE EXERCISES Pelvic floor muscle exercises (Kegels) help strengthen the pelvic floor muscles and can improve mild POP symptoms. Ask for a referral to a specialized physical therapist (CPT).

WATCH AND SEE

The good news is that POP is not dangerous to your health! If you do not have discomfort, monitoring the POP over time is an option. It may stay the same size, or it may worsen over the years.

PELVIC FLOOR PHYSICAL THERAPY

A specialized physical therapist will use a variety of new techniques to improve bladder and bowel control problems.

VAGINAL DEVICE (PESSARY)

A pessary is a silicone device inserted into the vagina, similar to a diaphragm. Pessaries lift the bladder or vaginal walls and prevent the bulge from coming down.

RING PESSARY



GELLHORN PESSARY



PROLAPSE SURGERY

Several different types of POP surgeries can improve pelvic floor anatomy:

Apical Suspensions restore the support of the top of the vagina. If you have a uterus, this surgery can be done at the same time as a hysterectomy. If you have had a hysterectomy before, this surgery supports the top of the vagina. Sexual function is possible after this surgery. There are two types:

- **Sacral Colpopexy** is performed through an abdominal incision, laparoscopically, or robotically. The surgeon attaches a strip of mesh material from the vagina to a strong ligament on the coccyx (a bone near the tailbone).
- **Uterosacral or Sacrospinous Ligament Suspension** procedures are performed vaginally or laparoscopically. Your surgeon stitches the top of the vagina to a ligament in the pelvis.

Anterior Vaginal Prolapse Repair (anterior repair) uses an incision in the wall of vagina underneath the bladder to fix a cystocele. Sutures are used for the repair.

Posterior Vaginal Prolapse Repair (posterior repair) uses an incision in the wall of vagina over the rectum to fix a rectocele. It rebuilds the wall between the vagina and the rectum.

Obliterative Procedure (Lefort colpocleisis total colpocleisis) shortens the vagina by sewing the inside vaginal walls together. This is low risk with a high success rate, but means the patient cannot have intercourse in the future.

Three Takeaways

1. POP is a dropping of the pelvic organs (bladder, uterus, bowels) caused by the loss of vaginal support.
2. Many women with POP experience no symptoms, and it is not dangerous.
3. Treatment options are physical therapy, a pessary, or surgery.