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# PELVIC ORGAN PROLAPSE

**What is it?**
The abdominal and pelvic organs are supported by a group of muscles and strong tissue called the pelvic diaphragm. Sometimes the pelvic supports are weakened. The relaxation of these tissues leads to the drop of the pelvic organs, such as the uterus, vagina, bladder, bowel, and rectum. This is called pelvic organ prolapse.

- **Uterine prolapse -** refers to the uterus falling down
- **Cystocele** - refers to the bladder falling down
- **Rectocele** - refers to the rectum falling down
- **Enterocele** - refers to the small intestines falling down
- **Vaginal prolapse -** refers to the top of the vagina falling down

**What symptoms may I have?**
You may have a variety of symptoms. You may experience a feeling of heaviness or fullness in the pelvis or discomfort with intercourse. You may feel as if something is coming out of the vagina. If the prolapse is bad enough that the vagina is turned inside out, it may get irritated and even infected, leading to development of ulcers, spotting, or discharge. Problems with urination and defecation are common as well. You may lose urine involuntarily or feel as if you have not emptied your bladder completely. If the rectum is involved, you may have constipation. Some patients even need to place their fingers in the vagina in order to have a bowel movement.

**What are the possible causes?**
There are a multitude of factors that could lead to prolapse. It is often a part of aging. The pelvic floor muscles and tissues could be damaged, for example, during childbirth or lifelong strenuous physical activity. When there is a frequent or constant tension on the pelvic floor muscles, as in the case of patients who smoke or with lung disease leading to chronic coughing, constipation, or obesity, the muscles relax over time. Damage to the nerves of the pelvic support may also lead to malfunction, especially in patients with diabetes. Finally, some people are born with damaged or poor pelvic floor tissues that may cause prolapse in young women who have never given birth.

**How is it diagnosed?**
Your gynecologist can diagnose this by examining you in the office. No imaging studies or blood work is usually necessary.

**How is it treated?**
If the prolapse is not bothering you, there is no need to treat. If it is bothering you, then you have several options, including vaginal pessaries or surgical treatments.

- **Vaginal Pessary:** The first line of treatment is the vaginal pessary. This is a device inserted into the vagina to help support the vaginal walls and pelvic organs. It is made of latex-free silicone and comes in a variety of shapes and sizes. Finding the right pessary is a matter of trial and error. Your gynecologist can recommend which shape to try first, depending on what symptoms you have. This is a great option for many women, especially those who are not surgical candidates or those who are waiting for surgery. The gynecologist will insert the pessary into the vagina right in the office. If the pessary does not fall out while you are walking around in the examination room, you can go home

with it and try it out for a few days. You should return in a few days after the first fitting to let your doctor know whether pessary worked or not, as well as problems you might have had over the week. If the pessary is right for you, your doctor can show you how to insert and remove the pessary yourself. Insertion may be easier for you if you have one leg raised on a stool or while sitting on the toilet. You can also use lubrication, like KY jelly, to insert it. The pessary will need to be taken out and cleaned with soap and water. If the pessary comes out accidentally, just clean and reinsert or save it and bring it with you on your next visit. Some pessaries will need cleaning every night while others will need cleaning only once every few months. Ask your doctor.

If the pessary was not the right one for you, your doctor can try another shape. Once the right shape is determined, then your doctor can determine the right size for you. Pessaries can cause some problems, such as vaginal irritation, infection, small ulcers, bleeding, and malodorous discharge. This is common, especially in older patients who have a thin vaginal lining. Using estrogen before and during pessary use will improve the health and thicken the vagina and prevent these problems. You may also use an antibiotic gel with each insertion to help prevent infection. You should notify your gynecologist about any of these problems in addition to severe constipation, bleeding, and/or pain.

- **Surgery:** If you decide that pessary is not for you, there is the option of surgery. There are a number of different surgical procedures that could be done depending on the exact problem found. The choice of the operation depends on whether you have had previous intraabdominal surgeries, history of endometriosis or pelvic infections, medical history, the size of your uterus, desire for future sexual intercourse, and your symptoms.

  The following are some of the types of surgeries:
  - **Hysterectomy -** removal of the uterus. This can be done through the abdomen or vagina. Laparoscopy can help in some cases; this involves inserting a tiny telescope through your umbilicus (bellybutton). **A hysterectomy alone will not fix the problem of prolapse. It is often done with any of the procedures described below.
  - **Anterior repair -** used to repair a dropping bladder
  - **Posterior repair -** used to repair a dropping rectum
  - **Sacrospinous fixation -** Suturing the top of the vagina to a ligament in the pelvis. This is done without cutting the abdomen.
  - **Pelvic Support Meshes -** Either synthetic or human graft material is used to repair a Cystocele or Rectocele or support the vagina from falling out.
  - **Abdominal sacrocolpopexy -** Suturing a mesh (like a hernia mesh) from the top of the vagina to the sacral bone in the pelvis (done through an abdominal incision or with laparoscopy)
  - **LeFort colpocleisis -** approximating the upper and lower walls of the vagina to obliterate the vaginal canal (only for patients who do not desire sexual intercourse **<u>ever</u>** in the future)

For older patients with a thin vaginal lining, using estrogen cream one month prior to the surgery will help improve the vitality of the vagina, making the surgery and healing process better. All vaginal infections and ulcers must be treated prior to having any surgery to decrease the risk of infection and breakdown of the repair.