



Pelvic Organ Prolapse- Treatment

How is Pelvic Organ Prolapse Treated?

The best treatment for a specific type and severity of pelvic organ prolapse will vary from patient to patient. If your symptoms are mild, the doctor may recommend lifestyle changes, Kegel exercises to strengthen the pelvic muscles, or the use of a pessary to relieve the symptoms. When the symptoms are severe enough to affect your quality of life, your physician may recommend surgery. Most commonly, pelvic support issues affect more than one compartment and surgical treatment must be tailored to the specific anatomic defect. In addition, incontinence is also commonly treated at the same time as pelvic organ prolapse.

Non-Surgical Treatments

Symptom Relief -Changes in diet and lifestyle may be helpful in relieving specific symptoms. If incontinence is a problem, limiting fluid intake, including drinks that contain caffeine (a diuretic), may be helpful. **Bladder training** (in which you empty your bladder at scheduled times) also may be useful for women with incontinence. Women with bowel problems may find that increasing the amount of fiber in their diets prevents **constipation** and straining during bowel movements. Sometimes a laxative or medication that softens stools is prescribed. If a woman is overweight or obese, **weight loss** can help improve her overall health and possibly her prolapse symptoms.

Kegel Exercises- Your physician may suggest an exercise program of repeated contractions of the muscles of the pelvic floor, called Kegel exercises/. These muscles are identified as those that can be used to halt the flow of urine. Routine exercising of these muscles will help build strength and maintain elasticity in the pelvis.

Pessary Devices- A pessary is a device that is worn in the upper portion of the vagina similar to a diaphragm, and is designed to support the surrounding tissues. Your physician will determine the appropriate size and design of the pessary that will best support your prolapse.

Surgical Treatments

Traditionally physicians have used sutures to sew weakened tissues back together. Sometimes, a piece of graft material (man-made or natural tissue) can be used to reinforce these repairs. Treatment options depend on the anatomic site of the weakened tissue: These are the most common surgical treatments.

Anterior Compartment- Anterior Repair, Paravaginal Repair, **Abdominal Sacrocolpopexy (ASC)**, LeFort, Colpocleisis, **Uphold**

Apical Compartment- **Hysterectomy**, **ASC**, Colpocleisis, LeFort, Colpopexy, Uterosacral Ligament Suspension, Vaginal Vault Suspension, Enterocele Repair, Sacrospinous Ligament Suspension

Posterior Compartment- Posterior Repair

Permanent Synthetic Mesh is used to augment certain repairs, most commonly done with the Uphold and ASC. In the past, mesh used through a prepackaged transvaginal mesh kit has had significant issues which have been well publicized and most physicians now limit the use of mesh to complex repairs done through the abdominal route and use the few remaining transvaginal kits only in very limited circumstances. Mesh inserted through the abdominal route has significantly fewer complications than mesh inserted through the vagina. However, there are still risks associated with the use of mesh. There is a risk that the mesh material will protrude into the vagina causing difficulty and pain with sexual intercourse. Complications can also include localized fluid collection (blood, pus, clear serous fluid), erosion of the graft into surrounding tissues, infection, inflammation, pain, tightening of the repair (resulting in pain), perforation of neighboring tissues or organs, urinary incontinence and recurrence of vaginal wall prolapse. Given the permanency of synthetic mesh, post-procedure removal of the implant may be difficult. Additionally, repair of prolapse using synthetic mesh materials should not be undertaken if you are pregnant or may become pregnant.

Questions to Ask Your Doctor about surgery

- What type of prolapse do I have?
- What will happen if my prolapse is not treated?
- What treatment choices do I have?
- What is the likelihood that prolapse will return after pelvic reconstruction?
- What type of anesthesia, if any, will I need for this procedure?
- What is the risk for complications and what types of complications are possible for this particular surgery?
- Will I need to stay overnight in the hospital?
- How much time will I need to fully recover?
- Is there anything I won't be able to do after treatment, like sports?
- How many of these types of procedures have you completed? What's your success rate?