

Spartanburg

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Pelvic Organ Prolapse

The abdominal and pelvic organs are supported by a group of muscles and tissue. The relaxation of these tissues leads to the drop of the pelvic organs, such as the uterus, vagina, bladder, bowel, and rectum.

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

Symptoms

You may have a variety of symptoms. You may experience a feeling of heaviness or fullness in the pelvis or discomfort. You may feel as if something is coming out of the vagina. 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 or to empty their bladder.

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 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 perform heavy lifting and experience chronic coughing, constipation, or obesity, the muscles relax over time. Damage to the nerves of the pelvic support may also lead to malfunction. Finally, some people are born with damaged or poor pelvic floor tissues that may cause prolapse in young women who have never given birth.

Diagnosis

Your gynecologist can diagnose this by examining you in the office.

Treatment Options

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.

A vaginal pessary 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. 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, 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.

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 following are some of the types of surgeries:

- **Hysterectomy** ~ removal of the uterus. This can be done through the abdomen or vagina or laparoscopy. 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
- **Uterosacral Fixation** ~ suturing the top of the vagina to bilateral ligaments in the pelvis.
- **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 ever 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.