When most people think of a hernia, they think of a muscle tear in the abdomen. But that’s only one of many types of hernias you might experience. Another type of hernia, one that’s surprisingly common but that isn’t often discussed, occurs when female pelvic organs fall from their ordinary position in the body into or through the vaginal opening. It’s called Pelvic Organ Prolapse, or POP, and there are nearly 300,000 surgeries each year in the United States to correct it. While POP isn’t life threatening, it can result in significant quality of life changes for women.

**What is Pelvic Organ Prolapse?**
The definition of POP according to The International Continence Society and the International Urogynecological Association is the descent of the anterior or posterior wall of the vagina, the apex of the vagina or the cervix.

In layperson’s terms, what this means is that when the normal support of the vagina is lost, the bladder, rectum, small bowel and/or uterus which are normally supported by it also fall.

The anatomy behind this is generally straightforward. The pelvic organs – the bladder, uterus and rectum – are supported by a complex “hammock” of tissues that includes the pelvic muscles, support structures and their attachment to the bony anatomy of the pelvis (Diagram 1). Damage to this support system results in descent of the pelvic organs. As prolapse progresses, women can feel bulging tissues protruding through the opening of the vagina.

**Prevalence**
Many people with a prolapse are uncomfortable discussing it, but there’s no reason to be shy. POP currently affects about 3.3 million women in the US.
As many as 50% of women who have given birth vaginally may experience minor degrees of the condition, and 20% of these will experience symptoms that are significant enough to prompt them to seek care.

About 11% of women will have surgery for POP and/or urinary incontinence before they turn 80. Surgery isn’t always a permanent solution, however, and nearly 30% of these women will need another procedure because of a recurrence of prolapse or treatment of another pelvic floor problem.

Authorities expect to see even more cases in the future. By some estimates, the incidence of women with POP in the United States by the year 2050 will be 46% greater than in 2010, and the total number of women having surgery for it will increase by 48%.

**Should I Seek Care?**

In general, when a prolapse doesn’t extend beyond the vaginal opening, most women find that treatment isn’t necessary. However, when the prolapse does occur beyond the vaginal opening, quality of life often suffers and treatment becomes a viable option.

In those situations, it’s important to have an open and honest discussion with a physician to determine the most appropriate treatment options. These typically include:

- Watchful waiting
- Pelvic muscle exercises
- Pessaries (medical devices inserted into the vagina)
- Surgery

Many women start the treatment of their prolapse conservatively, with physical therapy or a pessary, only later choosing to undergo surgery if their symptoms continue or worsen. Others take a more aggressive route and begin with a surgical procedure. Before consenting to surgery, however, individuals are urged to educate themselves and talk to their physician about all treatment options.
Risk Factors
Risk factors for the development of pelvic organ prolapse include:
- Pregnancy
- Vaginal childbirth
- Family history of prolapse
- Obesity
- Advanced age
- Prior hysterectomy
- Conditions which chronically increase intra-abdominal pressure, such as asthma or constipation

Symptoms
Women with severe POP commonly report feeling or seeing a “ball” or protrusion from the vagina. Individuals with mild POP can report feelings of heaviness or pressure that may be present all the time, after a long day of being on their feet or after heavy physical exercise.

POP commonly occurs with other pelvic floor disorders, including bladder and bowel problems like urinary incontinence, accidental bowel leakage, constipation and overactive bladder. Fortunately, mild POP rarely affects sexual function.

Sites of POP
Prolapse or support problems can affect one or multiple organs of the pelvis (Diagram 2). Weakness of the anterior vaginal wall near the bladder results in what doctors call a “cystocele,” or anterior wall prolapse. Defects of the posterior vaginal wall results in a “rectocele,” or posterior wall prolapse. And weakness at the vaginal apex can result in an “enterocele,” which may also be called an “apical prolapse” or a uterine or vaginal cuff prolapse.
Non-Surgical Options
Mild pelvic organ prolapse that shows no symptoms does not require treatment. Some women find that prolapse will improve on its own with watchful waiting, while for other women it will improve with physical therapy and pelvic muscle exercises. Another non-surgical option for treatment of symptomatic POP is the use of pessaries.

Pessaries (Diagram 5) are silicon devices that come in a variety of shapes and sizes and are placed in the vagina to support the pelvic organs. There are many different types of pessaries and multiple sizes of each type. A successful pessary is one that is comfortable and that treats POP symptoms adequately.

In order to ensure maximum benefits of the pessary, it is a good idea to exhale firmly while pinching the nose and closing the mouth. This creates pressure and demonstrates maximum pelvic organ descent. If the pessary remains in place, it is a good fit. Pessaries do require upkeep and need to be removed and cleaned on a regular basis.

Surgical Options
Surgery for POP is recommended when non-surgical treatments do not sufficiently relieve symptoms and a woman continues to experience pain, has bladder and bowel problems, or finds the prolapse is interfering with her ability to participate in sexual activity.

The goal of any type of surgical treatment for POP is to repair the supporting tissue of the vaginal wall using either a person’s own tissues or a surgical mesh.

Surgeries can be performed through the vaginal opening, through the abdomen or through a small incision typically located in the bellybutton – and these surgeries may sometimes be performed robotically.
The particular surgical choices a woman and her physician make will depend upon a range of factors:
• The patient’s anatomy
• Overall health
• Prior surgeries
• Current medical condition
• Her desire to retain sexual function
• The experience and training of the surgeon

In general, abdominal repairs that use mesh are thought to have higher success rates at correcting prolapse than procedures that seek to repair the vagina itself. The increase in durability of these surgeries is offset by the possibility of mesh-related complications, some of which may require additional surgeries to correct.

The most common of these complications include urinary tract infections, exposure of the mesh (erosion) into the vagina and pelvic or genital pain. Other problems include mesh shrinkage and urinary retention.

If you are considering a mesh surgery, the FDA has issued a warning that outlines the pros and cons of mesh surgery as well as questions that patients should ask their surgeons (visit http://tinyurl.com/MeshSafetyFDA for more information).

For women who never plan on having sexual intercourse again, there are simple transvaginal surgeries that have nearly a 100% success rate. In these techniques, the vagina is sewn shut and shortened so that it no longer prolapses. After these surgeries, vaginal intercourse is no longer possible. These techniques are ideally suited for elderly patients who are not good candidates for more invasive surgery because they have multiple medical problems that
would otherwise place them at increased risk with a reconstructive approach.

**Post-Operative Care for Pelvic Floor Surgery**

Most pelvic floor surgeries require an initial 6 to 8 week rest period, keeping activity very light: no sexual intercourse, no heavy lifting, no running, etc. Women seen by a specially trained pelvic physical therapist (PT) after surgery are taught strengthening exercises and postural strategies, as well as how to lift correctly. Here is a list of some things PTs might teach their patients post-surgery:

- **Posture** - Normal spinal posture is a simple and effective way to support the pelvic organs. Learn how to maintain good posture with your normal daily activities, such as sitting at a computer, lifting, squatting, etc.
- **Diet** - To avoid constipation and straining with bowel movements, drink plenty of water, eat a balanced, healthy diet with whole grains and fresh vegetables and learn about soluble and insoluble fiber. If constipation occurs, it needs to be assessed to determine the type of constipation and then be properly treated.
- **Toilet Posture** - We know that the vast majority of people evacuate their bowels best

More information can be found at http://www.nafc.org/home/tools-for-patients/#POP.

To view informative slide presentations on pelvic organ prolapse, please visit http://www.nafc.org/home/tools-for-patients/#POP
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