

Pelvic Organ / Vaginal Prolapse

by Steve Goldwasser, MD



Overview:

Vaginal prolapse is a lack of support for the pelvic structures (Uterus, intestines, bladder, rectum) that results in a hernia or bulging of these organs into the vagina. Women with this problem often have the sensation of pressure in the pelvis or “something falling out of me.” In more extreme cases the prolapse is outside the vagina and will block the flow of urine and or bowel movements. The condition is usually painless but can cause “discomfort.” The symptoms tend

to worsen as the day progresses and you are up on your feet.

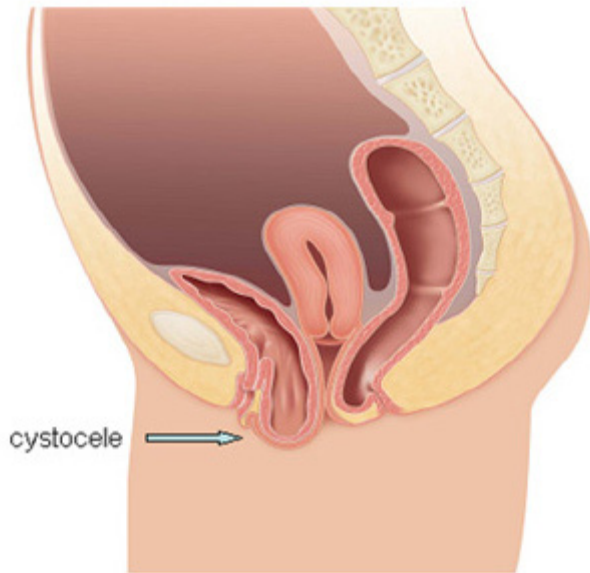
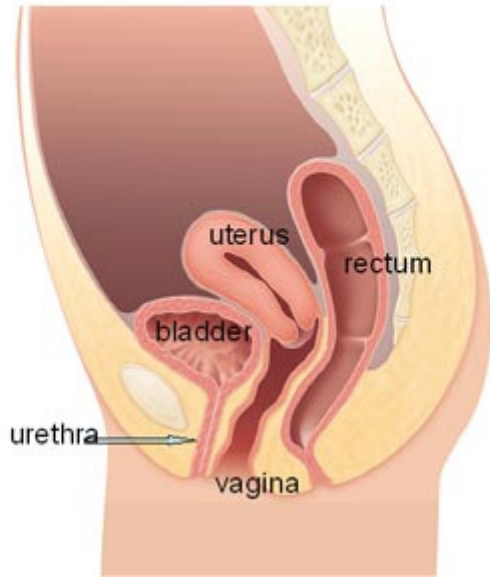
This condition has various degrees of progression. It is a quality of life condition. No one knows exactly why it occurs. It is associated with childbirth, obesity, chronic straining (constipation, heavy lifting), and smoking. It can also occur for no reason at all.

There are both surgical and non-surgical ways to treat prolapse. Traditionally, surgery has had a high failure rate with prolapse coming back almost 50% of the time. The key to proper management of your prolapse is a detailed evaluation.

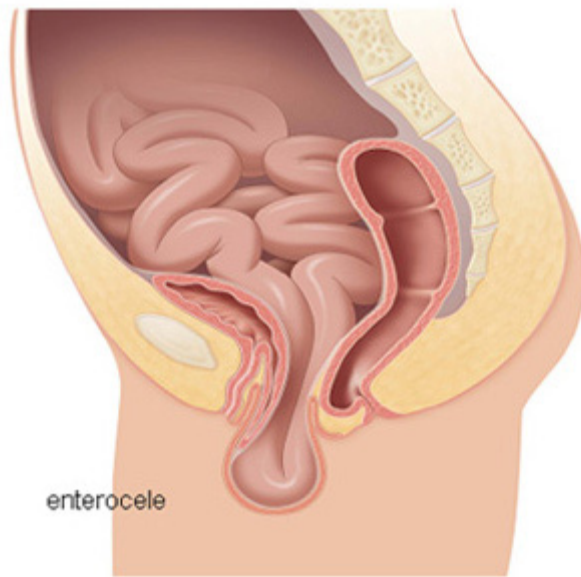
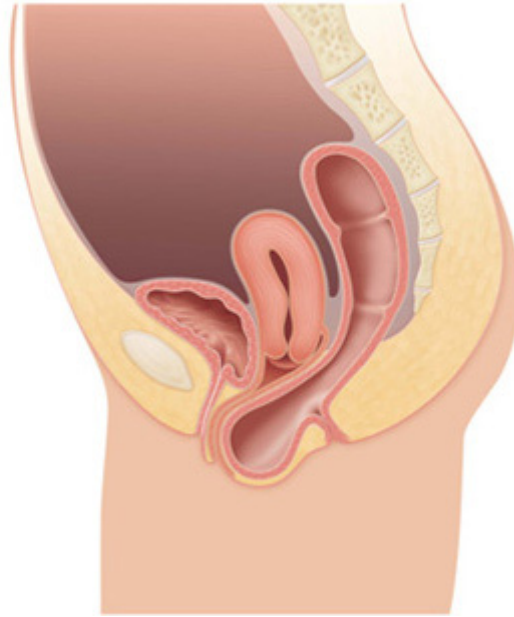
Evaluation of prolapse:

There are multiple portions of the vagina that can be involved in prolapse. It is important to determine which portion(s) of the vagina and what underlying organs (bladder, rectum, uterus, intestines and to what degree)) are involved in your prolapse. Part of your evaluation may involve cystoscopy and urodynamics.

Normal anatomy



Rectocele



enterocele

Uterine prolapse: protrusion of the cervix and uterus into the vagina. It involves the apical segment of the vaginal wall

All of these types of prolapse may occur together or separately and to varying degrees. In some cases prolapse does not cause any symptoms. When prolapse is bothersome it is very important to determine what portion(s) of your prolapse is causing your particular symptoms.

Surgery:

Traditionally, surgery is performed either thru the abdomen or thru the vagina and has involves a hysterectomy. Vaginal procedures are most commonly performed. Vaginal repairs traditionally incorporated various plication procedures using the patient's native tissues. These techniques relied upon the hope that the scarring from the surgical repair would be adequate to hold the prolapsed segment(s) of the vagina in place. Unfortunately the failure rate was high.

Advances in the surgical management of prolapse have incorporated the use of biological and or synthetic grafts to augment the patient's deficient tissues. Many new surgical devices have facilitated the use of graft augmentation. Prolapse surgery may be preformed either thru the abdomen or the vagina- there are many factors we use to determine with approach or combination of approaches is right for you.

Non - surgical management:

The pessary is the mainstay of non-surgical management of prolapse. A Pessary is a silicone vaginal insert that holds prolapse in place. Pessaries are available in many sizes and shapes. It is typically inserted and removed by the patient. With a properly fit pessary you wont even know its there.

Pelvic floor exercises (KEGEL EXERCISES)

These exercises help to strengthen the pelvic floor musculature. This exercise will not reverse prolapse but may prevent or at least slow down the progression of prolapse.

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