BRIEFINGS FROM
WOMEN'S HEALTH EXPERTS

Pelvic Organ Prolapse

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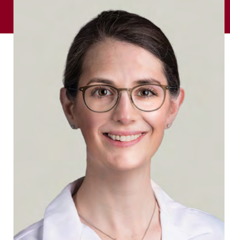
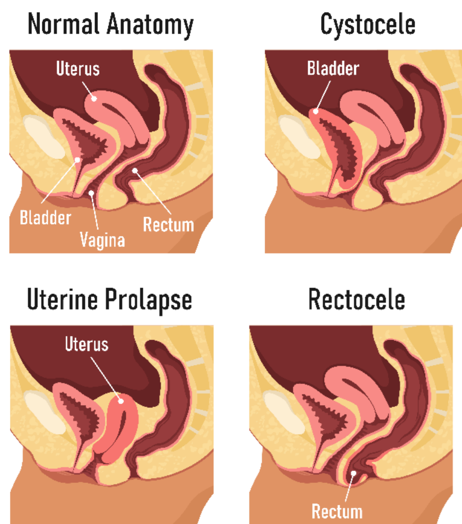


Chances are good that you saw several patients during your last clinic with pelvic organ prolapse (POP). 12% of women in the United States undergo surgery for prolapse in their lifetime.[1] Prolapse occurs when damaged pelvic ligaments and connective tissues cause the walls of the vagina to start to fall and bulge. Multiple vaginal deliveries, genetics, advancing age, chronic constipation, and obesity are risk factors for prolapse. On vaginal exam, about half of all women in the general population have some form of prolapse.[2] A significant portion of these patients are asymptomatic and do not require treatment, but there remains a large number of patients with symptoms who do not seek care.



Why are patients not seeking treatment?

Despite the high rates of POP in the community, cultural taboos prevent patients from discussing symptoms with one another, contributing to a lack of understanding of the condition. Common misconceptions include a belief that prolapse is a normal part of aging or that treatments are not available and covered by insurance. Others are unsure where to seek care or hesitate to bring it up with their provider due to embarrassment or social discomfort.

Symptoms

Patients with symptomatic prolapse often report feeling pelvic pressure or a pulling/bulge sensation in the vagina. Bladder and bowel complaints are also common presentations. Common bladder complaints include a slow stream of urine, urinary urgency, or urinary incontinence. Bowel complaints include difficulty fully evacuating the rectum or needing to press in the vagina or on the perineum to defecate.

Treatments for prolapse

We have three main treatment categories for patients with symptomatic pelvic organ prolapse: pelvic floor physical therapy, vaginal support devices (pessaries) and surgical options.

The Chicagoland area has many specially trained pelvic floor physical therapists who work on strengthening the abdominal and pelvic floor muscles to create better pelvic support. Fifty percent of women benefit from pelvic floor physical therapy, with improvement in symptoms and bladder and bowel function.

Pessaries are silicone vaginal inserts that support the vaginal walls. They can be removed, cleaned, and maintained by patients or providers. This is a low-risk option for patients, requiring only 2-4 provider follow-up visits per year, and almost all patients find them to be a simple way to treat their symptoms. Our office fits pessaries based on the shape and size needed and the patient's preference for self-care.

The surgical approach varies depending on the type of prolapse, previous surgical history, current health status, and plans for future sexual activity. Most options focus on minimally invasive techniques that can be transabdominal or transvaginal.

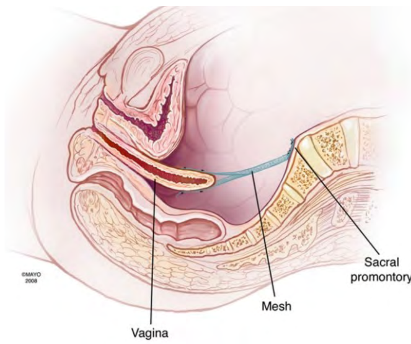
Transabdominal surgery includes sacrocolpopexy, primarily performed robotically or laparoscopically. Sacrocolpopexy uses a mesh graft for additional support to fix it to the sacrum.

Transvaginal surgery options allow for vaginal reconstruction without abdominal incisions and do not require foreign materials to augment the repairs. These options include vaginal

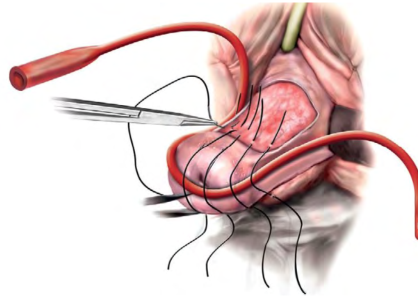
(continued from page 1)

hysterectomy, anterior/posterior colporrhaphy, and uterosacral or sacrospinous ligament suspensions.

For patients who do not desire vaginal intercourse, we can perform an obliterative procedure called colpocleisis. This procedure is extra-peritoneal and minimally invasive but shortens the vaginal length. Colpocleisis can be an excellent, low-complexity option even for patients with significant co-morbidities and can be done with minimal anesthesia.



Sacrocolpopexy.[3] This is performed laparoscopically to affix mesh to the vagina to support prolapse in all three compartments. The mesh extends from the vagina and is tacked to the sacral prominatory.



Colpocleisis.[4] This is performed by removing the vaginal epithelium and imbricating the vagina. This allows the anterior and posterior walls to be sewn together to obliterate the vagina.

Helping your patients return to their best, healthiest self

Pelvic organ prolapse has a significant impact on a patient's quality of life. Taking a holistic approach to treatment and engaging patients in shared decision-making is critical. Surgical options are tailored to meet each patient's needs, desires, and level of activity. At UChicago Medicine, we have four fellowship-trained, board-certified urogynecologists and one nurse practitioner who see patients at our main campus and several off-site locations. We are happy to consult and co-manage patients as needed.

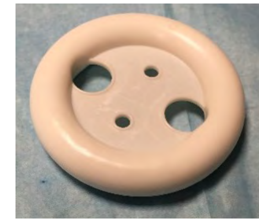
Visit our website for more information: https://www.uchicagomedicine.org/conditions-services/obgyn/urogynecology

REFERENCES

1. Wu JM, Matthews CA, Conover MM, Pate V, Jonsson Funk M. Lifetime risk of stress urinary incontinence or pelvic organ prolapse surgery. Obstetrics and gynecology 2014;123:1201-6.
2. Sung VW, Hampton BS. Epidemiology of pelvic floor dysfunction. Obstetrics and gynecology clinics of North America 2009;36:421-43.
3. McGee, S.M., et al., Robot-Assisted Laparoscopic Sacrocolpopexy, in Atlas of Robotic Urologic Surgery, L.-M. Su, Editor. 2011, Humana Press: Totowa, NJ. p. 107-118.
4. Nitti, Victor W., Nirit Rosenblum, and Benjamin M. Brucker. Vaginal Surgery for the Urologist. Philadelphia: Elsevier/Saunders, 2012.

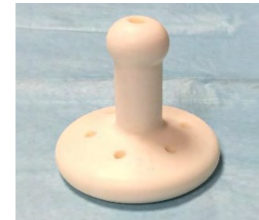
Types of Pessaries

Our office fits pessaries based on the shape and size needed and the patient's preference for self-care



Ring with support

Used for anterior and vault/uterine prolapse. Requires perineal support to keep it in place. The most commonly used pessary due to ease of insertion and removal, allowing for self-maintenance.



Gellhorn

Used for anterior and vault/uterine prolapse. Held in place by a combination of suction to the vaginal vault and perineal support. Moderately difficult to insert and remove. Typically, a medical provider performs maintenance.

Cube

Used for advanced anterior and vault/uterine prolapse. Also useful for posterior prolapse. Held in place by suction to the vaginal walls. Difficult to insert and remove. Typically, a medical provider performs maintenance.

To schedule a patient, e-mail us at **womenshealth@uchospitals.edu** or call **773-702-6118**

Urgent appointments are also available.

UChicagoMedicine.org/urogyn

UROGYNECOLOGY AND PELVIC RECONSTRUCTIVE SURGERY

Referrals and consultations
Call **773-702-6118**
Email **womenshealth@uchospitals.edu**

LOCATIONS

Hyde Park
Duchossois Center for Advanced Medicine (DCAM)
5758 S. Maryland Ave.
Third Floor
Chicago, IL 60637

Hinsdale
12 Salt Creek Lane
Salt Creek Suite 106
Hinsdale, IL 60521

New Lenox
1850 Silver Cross Blvd.
New Lenox, IL 60451

Orland Park
14290 S. La Grange Road
Third Floor
Orland Park, IL 60462

River East
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Chicago, IL 60611

Schererville
222 Indianapolis Blvd.
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