

PELVIC ORGAN PROLAPSE

Clerkship Teaching

Case: Mrs. POP

- 65 yr woman G3 3003
- works as a Delivery Room nurse
- vaginal pressure
- vaginal bulge (“egg size”)

What else do you want to know?

Case, con' t

- urgency
- urge incontinence
- 2 yrs ago had stress incontinence, none now
- nocturia,
- urinary frequency
- sensation of incomplete emptying

Case, con' t

- some fecal urgency
- no fecal incontinence
- some constipation
- sometimes pushes on perineum to pass bowel movement

Case, con' t

- groin pain
- backache
- difficulty with intercourse
- vaginal spotting

Case, con' t

- very uncomfortable to walk or exercise
- unable to golf
- uncomfortable to sit
- worse at the end of the day
- better in the morning
- embarrassed of urinary symptoms
- stays home

Case, con' t

- Medical History:
 - HTN
 - hypothyroid
 - hypercholesterolemia
 - quit smoking 12 yrs ago

Case, con' t

- Surgical History:
 - cholecystectomy
 - appendectomy
 - T + A

Case, con' t

- Obstetrical History:
 - 3X vaginal deliveries at term
 - last one midforceps vaginal delivery with 4 hr second stage
 - largest BW 9 lbs 12 oz



Case, con' t

- What is your assessment?
- Any investigations?
- What are her options?

Pelvic Organ Prolapse

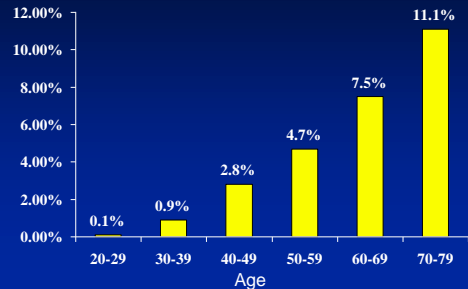
Pelvic Organ Prolapse and Stress Incontinence Requiring Surgery

Olsen AI et al. Obstet Gynecol 1997;89:401-6

- Kaiser Permanente Northwest
- 149,554 women 20 years and older
- Lifetime risk of surgery 11.1%
- Reoperations occurred in 29.2%

Cumulative Incidence of Surgery for Pelvic Floor Problems

Olsen, Obstet Gynecol 1997;89:401-6

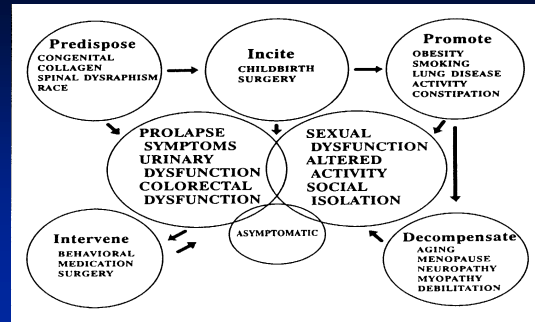


Is Prolapse Related to Childbirth?

Mant J, et al. Br J Obstet Gynecol. 1997;104:579-85

- Woman with **2 X SVD**:
8.4 X more likely to have prolapse than nullipara
- Woman with **4 X SVD**:
1.3 X as likely to have prolapse than a woman with **2 X SVD**

Pelvic Organ Prolapse: The Paradigm

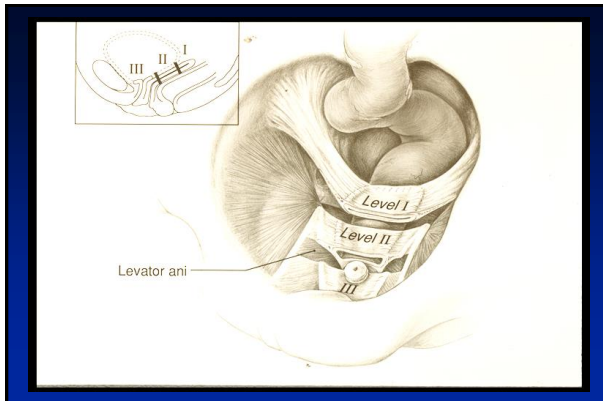


Evaluation of Pelvic Support

- Anatomic : Clinical
 - Baden-Walker/POP-Q
- Functional
 - Multi-channel urodynamics

Clinical Classification of Pelvic Organ Prolapse

- Anterior
 - Cystourethrocele
 - Cystocele
- Apical
 - Vaginal vault (posthysterectomy)
 - Uterovaginal
- Posterior
 - Enterocele
 - Rectocele



Clinical Grading of Descent in Pelvic Organ Prolapse (Baden Walker)

Grade 0	No descent
Grade 1	Descent between normal position and ischial spines
Grade 2	Descent between ischial spines and hymen
Grade 3	Descent within hymen
Grade 4	Descent through hymen

Multi-channel Urodynamics

- **Latent or Occult or Potential Urinary Incontinence:** The presence of stress urinary incontinence with correction of pelvic organ prolapse.



Treatment Options

- ? Observation vs Medical vs Surgical
- ? Abdominal vs Vaginal

Medical Treatment

Behavioural

- Bowel care
- Weight loss
- Pelvic floor exercises
- Vaginal cones
- Biofeedback

Pharmacologic

- Estrogen

Mechanical Devices

- Pessaries

Pessary

- Mechanical Device
- Supports prolapse
- Conservative Therapy
- Should be comfortable, able to void, able to defecate, not fall out
- Temporary relief or longterm alternative to surgery

What is Pelvic Floor Surgery?

Correction of **anatomical** supports of the female pelvis that impact on urinary, sexual, and bowel **function**.

One in nine women will undergo surgery for Urinary Incontinence or Prolapse in their lifetime
(Olsen, et al, 1997)

Abdominal versus Vaginal

Benson et al (1996 AJOG): n=88

Prospective randomized trial

48 bil SSLS (vag); 40 ASC (abdo)

1 to 5.5 yr F/U

Success: Vag 29%; Abdo 58%

Reoperations: Vag 33%; Abdo 16%

RR satisfaction abdo = 2.11 (0.90-4.94)

RR dissatisfaction vag = 2.03 (1.22-9.83)

Abdominal approach provides a better anatomic and functional outcome when compared with a vaginal approach.

Conclusions

- A trial of conservative therapy should be considered prior to surgical therapy.
- It is questionable whether long-term conservative therapy is effective in comparison to surgery.
- Surgical repair needs to be individualized depending on surgical risk, vaginal defects present, functional goals and patient preference.