

Pelvic Organ Prolapse FAQs

You've got questions, and we've got answers

What causes Pelvic Organ Prolapse?

Pelvic organ prolapse occurs when muscles and ligaments in the pelvic floor are stretched to become too weak to hold the pelvic organs in the correct position. Potential causes include pregnancy and childbirth, aging and menopause, obesity, pelvic tumors, chronic coughing, chronic constipation, heavy lifting, prior pelvic surgeries or genetic factors.

What are some symptoms of Pelvic Organ Prolapse?

Pressure or discomfort in the vaginal or pelvic area, often made worse with physical activities such as prolonged standing, jogging or bicycling. Other symptoms include:

- Diminished control in the bladder and/or bowels
- You may feel or see a bulge/lump in the vaginal area that increases in size with lifting or straining¹
- Painful intercourse

What are the treatment options for Pelvic Organ Prolapse?

Depending on the severity and the type of prolapse, your physician will discuss the different treatment options you may want to consider. Pelvic floor exercises to strengthen the pelvic floor, known as Kegels, may be adequate for mild cases. Another treatment option is a pessary, a ring-like device worn in the vagina to provide support for the organs that have fallen (or prolapsed). Pessaries are typically fitted by healthcare professionals. If symptoms are still bothersome and can't be managed with a pessary or other non-surgical options, surgery may be needed. All treatment options should be discussed with your physician.

When is surgery recommended to treat Pelvic Organ Prolapse? What are examples of surgeries that are performed to treat Pelvic Organ Prolapse?

If non-surgical treatments do not provide sufficient relief of your symptoms and your pelvic organ prolapse continues to cause pain, problems with bowel and bladder functions or if it interferes with your sexual activity, you may choose to discuss surgical options with your doctor. The goal of any type of surgical treatment for prolapse is to repair the supporting tissue of the prolapsed organ or vaginal wall using either the patient's own tissues or a surgical mesh. Surgeries can be performed either through the abdomen or the vagina. Surgeries performed via the abdomen may be performed laparoscopically or through open abdominal incisions. It's important to discuss all of your options with your physician to determine which treatment plan is most appropriate for your specific medical situation.

- Surgical procedures that use patients' own tissues and ligaments without a transvaginal surgical mesh to treat pelvic organ prolapse include McCall culdoplasty, uterosacral ligament fixation and sacrospinous ligament fixation.²
- Surgical procedures that use surgical mesh to treat prolapse via an abdominal incision include sacrohysteropexy or sacralcolpopexy. Prolapse can also be repaired surgically using a surgical mesh that is inserted transvaginally.³
- If a physician determines that the patient's uterus is prolapsing into the vagina, the surgical removal of the uterus (hysterectomy) may be recommended as a treatment option for pelvic organ prolapse.

When is surgical mesh used in prolapse surgery and, what if it is to be used in my surgery?

Depending on your individual situation, your physician may recommend the use of surgical mesh that is placed vaginally or abdominally to treat pelvic organ prolapse. Please talk to your doctor regarding the appropriate option for you.

How is surgical mesh used in the treatment of Pelvic Organ Prolapse?

Surgical mesh is a medical device that is generally used to repair weakened or damaged tissue. In urogynecologic procedures, surgical mesh is permanently implanted to reinforce the weakened vaginal wall to repair pelvic organ prolapse.³

What types of materials may be used and what are the risks?

There are several surgical materials that could be used to facilitate your repair. These include a synthetic polypropylene mesh or biologic grafts made of dermis from human, bovine or porcine. The material will reinforce the vaginal wall at the location of the pelvic organ prolapse. Risks associated with implanting one of these materials may include those associated with general anesthesia and other risks generally associated with any vaginal procedure.

Risks may also include pain, bleeding, injury to blood vessels or nerves, scarring, inflammation, allergy, hypersensitivity or other immune reaction, vaginal discharge, and constipation or defecatory dysfunction and infection. Also, there are risks of urinary incontinence, retention, frequency or urgency, recurrent prolapse, vaginal narrowing or shortening, fistula formation (abnormal connection between organs and/or mesh) injury to bladder, ureter or bowel that may require additional surgery to repair; mesh and/or tissue contracture and mesh exposure into the vagina or adjacent organs. Mesh exposure in the vagina has been associated with pain during sexual intercourse (also called dyspareunia). Your physician can discuss with you the anticipated probability of any of these complications and their experience with the procedure.

The FDA has issued a Safety Communication regarding serious complications associated with transvaginal placement of surgical mesh for pelvic organ prolapse. To understand the risks and benefits and for further information on the Safety Communication, visit www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/ImplantsandProsthetics/UroGynSurgicalMesh/ucm262299.htm

How likely is it that my prolapse will recur after surgery?

As with any procedure, some patients will have success while others will not. It is difficult to estimate your specific results. Your physician will explain all of your options and determine with you which treatment plan is most appropriate for your specific medical situation. Your physician will consider a number of factors to determine the likelihood of recurrence in your situation. The most appropriate treatment plan for you will be determined by taking many of these factors into consideration. The ultimate goal is to give you a lasting repair.

What if the surgical mesh comes through my vaginal wall at some point after surgery?

Exposure of the mesh (the presence of mesh material through the surrounding tissue) or mesh erosion (presence of mesh material within the organs surrounding the vagina) can occur following treatment of pelvic organ prolapse with surgical mesh. Treatment of these complications may include additional surgical procedures that may not correct the complication. Your physician will decide the best course of treatment for you if mesh erosion or exposure occur. Surgical mesh exposure and pain can occur years after initial mesh placement. Therefore, it is important to continue with your annual and other routine checkups and follow-up care.⁴

Which specific complications should I report after surgery?

Generally, your physician will schedule follow-up visits after your surgery. Notify your health care provider if you have complications or symptoms, including persistent vaginal bleeding or discharge, pelvic or groin pain or pain with sex, that last after your follow-up appointment.⁵

What if the surgery doesn't improve my Pelvic Organ Prolapse?

If the surgery doesn't improve your symptoms, your physician may continue to evaluate you. Improvement in symptoms does not always occur after prolapse surgery. Your physician may recommend additional treatment, which may include another surgical procedure. You should discuss your treatment options and potential outcomes with your physician.

If a surgical mesh is to be used in my surgical Pelvic Organ Prolapse repair, will my physician have information on the product to be implanted?

Yes. You should ask your physician to give you a copy of any patient education information that he or she may have for the specific product used during your surgery, and keep it in your personal surgical file.

What should I expect after surgery?

Before your discharge from the hospital, you may be given a prescription for medication to relieve any discomfort you may experience. You will be instructed on how to care for your incision area. At the discretion of your physician, most patients resume moderate activities within 6 to 8 weeks, with no strenuous activity for up to 12 weeks to allow for healing.

What can I expect during recovery?

Every patient's recovery experience is unique, and you should consult with your physician as to what he or she expects in your case. Your doctor will determine which kind of anesthesia will be used during your surgery, the length of time you may be hospitalized after the surgery, your need for additional medication following the surgery (for example antibiotics) and whether you will have to go home with a catheter (a flexible plastic tube that drains urine from your bladder). After undergoing prolapse surgery, you may feel sore. Notify your physician immediately if you have pain with urination, bleeding, painful sexual intercourse, severe pain, defecatory problems or other problems after surgery. Please consult with your physician on activities to avoid during recovery.⁵

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