



Pelvic Organ Prolapse: Cutting Out Surgery?

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Pelvic organ prolapse is a common condition affecting up to 50% of parous women.¹ Although pelvic organ prolapse is not life threatening, it can be debilitating and have a significant impact on a woman's quality of life. Factors that contribute to pelvic organ prolapse include:

- connective tissue abnormalities,
- vaginal childbirth, term pregnancy,
- aging,
- menopause,
- obesity,
- chronically raised intra-abdominal pressure (coughing, lifting, constipation, *etc.*) and
- race.²⁻⁵

Symptoms of pelvic organ prolapse range from:

- asymptomatic to pelvic heaviness or pressure,
- lower back discomfort,
- sexual dysfunction,
- voiding dysfunction and
- erosions or bleeding from vaginal mucosa.

Treatment for pelvic organ prolapse

Treatments for pelvic organ prolapse may be divided into two approaches: conservative management and surgical intervention. Patient-centered decision making is the cornerstone of management since outcome measures in many recent

Selma's case

- Selma, a 41-year-old, gravita 2 para 2 (G2P2) woman reports a sensation of pelvic heaviness and a palpable bulge at the introitus, noticed while washing. She is otherwise healthy and has had no previous surgery.
- She complains of vaginal dryness and dyspareunia, but denies urinary incontinence.
- During a routine pap test, her family doctor notices that she has anterior vaginal wall descent.
- Her symptoms are bothersome but she does not want surgery.

Patient-centered decision making is the cornerstone of management since outcome measures in many recent studies on pelvic floor prolapse focus on patient satisfaction.

• **FAQs** •

1. Is pelvic organ prolapse always progressive?

- If conservative management strategies are implemented for mild prolapse, to address the underlying problems, it may not progress further.

2. Who is a good candidate for conservative management?

- A motivated patient interested in preventative strategies and health promotion who is keen to learn and manage herself.

3. When is the best time to have surgery for pelvic organ prolapse?

- When childbearing is no longer a concern in a medically fit woman who is significantly affected by her symptoms.

More than 10% of women will have at least one prolapse surgery in their lifetime.

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studies on pelvic floor prolapse focus on patient satisfaction. An initial course of conservative management is often the first choice for many women. However, surgical techniques to correct pelvic organ prolapse are very effective.⁶

Conservative management vs. surgical intervention


Women are willing to participate in conservative management strategies if their symptoms can be positively reduced or eliminated. More than 10% of women will have at least one prolapse surgery in their lifetime.⁷ Of this group, approximately one third will have subsequent surgeries. Younger women may not be finished with childbearing or feel that they would prefer to postpone surgery to a more convenient time, when their children are more independent. Disincentives to surgery for mature women include:

- medical unfitness,
- concurrent health conditions requiring more urgent surgical intervention,
- family care commitments or
- preference.

Conservative management strategies that improve pelvic floor health

Strategies to improve pelvic floor health include:

1. Increase water intake (30mL/kg/day) to prevent bladder infection and help avoid constipation
2. Reduce irritants such as caffeine, nicotine and alcohol
3. Add cranberry juice or tablets to help

- minimize bacterial load in the bladder
4. Use a double void technique to promote bladder emptying
 5. Avoid straining or lifting heavy objects.
 6. Consider local vaginal estrogen
 7. Practice daily pelvic floor exercises to improve pelvic floor muscle tone
 8. Keep sexually active to promote blood flow to vagina
 9. Use a properly fitted pessary
 10. Maintain a healthy weight 

Take-home message

- Pelvic organ prolapse affects up to 50% of parous women.
- Conservative management strategies can be effective in motivated patients.
- Surgical repairs have very good success rates in well-chosen patients.

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