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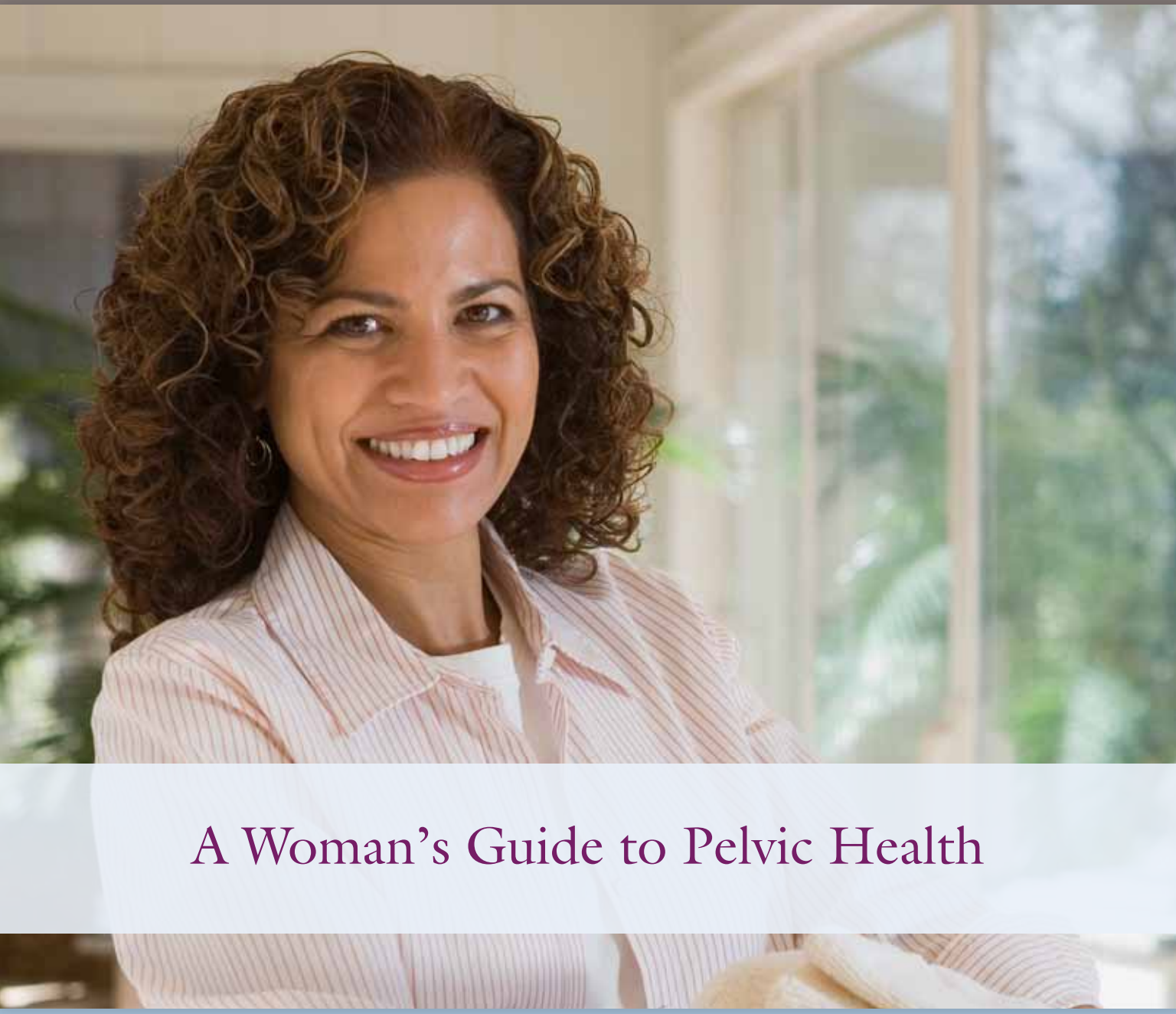


A Woman's Guide to Pelvic Health

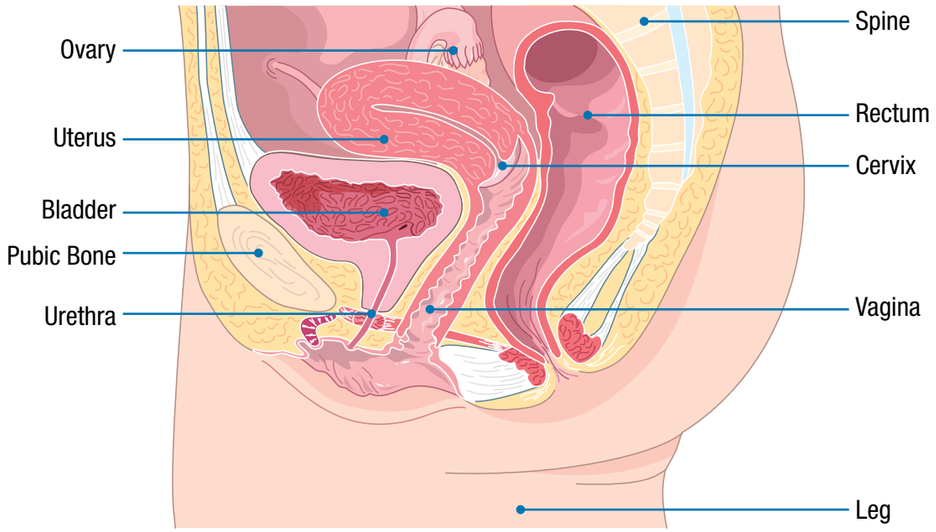
SUMMA
Health System

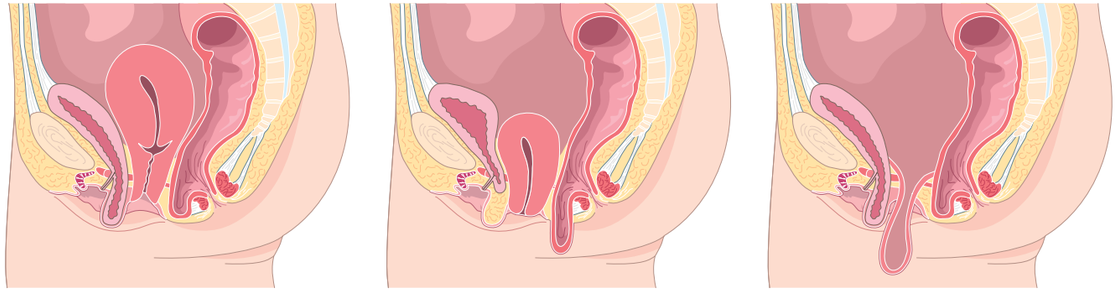
Pelvic Organ Prolapse (POP)

The pelvic floor is a group of muscles that form a sling or hammock across the opening of a woman's pelvis. These muscles, along with connective tissues, ligaments and nerves keep all of the pelvic organs in place and control the rectum, uterus, vagina and bladder.

Pelvic organ prolapse (POP) occurs when pelvic muscles and tissues become weakened, stretched or are injured as a result of childbirth, repeated heavy lifting, chronic disease, obesity or surgery. When the pelvic floor tissues which hold pelvic organs in place become weakened or stretched, it can cause the pelvic organs to bulge (or prolapse) into the vagina. The pelvic organs may prolapse past the vaginal opening, and more than one pelvic organ can prolapse at the same time.

Pelvic organ prolapse is a common, treatable medical condition which **affects an estimated one-third of all women – and half of all women ages 55 and older.** While pelvic organ prolapse can affect women of all ages, the risk of developing POP increases with age. Post-menopausal women are at the highest risk for developing POP.





Pelvic organ prolapse may include one (or more) of the following conditions, including prolapse of the:

- **Bladder (cystocele):** Where the front wall of the vagina (pubocervical fascia) weakens and the bladder pushes against the vagina, producing a bulge. Pelvic pressure or protrusion are common symptoms. Urinary stress incontinence (urine leakage during coughing, sneezing, laughing or exercise) related to weakness of the urethra also may be a symptom.
- **Rectum (rectocele):** Where the back way of the vagina (rectovaginal fascia) weakens and the rectum pushes against the vagina, producing a bulge. Pelvic pressure, protrusion and difficulty with bowel movements may result.
- **Uterus or womb (procidentia):** Where a group of ligaments (uterosacral and cardinal ligaments) at the top of the vagina weaken, causing the uterus to fall, which weakens both the front and back walls of the vagina as well.

There are several stages of uterine prolapse, including:

- **Stage 1:** The uterus descends into the upper portion of the vagina.
- **Stage 2:** The uterus descends to the opening of the vagina.
- **Stage 3:** The cervix, located at the opening of the uterus, sags past the vaginal opening and may protrude outside the body.
- **Stage 4:** The uterus is completely out of the body. This condition also is called **complete prolapse (procidentia).**
- **Vaginal vault**: Vaginal vault prolapse may occur following a hysterectomy surgery (removal of the uterus). The uterus provides support for the top of the vagina and about 10 percent of women who undergo a hysterectomy develop some degree of vaginal vault prolapse, where the top of the vagina falls toward the vaginal opening. This can cause the walls of the vagina to weaken. The condition can progress to where the top of the vagina may protrude outside of the body through the vaginal opening, turning the vagina "inside out."

Symptoms

Women with pelvic organ prolapse may experience the following:

- **Incontinence –** A loss of bladder or bowel control resulting in the leakage of urine or feces from the body. This also includes what your doctor may call **stress incontinence,** which is an inability to “hold it” (leaking urine) while laughing, sneezing, coughing or running.
- **Prolapse –** The descent of pelvic organs in the lower abdomen, resulting in a bulge and/or a feeling of pressure in the vagina or rectum. May be referred to as a “dropped” uterus, bladder, vagina or rectum. Some patients report feeling like they are sitting on a ball or other object.
- **Emptying disorders –** Difficulty in urinating or moving the bowels.
- **Pelvic or bladder pain –** Discomfort, burning or other pelvic symptoms, including bladder or urethral pain. Pain or pressure in the vagina.
- **Overactive bladder –** Frequent need to urinate, bladder pressure, urgency, urge incontinence or difficulty holding back a full bladder.

What’s A Urogynecologist?

A **urogynecologist** is an obstetrician/gynecologist who specializes in the care of women with pelvic floor disorders. Urogynecologists have completed medical school and a four-year residency in obstetrics and gynecology. They also complete additional fellowship training in the evaluation and treatment of conditions that affect the female pelvic organs and the muscles and connective tissue that support the pelvic organs and the surgical and nonsurgical treatment of non-cancerous gynecologic conditions.

Treatment

A urogynecologist can recommend a variety of therapies to relieve symptoms of prolapse, urinary or fecal incontinence or other pelvic floor symptoms. He/she may advise conservative (nonsurgical) or surgical treatment, depending on the severity of your condition and your overall health.

Conservative, nonsurgical treatment options include:

- Medications which can improve bladder or bowel control by blocking the signals from the nervous system which cause urgency
- Pelvic exercises (Kegels) or physical therapy which strengthen the pelvic muscles
- Behavioral and/or dietary modifications
- Vaginal devices (also called **pessaries**) which are inserted into the vagina and provide additional support for the pelvic organs
- Biofeedback and electric stimulation therapies to improve bladder and bowel control
- Vaginal estrogen hormone replacement therapy may reduce weakness in the pelvic floor

Surgical Options

Surgical procedures used to treat pelvic organ prolapse and incontinence may be performed using minimally invasive surgical techniques. These procedures can often be performed on an outpatient or overnight basis. These procedures are designed to provide permanent support for the pelvic organs.

Prolapse

Colpopexy

Colpopexy is a surgical procedure used to reposition a woman's vagina which has moved from its correct position within the pelvic cavity. During this procedure, also called **vaginopexy** or **vaginofixation**, a surgeon attaches the vagina to surrounding tissue in the abdomen to hold it in place. There are two major types of colpopexy:

- **Vaginal sacrospinous or uterosacral colpopexy:** Surgery is performed through the vagina, which allows repairs to be made in a minimally invasive fashion. The vagina is sutured (sewn) to the sacrospinous ligament to hold it in the correct position or the uterosacral ligaments are reattached to the top of the vagina.
- **Sacrocolpopexy:** This is an approach where the surgeon makes a small incision in the abdominal wall or uses a laparoscope/robot and performs the surgery through tiny incisions. The vagina is repositioned to the correct location within the pelvic cavity and then mesh is sutured in place to support it. The mesh may be made of either synthetic material or the patient's own tissue (**fascia**), depending on the surgeon's preference.

Urethral sling procedure

Urethral sling procedure is a surgical procedure where a tape made of either synthetic or biologic material is used to support the urethra (the tube which allows urine to exit the body from the bladder) in the treatment of stress incontinence.

Vaginal mesh procedures

Vaginal mesh procedures are minimally invasive procedures used to treat bladder or rectal bulges into the vagina. During the procedure, the surgeon will make small incisions in the vagina and attach mesh to provide support to the bladder or rectum. This is reserved for older women who are not sexually active.

Laparoscopic uterine suspension

Laparoscopic uterine suspension is the treatment of choice where preservation of the uterus is desired. Laparoscopic uterine suspension is usually done in conjunction with a vaginal vault suspension, a procedure which attaches the vagina to ligaments located in the back of the pelvis.

Stress Incontinence

Coaptite® injections: A procedure where a water-based gel containing particles made of calcium hydroxylapatite is injected around the urethra to build up the area and tighten the sphincter muscles near the opening of the bladder.

Mid-urethral sling procedure: A procedure in which a surgeon makes a small incision in the vagina and places a sling under the urethra and attaches it to the connective tissue in the pelvis. Different types of slings are available – the correct type may be selected through preoperative bladder testing (**urodynamics**).

Pubovaginal slings: Similar to a mid-urethral sling procedure, but in this procedure, a biological tissue instead of a synthetic material is used to create a sling under the urethra.

What's the Right Surgical Technique for You?

Talk to your doctor about your options. Minimally invasive surgical techniques give surgeons the ability to operate through very small incisions without cutting through large area of skin and muscle. Specialized instruments and a laparoscope (a thin, lighted tube with a tiny camera) or robot enable surgeons to perform procedures with an enhanced view of the surgical field, while allowing them to perform precise, delicate movements with specially-designed instruments.

Minimally invasive surgical techniques offer many potential benefits over traditional abdominal ("open") surgery, including:

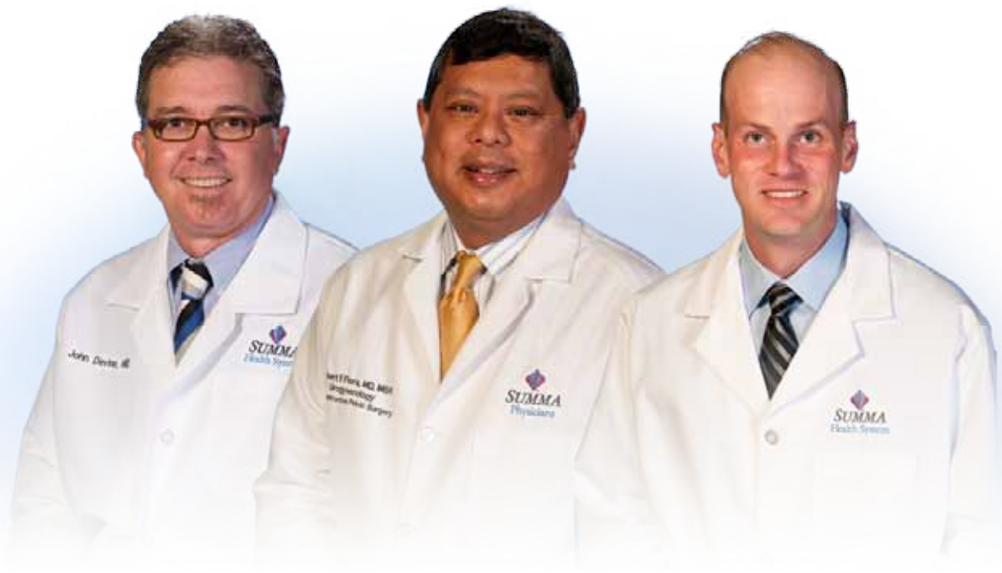
- Reduced blood loss
- Less pain
- Less infection risk
- A shorter hospital stay
- A faster recovery

The decision about which surgical technique is right for you is an important one. Your surgeon will take into account many factors before choosing which technique to use, including: your past medical history, previous surgeries, overall health status and anatomy.

No matter which surgical technique your doctor chooses, it is important to remember that all surgical procedures involve some risk of complications. Before having any type of surgery, discuss all treatment options carefully with your physician. Understanding the risks of each treatment can help you and your doctor decide which option is best for you.

Don't Be Embarrassed – Talk to a Doctor

Women who suffer from pelvic organ prolapse and/or incontinence often don't report their symptoms to anyone – *not even to their doctor* – due to embarrassment. Many women choose to live with symptoms of pelvic organ prolapse or incontinence rather than have a candid conversation with their doctor about their condition. As a result, patients are unaware of possible treatment options, many of which can be performed on an outpatient basis. Most procedures are covered by Medicare and private insurers.



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Don't suffer in silence any longer – get the advice you need to make an informed choice about possible treatment options.

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Call (800) 237-8662 to make an appointment with Drs. Devine, Flora or Rooney today.

Pelvic organ prolapse or stress urinary incontinence?

Don't suffer in silence any longer.

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