



TREATMENT OF PELVIC ORGAN PROLAPSE

Non-Surgical

There are a number of non-surgical treatments for prolapse depending on the type and severity of your prolapse, the severity of your symptoms, your age, your general health, and your personal preferences. Consider which symptoms you most want to improve and the results that would make treatment successful for you. This information will help you and your physician determine the treatment plan that is right for you. He/she will discuss the risks, benefits, and success rates of each of the treatment options.

Physical Therapy

A physical therapist can evaluate the strength and weakness in your pelvic floor muscles, and create pelvic floor exercises that will strengthen weak muscles. He/she may also work on soft tissue mobilization to help you relax a tightened pelvic floor. This will prevent your pelvic floor muscles from becoming overly fatigued. Once the muscles can relax, the tightening during a Kegel exercise will be more effective. Physical therapy may keep the prolapse from getting worse and may reduce some of your symptoms. The physical therapist may suggest bio-feedback or electrical stimulation if indicated.

Pessary

A pessary is a plastic device, similar to a diaphragm, which fits into the vagina to help support the uterus, bladder or rectum. It may be used to support a prolapse (bulge) temporarily while a woman awaits surgery, or as a permanent alternative to surgery by women who either do not wish surgical correction for their prolapse or are not good surgical candidates. Approximately 50% of women will continue wearing a pessary 2 years after initial fitting. 25% of women will stop using the pessary and opt for surgery 2 years after initial fitting. The remaining 25% stop using the pessary and don't have surgery.

Hormone Replacement Therapy

For post-menopausal women, hormone replacement therapy may help strengthen the vaginal walls and pelvic floor muscles by increasing the estrogen and collagen

levels in your body. There are also herbal products that claim action similar to Estrogen. You should discuss these options with your physician. See Prevention of Prolapse for more information.

Surgical

Untreated prolapse almost always gets worse. When the symptoms of prolapse interfere with your quality of life, or interfere with urinating or emptying your rectum, you may decide to discuss surgical options for the treatment of prolapse. Other reasons for choosing a surgical option for the treatment of prolapse include the inability to wear a pessary or new onset of urinary incontinence when the pessary is in place. This is a very individual decision and only you can determine when the symptoms are bothersome enough to warrant surgery.

It is wise to consider your expectations for surgery, which symptoms you hope will change, and what will define a successful treatment outcome. Your physician can tell you if your expectations are realistic. As with all surgery, the degree of success depends on many factors. Surgery may completely repair the prolapse, but not "cure" some of your symptoms. After your physician has evaluated your pelvic floor strengths and weaknesses, and reviewed your symptoms and expectations for treatment, he/she will discuss the options. You will be told the risks, benefits, and typical outcomes of each treatment choice. The two of you will then decide the best treatment for you.

You may have heard "horror" stories about women who have undergone unsuccessful or repeated surgery for prolapse. While there is no way to absolutely predict success, try not to transfer other people's experiences to your own. There are too many factors that differ between others' surgeries and yours that may explain the poor outcomes. It seems as though there are major technological advances developing to treat pelvic organ prolapse on a monthly basis.



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Research shows that approximately 5-30 percent of prolapse surgeries will be unsuccessful. This may be due to progression of the underlying cause of the prolapse, such as damage to the nerves and muscles as a result of vaginal childbirth. It is important for you to remember that your surgeon is not correcting pre-existing nerve and muscle damage in the operating room during prolapse repair. Unfortunately, medical technology has not advanced to the point where pre-existing nerve and muscle damage can be repaired. You will leave the operating room with the same nerve and muscle damage as you entered the operating room.

You may have a friend with similar symptoms who underwent a surgical procedure different than the one recommended to you. This may explain why her surgery failed and yours is less likely to do so. After evaluating your specific situation, your physician will base his/her recommendations on experience and training, and also on the latest research available in the field. According to the only two studies comparing vaginal to abdominal pelvic reconstructive surgery for the treatment of pelvic organ prolapse, abdominal surgery is more successful in repairing the prolapse and improving symptoms. In one study, the authors concluded that each technique provided similar results yet their data supported a higher rate of recurrent cystocele with the vaginal approach. The other study clearly showed that abdominal pelvic reconstructive surgery was superior compared to vaginal reconstructive surgery based on the author's definitions of optimal outcomes.

An ongoing study suggests the addition of a procedure to correct urinary incontinence, even if a woman is not experiencing incontinence before surgery. Performing abdominal surgery through a laparoscopic approach significantly speeds post operative recovery and holds great promise; however there have been no long term studies to evaluate its success compared to abdominal surgery.

This explains why surgical success also depends on how carefully you adhere to the post-operative recommendations. You will be given written instructions after surgery. Following these instructions for the full 12-weeks after surgery will provide you with the best chance for surgical success. Taking care to properly fuel your body, rest when your body tells you, and not put unnecessary pressure on your pelvic floor muscles will help post-operative healing. When the time comes, your physician will provide you with a more detailed explanation of the surgery you will have and answer your questions.

