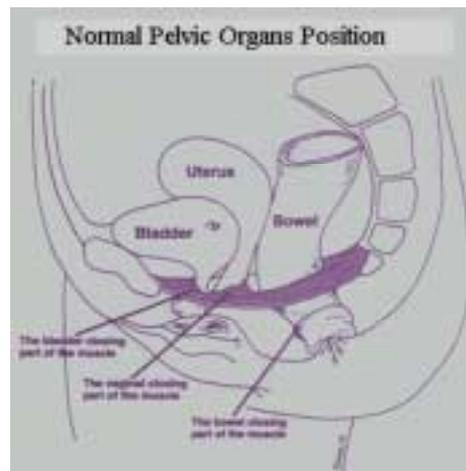


Pelvic Organ Prolapse (POP)



1. What is POP?

- POP is the phenomenon of 'loss of support of the pelvic organs (uterus, vagina, bladder, rectum) with subsequent "Falling" or "Bulging out" of the organs (as a result of upright posture).
- POP is a very common problem especially among older women. Estimated ½ women who have children will have prolapse in later life, but actual prevalence not known because many women did not seek help.
- The pelvic organs are being supported by ligaments and pelvic floor muscles to keep them in normal position. Any damage to these support structures may cause prolapse.

2. What are the causes of POP?

Exact reason unknown. The following may predispose to prolapse:

- Pregnancy & childbirth, e.g. multiparity, long labour, traumatic delivery
- Aging & weakened muscles, decrease in elasticity of ligaments, atrophic muscles
- Postmenopausal
 - Due to hormone deficiency, speed up atrophy
- Post surgery, e.g. previous hysterectomy with poor support from vaginal vault, continence surgery
- Chronic increase in abdominal pressure, e.g. obesity, heavy lifting, chronic cough and constipation, etc.

3. What are the symptoms of POP?

Depends on the site and severity of prolapse, common symptoms include:

General

- Lump in vagina/ introitus
- Feeling of “heaviness”
- Low back pain
- Difficulty in coitus

Cystocele

- Frequency
- Voiding difficulty (need to reduce to aid voiding)
- Incontinence

Rectocele

- Difficulty in passing bowel
- Need to digitate for bowel opening
- Difficulty in coitus

Symptoms usually better after sleeping in the morning and worse at the end of the day (night)

4. What are the dangers of POP?

- POP itself is not a life threatening disease & lump is not cancer but can significantly impair the quality of daily life, social life and sexual life.
- If severe and long standing, can have the following complications:
 - a. Decubitus ulcer and friction causing vaginal bleeding
 - b. Infection
 - c. Obstructive uropathy

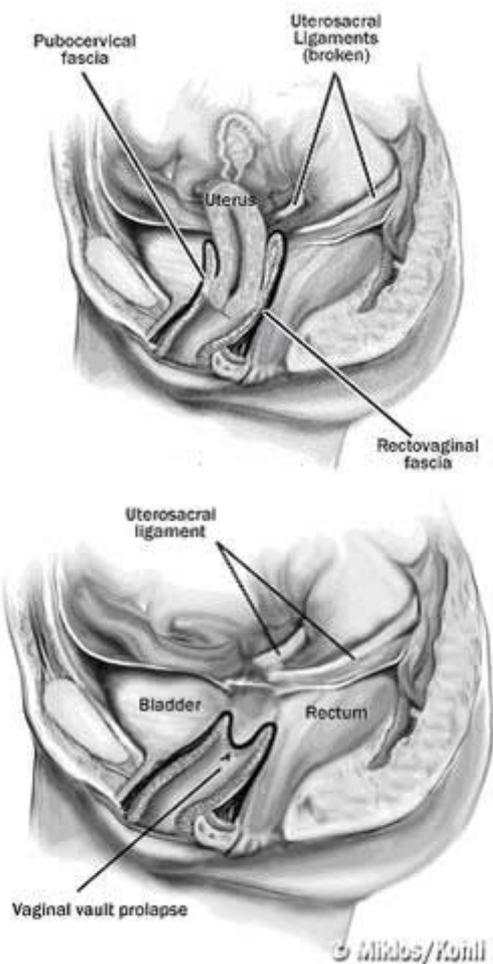
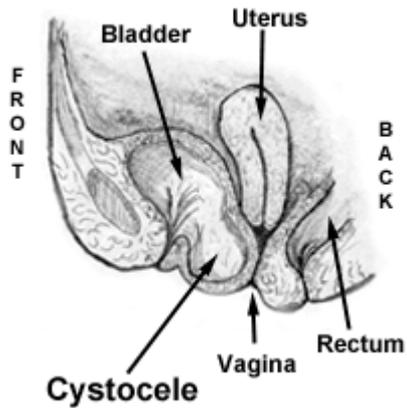
5. How are POP evaluated?

- a. Symptoms
 - questionnaire for detailed symptomatology of POP
- b. Physical examination (patient will need to cough or strain)
 - Pelvic exam for site and severity of prolapse and any complication
 - Any urine leakage
- c. Imaging
 - USG or MRI may be required for further evaluation

6. What types of POP are there?

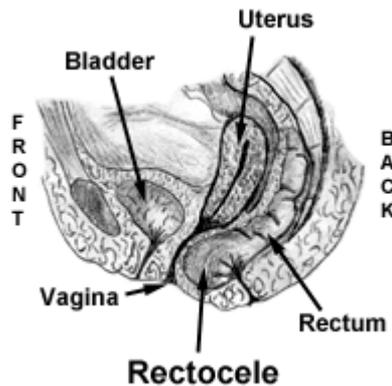
POP divided into 3 types depending on the part of vagina affected:

- a. Front wall (bladder prolapse)
- Front wall of vagina lose support and bulges down together with bladder or urethra



- b. Top part (uterine or vaginal vault)
- The cervix and the vaginal vault are supported by the uterospinous & cardinal ligaments. When they become lax the uterus / vault if hysterectomy will fall down & bulge out. In severe cause the whole vagina become everted

- c. Rectocele
- When back wall lose support, the back wall with rectum will bulge out. It's different from rectal prolapse



It is not uncommon that more than one type of prolapse occurs.

7. What are the treatment of POP?

Depends on the symptoms and severity.

- Mild asymptomatic prolapse does not need treatment, although they might get worse with age.
- Asymptomatic prolapse can be treatment by non-surgical or surgical means.

Non-surgical

Ring pessary

- Provide temporary relief
- Need to come back for regular follow up and change of pessary
- Can lead to ulceration if too big or left in vagina for too long

Surgical

Many types available, the common ones are:

- Anterior & posterior repair
- Vaginal
 - Manchester
 - Sacrospinous fixation
 - Hysteropexy
 - IVS (mesh)
- Abdominal
 - Paravaginal repair
 - Sacrocolpopexy
 - Hysteropexy
- Laparoscopic
 - abdominal procedure can be done laparoscopically

Your doctor will discuss with about the specific procedure & its risks

8. Success rate of surgery? Recurrence rate?
- The aims of surgery

- Restore support
- Restore urinary & bowel function
- Preserve vagina for coital function

- 70-80% success rate
- Unfortunately some women might have prolapse again after surgery. They may have a new type of prolapse or recurrent prolapse of the same / different site.

9. Can I preserve my uterus & have babies after surgery for POP?

- It depends on patient's wish and understanding of the pros & cons of uterine preservation.
- Uterus preservation is possible e.g. hysteropexy
- We recommend that if you have prolapse surgery done, to deliver baby by elective caesarean section.

10. Can I prevent POP?

The followings can be done to minimize the risk

- Healthy diet, avoid constipation
- Avoid chronic cough / heavy lifting
- Stop smoking
- Lose weight if obese
- Perform pelvic floor exercise regularly
- Avoid prolonged and traumatic labour

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