Pelvic Organ Prolapse (POP)

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Disclosure

- I have nothing to disclose
Objectives

- To present an overview of the prevalence, risk factors and presenting symptoms of POP.
- Discuss diagnosis of POP.
- Discuss stress urinary incontinence (SUI).
- Review treatments of POP and SUI.
Symptoms of POP

- Pelvic pressure and pain
- Bulge
- SUI
- Urge incontinence
- Defecatory problems
  - Splinting the rectum
  - Not emptying completely
  - Constipation
- Vaginal bleeding and excoriation
Why do they have these symptoms?
What and where are these defects?
Cystocele
Anterior Compartment Prolapse
Rectocele
Posterior Compartment Prolapse
Uterine Prolapse
Vaginal Cuff Prolapse
Apical Compartment Prolapse
Pathophysiology

- Damage to the complex support system
- Hernias
Prevalence

- In the US - 24% have some POP
- WHI
  - 34% had anterior vaginal wall prolapse
  - 19% had posterior vaginal wall prolapse
  - 14% had uterine prolapse
- Population based surveys
  - 4-10% report symptoms of pelvic organ prolapse
  - African-American women report symptoms less often
Risk Factors

- Vaginal births and pregnancy
  - 3rd and 4th degree tears
- Smoking
- Steroids
- Chronic cough
- Heavy lifting
- Collagen defects
  - Marfan’s, Ehlers-Danlos
- Family History
Exam
Work Up for POP

- History
- Physical
  - Qtip test for SUI
  - Speculum exam
    - Lying
    - Standing
  - Rectal Exam

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POP-Q
## POP-Q

<table>
<thead>
<tr>
<th>Stage</th>
<th>Description</th>
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<tbody>
<tr>
<td>0</td>
<td>No prolapse (the apex can descend as far as 2 cm relative to the total vaginal length).</td>
</tr>
<tr>
<td>1</td>
<td>The most distal portion of the prolapse descends to a point greater than 1 cm above the hymen.</td>
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<tr>
<td>2</td>
<td>Maximal extent of the prolapse is within 1 cm of the hymen (outside or inside the vagina).</td>
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<tr>
<td>3</td>
<td>Prolapse extends more than 1 cm beyond the hymen but no more than within 2 cm of the total vaginal length.</td>
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<tr>
<td>4</td>
<td>Complete eversion, or extension to within 2 cm of the total vaginal length.</td>
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</tbody>
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Source: Urol Nurs © 2008 Society of Urologic Nurses and Associates
Treatments

- Conservative
- Surgical
Conservative Treatments

- Weight loss, eliminate constipation, reduce inciting activities (coughing, steroids, heavy lifting)
- Physical Therapy
- Pessary
Pessaries and how they fit
Surgical Treatments

- Anterior repair (anterior colporrhaphy)
- Posterior repair (posterior colporrhaphy)
- Perineorrhaphy
- TVT, if SUI
- Hysterectomy
- Apical support procedure
  - Sacral colpopexy
  - Sacrospinous ligament suspension
  - Uterosacral ligament plication
Anterior and Posterior Repairs

Incision in anterior vaginal wall

Exposure of hardy perivesical fascia

Perivesical fascia sewn together in midline to obliterate cystocele

Completion of cystocele repair

Wedge of perineal skin removed

Rectocele dissected off posterior vaginal wall

Perirectal & pararectal fascia sewn together in midline

Levator muscle sewn together
Surgery

- Failure
- Dyspareunia
- Pelvic Pain
- Mesh erosion