

# PROLAPSE

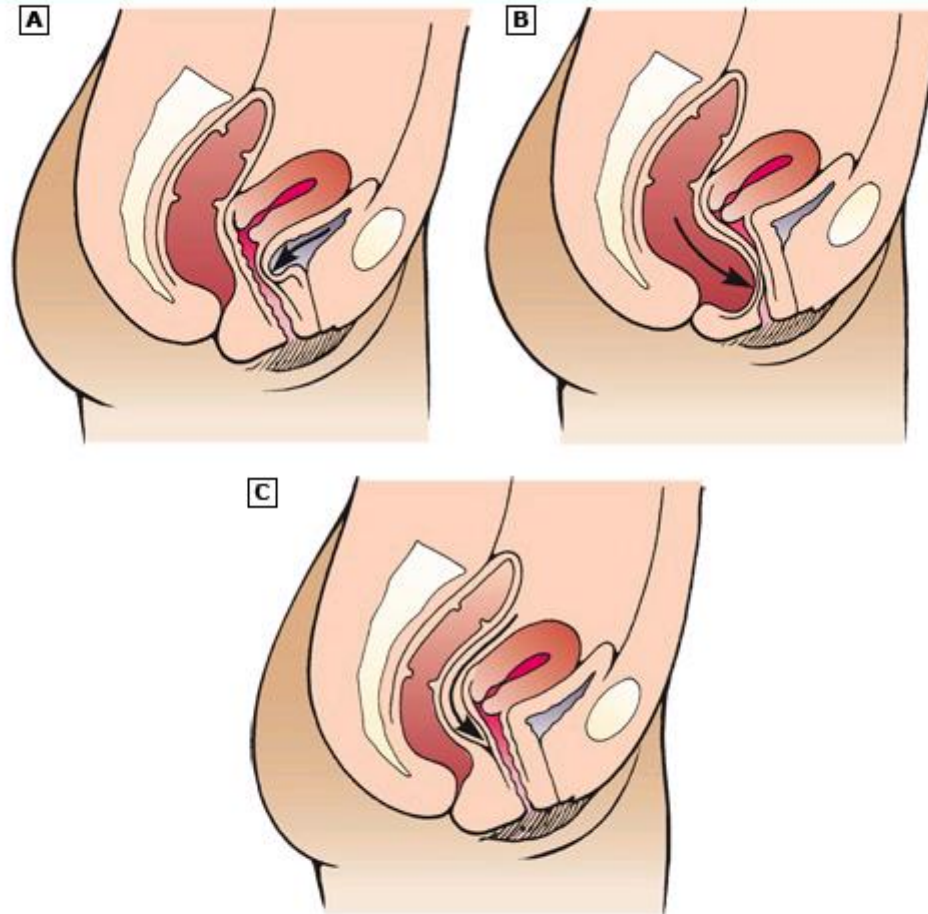
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# INTRODUCTION

- Pelvic Organ Prolapse (POP)- herniation of pelvic organs into vaginal walls
- Common
- Huge impact on daily activities
- Detrimental impact on body image
- Detrimental impact on sexuality
  - Anterior
  - Posterior compartment
  - Enterocoele
  - Apical - Decent of uterus and cervix beyond introitus

## Anatomic sites of pelvic organ prolapse

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Pelvic support disorders.

(A) Cystocele.

(B) Rectocele.

(C) Enterocele.

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## Evaluation of uterine prolapse



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# INTRODUCTION

- ◉ Vagina is continuum so divisions can be arbitrary
- ◉ Often combined with each other
- ◉ Prevalence is unknown
  - Different classification systems have been used
  - Studies vary between response rates
  - Many women may not seek medical attention

# RISK FACTORS

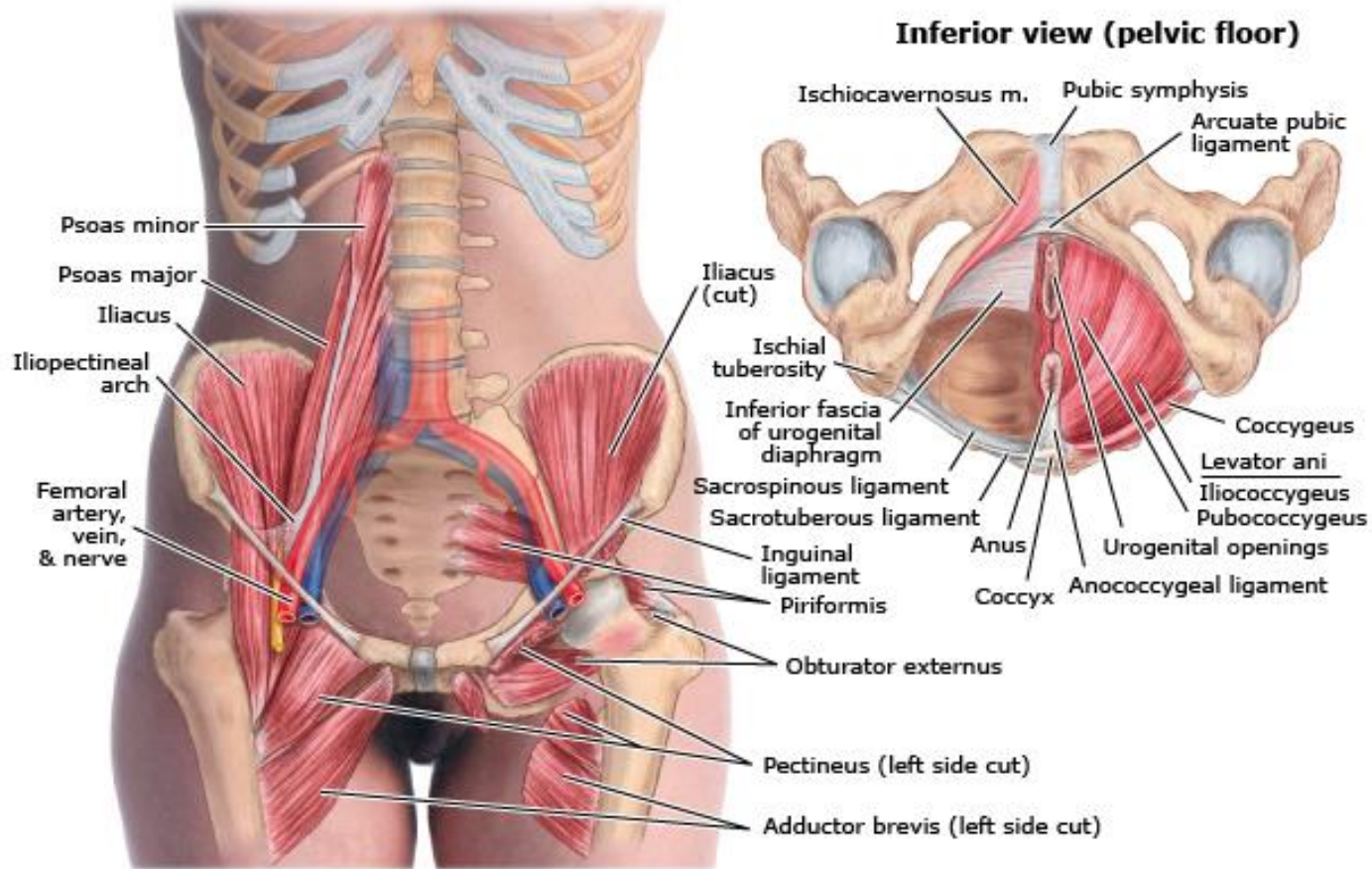
## ○ Parity

- X4 increase after first
- X8 increase after second
- Less rapidly after subsequent births
- 75% of prolapse can be attributed to pregnancy and childbirth
- Injury to pelvic floor and pudendal nerve

## ○ Advancing age

## ○ Family history

# Muscles of the female pelvic floor



Muscles of the anterior pelvis and pelvic floor.

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# RISK FACTORS

## ○ Obesity

- BMI >25 (overweight)- 40% increase
- BMI >30 (Obese)- 50% increase

Weight loss does not result in regression

## ○ Hysterectomy

- Association is controversial, may be coincidental

## ○ Race and ethnicity

- Reduced risk in afro-carribean
- Higher in white women



# RISK FACTORS

- Elevated intra-abdominal pressure
  - COPD
  - Constipation
  - ? Heavy lifting- manual and factory workers
  
- Collagen abnormalities
  - Ehlers Danlos
  - Hypermobility

# SYMPTOMS

- Pressure symptoms

- Bulge

- Worse in late evening and better in morning
- Feeling of something falling out/coming down
- Visible protrusion beyond hymenal orifice
- Ulceration and bleeding is therefore common

- Urinary symptoms

- SUI
- Urgency
- Difficulty voiding due to 'kink'
- Manual reduction to aid voiding
- Poor stream and incomplete emptying
- Enuresis and incontinence during sexual intercourse

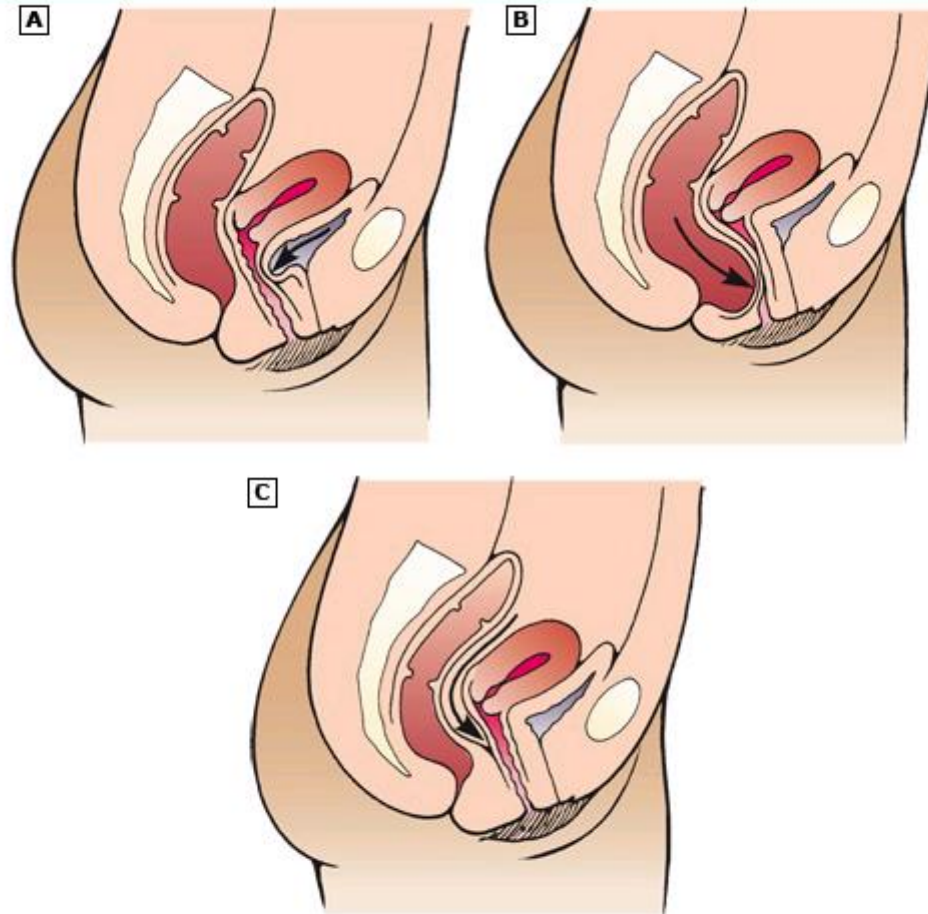
# SYMPTOMS

## ⦿ Bowels

- Constipation
- Manual reduction of bulge to assist voiding
- Incomplete emptying
- Faecal urgency
- Incontinence and soiling
- Obstructive defaecation
- Faecal soiling during intercourse

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# CLASSIFICATION

- Objective classification helps with treatment plan.
- POPQ is one used most
- Involves measuring point to hymenal plane

Three-by-three grid used to express the quantified pelvic organ prolapse (POP-Q) system

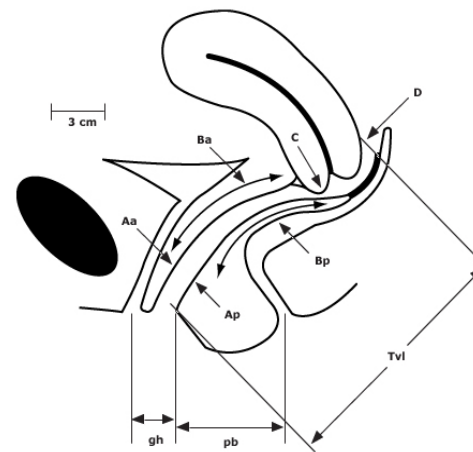
Aa	Ba	C
gh	Pb	tvL
Ap	Bp	D

Aa: point A of the anterior wall; Ba: point B of the anterior wall; C: cervix or cuff; D: posterior fornix; gh: genital hiatus; pb: perineal body; tvL: total vaginal length; Ap: point A of the posterior wall; Bp: point B of the posterior wall.

Reproduced with permission from: Harvey M-A, Vers E. Urogynecology and pelvic floor dysfunction. In: Kistner's Gynecology and Women's Health, 7th ed, Ryan KJ, Berkowitz RS, Barbieri RL, Dunaif A (Eds), St. Louis, Mosby 1999. Copyright © 1999 Elsevier.

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Pelvic organ support quantitation



Six sites (points Aa, Ba, C, D, Bp, Ap), genital hiatus (gh), perineal body (pb), and total vaginal length (tvL) used for pelvic organ support quantitation. Reproduced with permission from Bump RC, Mattiasson A, Bø K, et al, Am J Obstet Gynecol 1996; 175:10. Copyright ©1996 Mosby, Inc. UpToDate®

# MANAGEMENT

- ◉ Depends on severity and site of prolapse
- ◉ Consideration has to be given to urinary symptoms
- ◉ SUI can get worse after surgery
- ◉ UI can also get worse, patient needs to be counselled
- ◉ Continence surgery now under scrutiny, as complications related to mesh/ tape have come to light

# MANAGEMENT

- Obstructed urination, hydronephrosis indications for surgery
- Establish goals and ascertain main symptom
- Realistic expectations
- Options:
  - Expectant
  - Conservative
  - Surgical

# MANAGEMENT - CONSERVATIVE

## ○ Pelvic floor muscle training

- First line for Sui and mild to moderate POP
- Must be delivered by trained physiotherapist
- Needs to continue up to 12 months of follow up
- Patient related symptoms also improved
- NICE recommended first line management

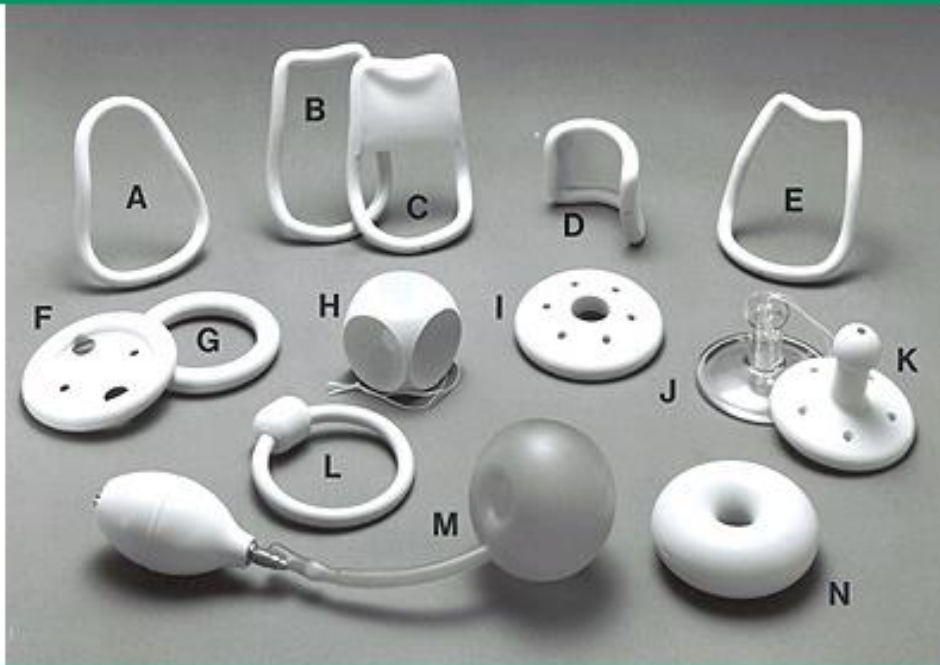


# MANAGEMENT - CONSERVATIVE

## ○ Vaginal pessary

- Silicone devices
- Different shapes and sizes
- Must be removed and cleaned on a regular basis
- Has to be acceptable for the patient
- Contraindications:
  - Local infection/ PID
  - Exposed Mesh
  - Latex sensitivity with some pessaries
  - Sexually active women who are unable to remove and reinsert

## Commonly used vaginal pessaries

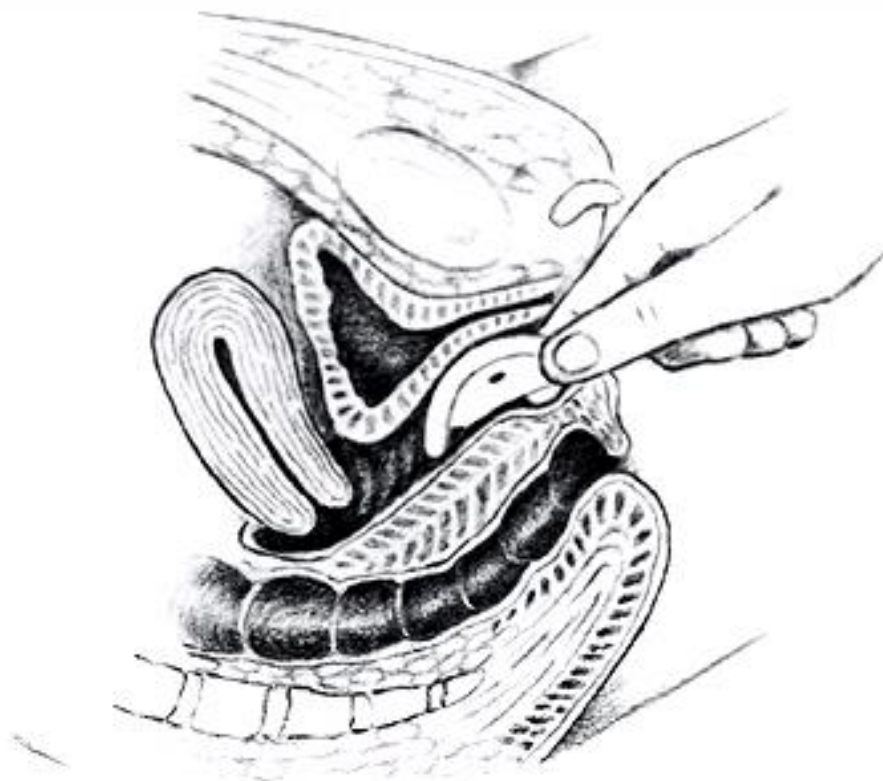


(A) Smith; (B) Hodge; (C) Hodge with support; (D) Gehrung; (E) Risser; (F) Ring with diaphragm; (G) Ring; (H) Cube; (I) Shaatz; (J) Rigid Gellhorn; (K) Flexible Gellhorn; (L) Incontinence ring; (M) Inflatoball; (N) Donut.

*Courtesy of Milex Products, Inc., Chicago, IL.*

## Insertion of the ring vaginal pessary

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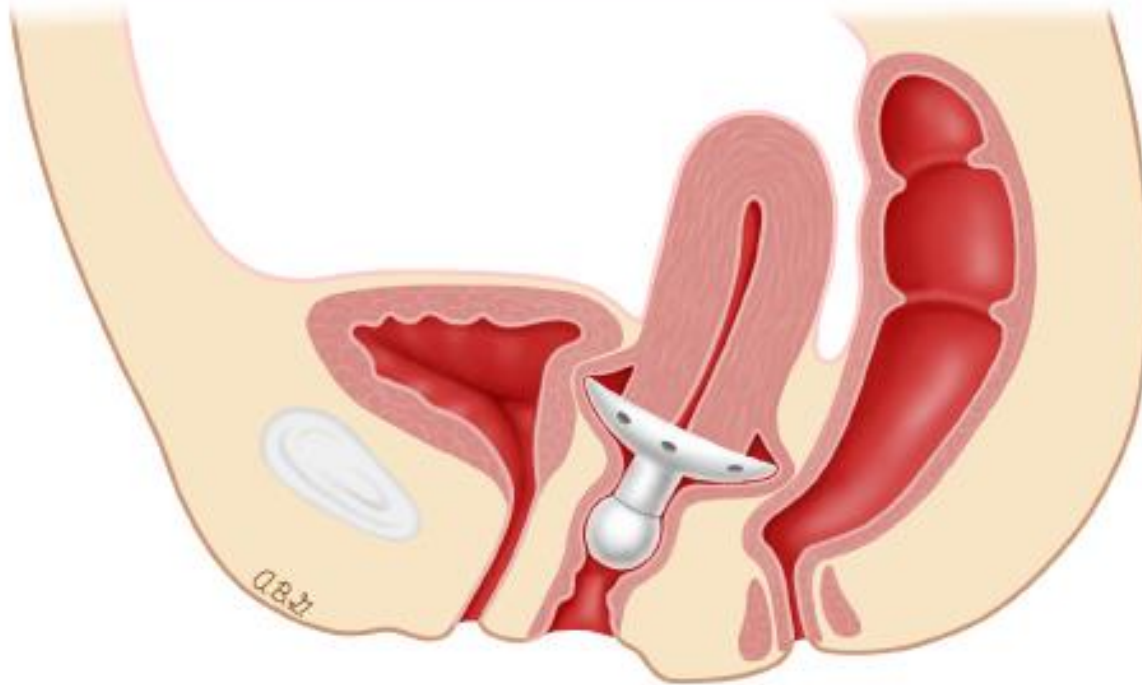
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*Courtesy of Milex Products, Inc., Chicago, IL.*

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## Gellhorn vaginal pessary in situ

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# FITTING RING PESSARY

- ◉ Verbal consent
- ◉ Explain different sizes
- ◉ Measure digitally from top of vagina to pubic symphysis
- ◉ Use lots of lubrication/ estrogen cream
- ◉ Flexible rings easier and more acceptable
- ◉ If using Gelhorn, bend stem into same plane as disc
- ◉ Once fitted, ask patient to bear down and stay around to ensure voiding ok

# MANAGEMENT- SURGICAL

- Patient selection
- Ascertain which is most important symptom
- If symptomatic for SUI then may need continence procedure at same time
- Family should be complete
- Prolapse can recur
  - More likely to recur in younger women
  - After 10 years, 17% needed repeat surgery
  - More surgical risk in older women

# PREVENTION

- New study suggests Caesarean delivery will prevent occurrence of prolapse, SUI and overactive bladder
  - Blomquist JL et al, JAMA. 2018;320(23):2438
- Pregnancy in itself is risk factor so nulliparity is preventative
- Avoidance of Constipation
- Avoidance of heavy lifting
- ?Estrogen replacement