



RALPH ZIPPER, MD

Pelvic Organ Prolapse

Common condition among older women

Pelvic organ prolapse is a group of disorders encompassing the hernias of the female pelvic organs. General gynecologists and urologists often refer to these disorders as cystoceles, rectoceles, vaginal prolapse, enteroceles, and uterine prolapse.

A hernia is a protrusion of a tissue through a wall of a body cavity in which it is normally contained. A group of strong fibers made up of collagen and muscle supports the organs of the pelvis. These tissues, referred to as fascia, ligaments and the levator muscles, surround the vagina and reach out to the bony walls of the pelvis. They keep the vagina in its normal anatomical position and prevent the bladder, intestines and rectum from herniation. When there is injury to or weakness of these supporting structures, pelvic organ prolapse can occur.

Things such as vaginal childbirth, hysterectomy, obesity, and aging can predispose women to vaginal herniation known as pelvic organ prolapse. The bladder, rectum, uterus, and bowel may begin to bulge into or beyond the vagina. The different types of pelvic organ prolapse are named for the area of vaginal herniation or the organ that is herniating into the vagina.

Prolapse may be associated with different levels of discomfort, sexual dissatisfaction, and bladder and/or bowel problems. There are numerous ways to treat pelvic organ pro-

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lapse. Even though these are elective treatments, most are covered by health insurance.

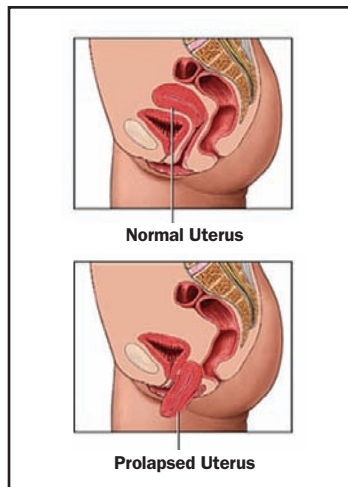
Pelvic organ prolapse symptoms include a feeling of pressure or pulling in the vagina or pelvis, the sensation of something being inside the vagina, and irritation or bleeding from rubbing of the prolapse on the inner thighs or clothing. Prolapse can also affect normal function of the bladder and may cause problems with sexual activity.

Types of Pelvic Organ Prolapse

- **Anterior Compartment Failure (cystoceles):** The anterior wall of the vagina normally supports the bladder. When herniation occurs, the bladder may protrude into or beyond the vagina. This may appear as a small golf ball sized bulge but can be larger than a softball.

- **Posterior Compartment Failure (rectoceles):** The posterior wall of the vagina normally provides support to the rectum. When herniation occurs, the rectum may protrude up into or beyond the vagina. This may appear as a small golf ball sized bulge but can be larger than a softball.

- **Uterine Prolapse (Procidentia):** The uterus normally sits at the top of the vagina. The bottom or opening of the uterus is called the cervix. The cervix protrudes into the top of the vagina. When herniation occurs, the cervix and uterus may protrude into or beyond the vagina. When the prolapse is beyond the opening of the vagina, the cervix and apex of the vagina bulge out. This may appear as a small donut shaped bulge but can also take on the shape of a small football. When herniation of the apex of the vagina occurs in a women who has had a hysterectomy it is called vault prolapse or apical



Normal Uterus

Prolapsed Uterus

failure. This bulge often contains intestines (enteroceles).

Treatments for Pelvic Organ Prolapse

Urogynecologists describe the severity of pelvic organ prolapse using the POP-Q system. This system assigns a series of points to areas of the vagina. Surgeons then measure how far these specific points have prolapsed with reference to the opening of the vagina.

Surgical Options

• Graft Surgeries:

Anterior and Posterior Graft Vaginoplasties: This involves the use of graft material to treat anterior compartment failure. An urogynecologist may shape their own graft material or use pre-shaped pieces that come in surgical kits manufactured for pelvic organ prolapse.

- **Graft Colpopexies:** This involves the use of graft material to support the vaginal apex. The graft material is most commonly secured to a strong structure in the pelvis such as a ligament or tendon. Unlike old-fashioned colpopexies, the weakened vaginal tissues are never attached directly to supporting tissues.

- **Paravaginal Repair:** This is a later plication surgery used for anterior compartment failure. If the surgeon identifies a tearing of the anterior compartment support (bladder support) from its attachment to the pelvic sidewall, he can pinch this closed with suture. This is done through vaginal incisions. Success rates are highest amongst younger patients

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TREATMENT MAY be conservative, using pessaries which are useful in the frail or older woman. Each pessary comes in a different size and can be individually selected to suit the woman. In the absence of symptoms or problems they only have to be changed every 9 to 12 months.

treated by experienced surgeons. Paravaginal repair is rarely offered as the primary treatment for anterior compartment failure.

• **Anterior and Posterior Repairs:** These are also commonly referred to as anterior and posterior colporrhaphies. They are midline plication surgeries. This means the surgeon treats a hernia in the center of a cystocele or rectocele by pinching it closed with the surrounding tissue. These surgeries have high failure rates. Anterior and posterior colporrhaphy are rarely offered as the primary treatment for prolapse.

Non-surgical Options

• Pelvic Floor Physiotherapy:

The support of the pelvic organs is created by both collagen based and muscular structures. Loss of support is typically caused by a combination of damage and or weakness to all of these structures.

Damage and weakness to the muscular structures (Levator Muscle Group) are responsive to physiotherapy. The lower the grade of prolapse, the more likely it is that increased Levator muscle tone can help improve symptoms. Milder cases of prolapse are very treatable with pelvic floor physiotherapy. However, with more severe prolapse, improvement in the muscular support will not be enough to compensate for the non-muscular damage.

• **Pessaries:** Pessaries are rubber or silicon rings, squares, or unique shapes that may be worn inside the vagina. By taking up space inside the vagina, they prevent the pelvic organs from prolapsing through the herniated area.

It is important to remember that while pessaries do not cure prolapse, they do treat the symptoms. As soon as a pessary is removed, the prolapse returns. A pessary may be worn for up to three months at a time before being replaced.

Afraid to voice their concern, many women suffer with pelvic organ prolapse for years. This medical issue is deeply personal, and many women have no idea that treatment options exist. There is no substitute for experience, and finding a qualified urogynecologist should always be the first step in any pelvic organ prolapse treatment plan. ■

Dr. Ralph Zipper is a national leader in the field of urogynecology and vaginal surgery. Zipper Urogynecology Associates is one of the nation's top centers for the treatment of pelvic floor dysfunction, overactive bladder and urinary incontinence and vaginal rejuvenation. For details, please visit the newly launched educational web site www.zipperurogyn.com or call 321-674-2114. Jennifer Lang P.A.C. is one of the nation's most experienced urogynecology PAs. Zipper Urogynecology Associates accepts most major insurances including Medicare and Health First. Call 321-674-2114 for an appointment or e-mail request to frontdesk@zipperurogyn.com

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