

Treatment Options for Pelvic Organ Prolapse

**Female Pelvic
Medicine and
Reconstructive
Surgery**



Treatment Options for Pelvic Organ Prolapse



Assessment and treatment for pelvic organ prolapse should only be done by a doctor who is credentialed by the hospital where the surgery will be performed, and who is experienced in the procedure. Waitemata DHB has a robust process to credential our health professionals. You can ask your doctor to confirm that they or the surgeon performing your surgery are credentialed.

This guide is designed to help you discuss the treatment options for pelvic organ prolapse with your health professional, and to share decisions about your care.

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Understanding the risks and benefits of treatment

Be informed

Before making a decision about your health care, it is important that you fully understand the risks and benefits of any medical test, treatment and procedure recommended to you by your doctor.

Asking your doctor or other health care provider questions about your tests and treatment options will help you make better decisions together. These discussions also support the consent process.

You can discuss the different treatment options with your doctor to better consider how these options may apply in your case.

Second opinions

You may consider getting more than one opinion on surgical treatments if you feel this would be of assistance. You can request your doctor to refer you to another specialist.

Your rights

You have a right to be informed about services, treatment options and costs in a clear and open way and be included in decisions and choices about your care.

Support person

You may find it helpful to take a family member or friend for support when discussing your options and the next steps with your doctor.

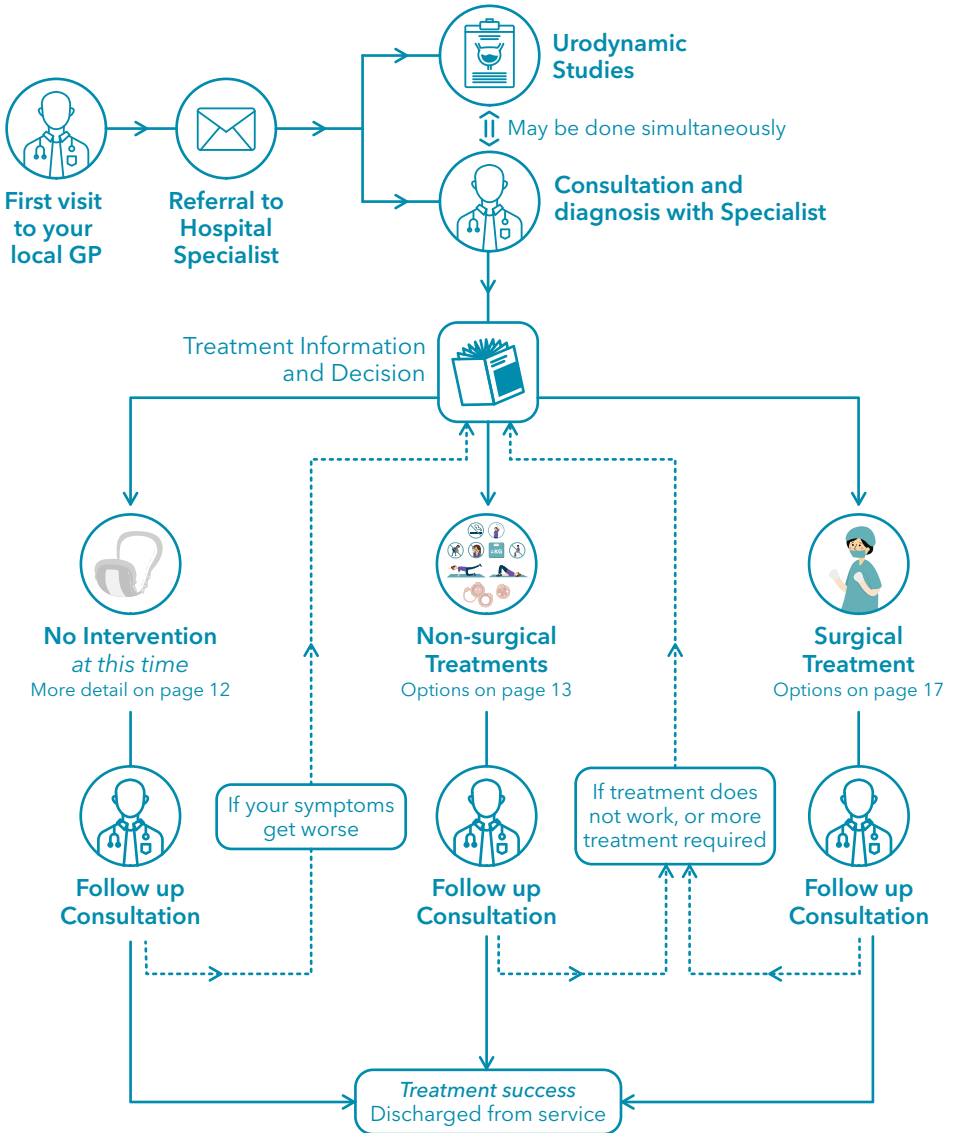
Pre-surgery tests

Prior to any surgery you may require urodynamic or other specialised tests. This helps your surgeon determine if you are suitable for continence surgery and the most appropriate surgery, if any, for your symptoms.

Further questions

Some questions you may wish to ask your doctor are contained on page 22 of this patient information guide.

Your Treatment Journey



What is pelvic organ prolapse?

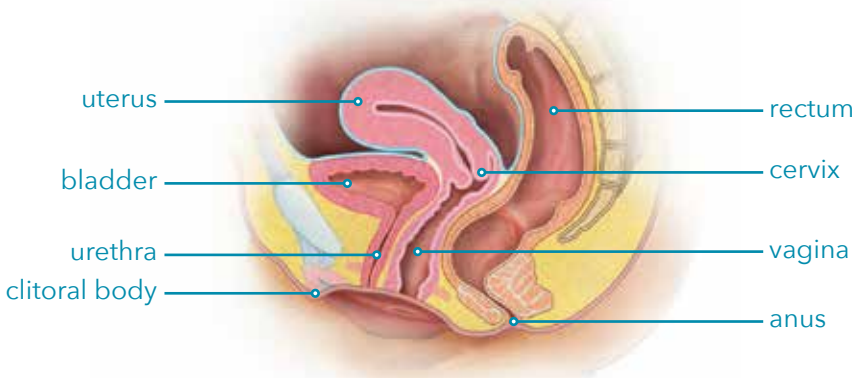
Pelvic organs include your bladder, womb (uterus) and rectum. Pelvic organ prolapse occurs when one or more of these organs bulges against, or sags down into the vagina and the muscles and ligaments in the pelvic floor become stretched, or too weak to hold the organs in the correct place.

Prolapse can occur in the front wall of the vagina (cystocele), back wall of the vagina (rectocele), uterus (uterine) or top of the vagina (vault). You can have prolapse of more than one organ at the same time. Types of prolapse are shown on page 7. Vaginal prolapse is common, affecting up to half of adult women*. Causes include pregnancy and childbirth, aging and menopause, obesity, chronic cough, chronic constipation, and heavy lifting. Prolapse can also occur following hysterectomy and other pelvic surgeries.

Prolapse is usually not life-threatening, but it can significantly affect your quality of life. It's your choice how you proceed.

* Lifetime risk of undergoing surgery for pelvic organ prolapse. Smith FJ, Holman CDJ, Moorin RE, Tsokos N, *Obstet Gynecol* 2010; 116,5:1096-1100

What are the types of pelvic organ prolapse?



Normal Pelvic Organs



Uterine Prolapse



Posterior Vaginal Wall Prolapse (rectocele)



Anterior Vaginal Wall Prolapse (cystocele)

Source: Reproduced with permission from Treatment Options for Pelvic Organ Prolapse, developed by the Australian Commission on Safety and Quality in Health Care. Sydney: ACSQHC; 2018

What are the symptoms of pelvic organ prolapse?

There are a range of symptoms of pelvic organ prolapse that can contribute to physical impacts and affect your quality of life. They might include:

Bulge-related Symptoms



- Pressure or bulging in your vagina, often made worse with physical activities

Urinary-related Symptoms



- Difficulty emptying your bladder
- Urinary urgency/frequency
- Urinary problems such as retention (unable to urinate when your bladder is full), incontinence, and recurrent urinary infections. In severe cases of prolapse obstruction of the ureters (the tubes which connect the kidneys to the bladder) and kidney function impairment can occur.

Bowel Function Symptoms



- Difficulty emptying the bowels
- Having to push on the back wall of the vagina with your fingers to have a bowel motion

Sexual Function Symptoms



- Discomfort during intercourse
- Feeling the bulge during intercourse
- Affect your body image

If you have no symptoms, or your symptoms don't affect your usual activities, you may safely choose no intervention. You can find out more about this option on page 12.

Treatment for pelvic organ prolapse will resolve some of the problems you experience, but it may not resolve all of your symptoms for example constipation, pelvic pain and pain during intercourse as these may be due to different causes.

“ Don’t be afraid to ask questions about all the treatment options, and ask them to tell you what the risks and complications are for each of those options.”

– From a woman who has been through this before

“ If you can take along a support person when attending appointments, a second set of ears is excellent for a sounding board when making a decision. Also they might hear something you didn’t hear in the appointment.”

– From a woman who has been through this before

What are my treatment options?

There are different ways that prolapse can be treated. It depends on how much of a problem your prolapse is to your quality of life.

Non-surgical, conservative measures such as lifestyle changes and pelvic floor exercises are offered as first-line treatment options. If they do not work for you, your doctor will discuss what surgical treatment options are appropriate for you. It is your decision if you wish to proceed with surgical treatment.

Your options fall into three categories:

1 No Intervention

You can choose not to do anything **at this time**. And if your symptoms worsen over time, you can consider other treatment options at a later time.

2 Non-surgical Treatments

Conservative treatment options include lifestyle changes, pelvic floor exercises, vaginal pessary and oestrogen cream.



3 Surgical Treatments

Surgical treatments are offered if conservative treatments don't work for you. They include native tissue repair and synthetic mesh repair.



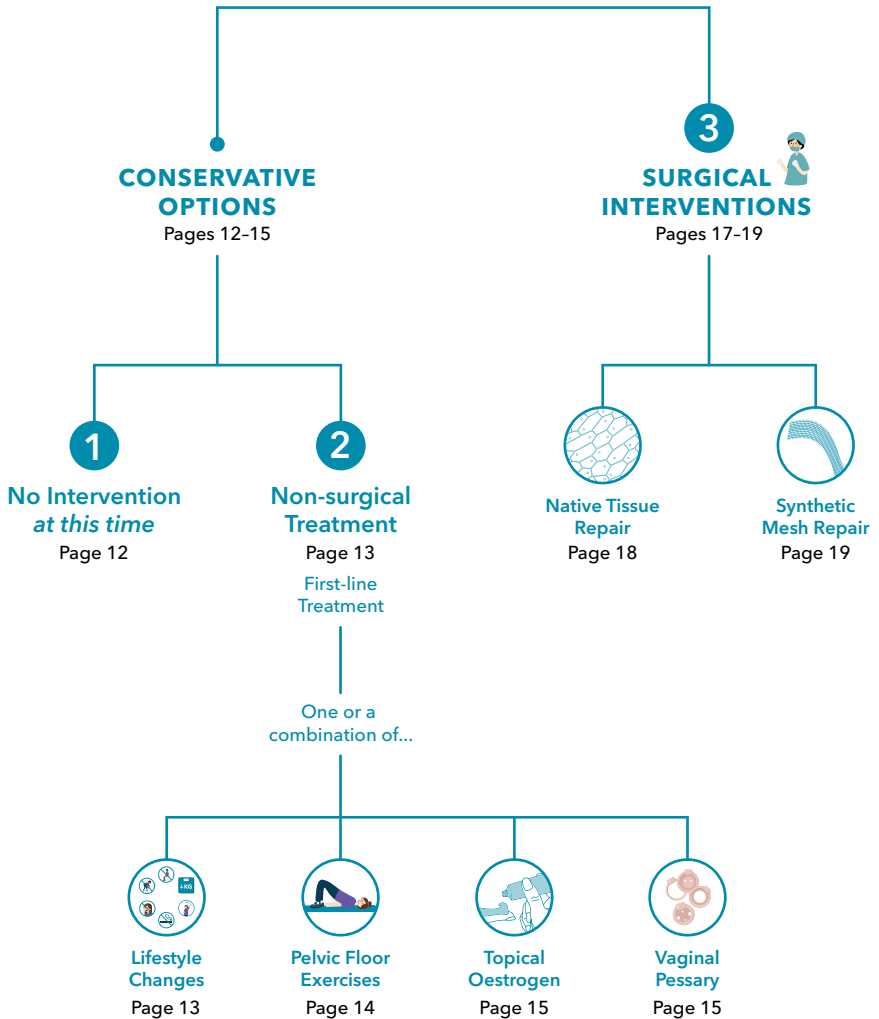
Each of these options is explained in more detail on the following pages.

The decision you make about which treatment option is best for you will depend on a number of things:

- why you are seeking treatment
- how severe or troublesome your symptoms are
- how well you understand the treatment options
- your lifestyle and values

! *We recommend that you consult your doctor until you are confident and fully understand your options before going ahead with treatment.*

OVERVIEW OF TREATMENT OPTIONS



1

No Intervention

After speaking with your doctor and considering information about pelvic organ prolapse, you may choose not to have any treatment **at this time**, particularly if your symptoms are mild or very mild and are not affecting your quality of life.

Choosing to do nothing now, doesn't mean you cannot change your decision later on if your prolapse changes or worsens over time, or you feel you would like to try one of the other treatment options.

You might have both prolapse and incontinence present at the same time, but these are separate conditions and each needs to be assessed and specific treatment options for stress urinary incontinence should be considered. Waitemātā DHB has another information resource to inform your options about stress urinary incontinence.

Will my prolapse get better if I do nothing?

Your prolapse may stay the same or it may get worse. If your prolapse worsens, you can then choose to consider and undertake other treatment options.

2

Non-surgical Treatment Options

Non-surgical treatments are recommended as the first line of treatment by the Ministry of Health. You may be able to improve some symptoms without surgery. The following treatment options are safe, and either alone or a combination of these options, may give you good results. However, they may not work for everyone and you may still have symptoms that affect your quality of life. We recommend that most women try conservative treatments for 3-6 months before considering surgical intervention. It is important that you discuss what treatment option is best for you at this time. Your doctor will use page 20 to discuss your personal plan with you.

Lifestyle changes

The lifestyle changes listed to the right are all non-surgical options that should be considered. Each of these options can help lessen your awareness of prolapse and contribute to overall good health.

These changes need consistent effort, over the long term as it takes time for lifestyle changes to work. Support from a health professional, such as a dietitian or your general practitioner, as well as support from family and friends may help in making these lifestyle changes.



Reduce weight



Lower impact exercises



Avoid Heavy Lifting



Avoid Constipation



Avoid Chronic Coughing



Stop Smoking

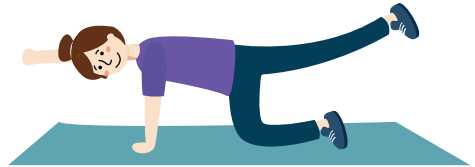
Pelvic floor exercises



Pelvic floor exercises are intended to strengthen the pelvic floor by actively tightening and lifting the muscles at regular intervals.

Help from a health professional, such as a physiotherapist with a special interest in pelvic floor dysfunction or continence nurse, is important to give instruction and assist in improving the outcomes of these exercises.

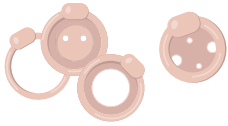
These exercises can help decrease the awareness of prolapse and reduce the need for surgery. They need to be done correctly and consistently over time; these exercises are not a quick fix.



If muscles are very weak, there are other additional treatments that may help to improve pelvic floor function. A physiotherapist with a special interest in pelvic floor dysfunction may suggest biofeedback or electrical stimulation.

An internal examination and some specialised tests may also need to be performed to assess whether you are doing the exercises correctly and whether they are helping improve your pelvic floor strength.

Vaginal pessary



Your doctor or a physiotherapist with a special interest in pelvic floor dysfunction can fit you with a removable device called a pessary. This is a soft device inserted into your vagina to support the walls of your vagina and/or uterus.

Pessaries are made from a variety of materials including vinyl, silicone and latex. The type and size of pessary recommended for you will depend on your situation and this will require an internal examination. It may require more than one appointment to fit you correctly. The material that the pessary is made of may cause a reaction in some women – i.e. a latex allergy.

More studies are needed to understand the benefits of pessaries in treating prolapse. However, it is safe to use them, both short- and long-term. When insertion is successful there may be improvement in prolapse symptoms and in bladder, bowel and sexual function.

Topical oestrogen



Oestrogen cream can be applied to reduce vaginal dryness and improve tissue quality of a prolapsed vaginal wall. Where urinary infection has been a factor, this may be helpful.

Vaginal oestrogen treatment acts locally on the vaginal tissues. Very minimal oestrogen is absorbed into the bloodstream.

Consideration needs to be taken if you have a history of breast cancer, but this cream may still be an option. Your doctor will discuss this with you.

A special note about transvaginal mesh

Some surgical options have involved the use of transvaginal mesh. Many women have had successful repairs of their prolapse using transvaginal mesh, however many have also experienced serious complications which are debilitating and affect their everyday lives.

Mesh may also be inserted through the abdomen, which has been associated with fewer complications than transvaginal mesh, including lower re-operation rate and improved outcomes compared with both native tissue, biological graft and transvaginal mesh repairs.

Complications of transvaginal mesh reported by some women include: mesh migration, extrusion or erosion resulting in lacerations of vessels and organs, including the bladder and vagina; continual chronic pain; painful sexual intercourse; and nerve damage. These complications can be debilitating and life-altering.

More information by the Ministry of Health can be found at <https://www.health.govt.nz/our-work/hospitals-and-specialist-care/surgical-mesh>

3

Surgical Treatment Options

If non-surgical treatments do not work for you, and your symptoms continue to disrupt your life, you might consider surgery. Surgery to repair the prolapse can involve use of either your own tissue (native tissue) or a biological graft (human or animal) or polypropylene mesh.

The repairs may be made by insertion of mesh through your abdomen using dissolvable or permanent stitches.

Surgery for pelvic organ prolapse can be performed through either the vagina or abdomen, or both. Your surgeon will work with you to determine the best approach for you.

Risks

There is a risk that surgical procedures may not fix the prolapse. The risk of recurrent prolapse is higher following native tissue and biological graft repairs compared to polypropylene mesh repairs.

All surgery has risks including not fixing your pelvic organ prolapse, damage to nearby organs, infection and life-threatening bleeding.

Your Treatment Options

We offer two surgical treatment options as listed below. Each option is outlined in more detail on the following pages and are presented in order of the most common option we offer at this hospital:

- Native Tissue Repair (page 18)
- Synthetic Mesh Repair (page 19)

Native Tissue Repair



Treatment Procedure

On average this is a 60-120 minute operation.* This procedure is usually performed through the vagina that involves reinforcing your damaged tissue by attaching them to your ligaments. There are several types of native tissue repair operations, and will depend on the position of the prolapse. These include anterior vaginal repair, posterior vaginal repair and apical support procedures. You may benefit from a hysterectomy to treat your prolapse.

Risks / Complications

Native tissue repair has a higher risk of recurrent prolapse compared with synthetic mesh and, as for all types of prolapse repair, there is a risk of development of pelvic pain in the short and long term. If you do develop pelvic pain, it can be difficult to treat.

* Additional 30 minutes required for prep and post surgery.

Recovery Time




Overnight or 1-2 night stay in hospital



6 weeks recovery at home with the following milestones

 Driving (4 wks)

 Work (6 wks)

 No high impact exercise (6 wks)

Synthetic Mesh Repair



Treatment Procedure

On average this is a 240 minute operation.* This procedure is performed through the abdomen that uses synthetic mesh (a man-made, net-like product) which may be placed in and attached to support your prolapsed organs with sutures between the vagina/cervix and tailbone. Mesh are most commonly made from polypropylene. This procedure is called 'sacrocolpopexy'.

Risks / Complications

The mesh is intended to remain in the body permanently. If complications occur, additional surgery may be required. Complications may not completely resolve, even if the mesh is removed. Complete removal of the mesh is difficult and multiple surgeries might be required. Ask your surgeon if they could remove the mesh (if necessary).

Considerations

! *This treatment may not be right for you if you have the following history. Please discuss this with your doctor.*

- Pelvic pain
- Extensive abdominal surgery

Recovery Time



Overnight or 1-2 night stay in hospital



6 weeks recovery at home with the following milestones

- Driving (4 wks)
- Work (6 wks)
- No high impact exercise (6 wks)
- Sexual intercourse (6 wks)

* Additional 30 minutes required for prep and post surgery.

My Personal Plan:

A large, empty rectangular area with a blue border, intended for writing a personal plan.

Your doctor will use this page to discuss your personal plan with you.

Questions to consider asking your doctor

- ❓ Do you have the necessary approvals and credentials from the hospital where you would perform my procedure?
 - ❓ What are the benefits and problems of using a pessary?
 - ❓ What are the risks and benefits of the surgical options recommended for me?
 - ❓ If I develop a complication, will you be able to treat me, or will you refer me to another specialist?
 - ❓ What does the procedure involve?
 - ❓ What can I expect to feel after surgery? What specific symptoms should I report to you after the surgery?
 - ❓ Based on your experience, how long might I have pain after surgery?
 - ❓ If I develop a complication a long time after the surgery, what should I do?
- ❗ *It can be helpful to take a support person with you when you talk to your doctor. You may wish to ask the doctor to explain some answers again.*

A special note for women following surgery

In addition to the discharge information about post-operative care, here's what you can do if you have any new symptoms.

If you experience an onset of new symptoms that do not improve with rest or simple pain relief within a day, please see:

- Your GP in the first instance
- The Emergency Department (ED) at your local hospital if you feel you require immediate treatment

You should expect the following after your surgery:



Pain should gradually improve over 6 weeks



You can urinate properly (emptying and normal flow) by 1 week

Explanation of Terms



Credentialing

A process used by health service organisations to verify the qualifications and experience of a medical practitioner or other clinician to determine their ability to provide safe, high quality health care services within a specific health care setting and role.



Cystoscopy

A look inside the bladder with a telescope.

Erosion

Where a mesh implant is partly exposed inside the vagina, bladder or rectum. The synthetic mesh has worked its way outside the vaginal wall and can cause injury to surrounding structures, especially the bladder, bowel and urine tube/urethra.

Extrusion

Where the synthetic mesh used during surgical repair erodes through the skin and tissues and becomes exposed through the vaginal skin.

Synthetic mesh

A man-made, net-like product that is placed in and attached to your pelvis, sometimes with 'anchors' to support your prolapsed organs. Polypropylene is the most common material that mesh is made from. Other terms used for mesh to repair prolapse include tape, ribbon, sling and hammock. Sometimes the term 'mesh kit' is used to refer to packages prepared by manufacturers that include pieces of mesh and anchors.



Further Information

The following websites contain helpful information, on occasion websites may change the location of information which can affect the links supplied below. To make sure you have the latest link, you can access them on our Waitematā DHB website here: www.waitematadhb.govt.nz/healthyliving/fph/resources

More information can be found on the following websites:

Information and documents from the Ministry of Health on [surgical mesh](http://www.health.govt.nz/our-work/hospitals-and-specialist-care/surgical-mesh) www.health.govt.nz/our-work/hospitals-and-specialist-care/surgical-mesh

Useful resources for mesh

www.ranzcog.edu.au/Mesh-Resources

Urogynaecological-related information www.ugsa.org.au/pages/patient-information.html

Consumer resources:

Australian Commission on Safety and Quality in Health Care www.safetyandquality.gov.au/our-work/transvaginal-mesh/consumer-forums-to-discuss-transvaginal-mesh

Top Tips for Safe Health Care to help consumers, their families, carers and other support people get the most out of their health care. www.safetyandquality.gov.au/publications/top-tips-for-safer-health-care



Waitematā
District Health Board

Best Care for Everyone

**Female Pelvic Medicine
and Reconstructive Surgery**

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