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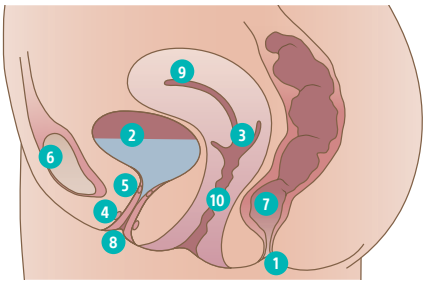
Pelvic organ prolapse FAQ

Read answers to common questions about pelvic organ prolapse.

What causes pelvic organ prolapse?

Pelvic organ prolapse (POP) occurs when muscles and ligaments in the pelvic floor are stretched to become too weak to hold the pelvic organs in the correct position. When this happens, organs such as the bladder, rectum, and uterus can bulge (prolapse) into the vagina and sometimes past the vaginal opening. Potential causes of pelvic organ prolapse include pregnancy, childbirth, and menopause.



1. Anus
2. Bladder
3. Cervix Vaginal Apex
4. Exterior Urethral Sphincter
5. Interior Urethral Sphincter
6. Pubic Bone
7. Rectum
8. Urethra
9. Uterus
10. Vagina

What are some symptoms of pelvic organ prolapse?

Symptoms of pelvic organ prolapse can include:

- Pressure or discomfort in the vaginal or pelvic area, often made worse with physical activities such as prolonged standing, jogging or bicycling.
- Diminished control in the bladder and/or bowels
- A bulge near the opening of the vagina
- Pain during intercourse

What are the treatment options for pelvic organ prolapse?

Depending on the severity and the type of prolapse, your physician will discuss the available treatment options you may want to consider. An option for mild cases is pelvic floor exercises, such as Kegels, which are intended to increase strength and maintain elasticity in the pelvic muscles. Another treatment option is a pessary, which is a ring-like device placed in the vagina designed to provide support for the organs that have fallen (or prolapsed). Pessaries are typically fitted by healthcare professionals. If symptoms are still bothersome and can't be managed with a pessary or other non-surgical options, surgery may be needed. Treatment options should be discussed with your physician.

When is surgery recommended to treat pelvic organ prolapse? What are examples of surgeries that are performed to treat pelvic organ prolapse?

If non-surgical treatments do not provide sufficient relief of your symptoms and your pelvic organ prolapse continues to cause pain, problems with bowel and bladder functions, or if it interferes with your sexual activity, you may choose to discuss surgical options with your doctor. The goal of any type of surgical treatment for prolapse is to repair the supporting tissue of the prolapsed organ or vaginal wall using either the patient's own tissues or a surgical mesh. Surgeries can be performed either through the abdomen or the vagina. Surgeries performed via the abdomen may be performed laparoscopically using several small incisions or through one larger abdominal incision. It's important to discuss your options with your physician to determine which treatment plan is most appropriate for your specific medical situation.

- Surgical procedures that use patients' own tissues and ligaments to treat pelvic organ prolapse include Modified McCall culdoplasty, high uterosacral ligament suspension, uterosacral ligament fixation, and sacrospinous ligament fixation.
- Surgical procedures that use synthetic mesh to treat prolapse via an abdominal incision include sacrohysteropexy or sacralcolpopexy.

If a physician determines that the patient's uterus is prolapsing into the vagina, the surgical removal of the uterus (hysterectomy) may be recommended as a treatment option for pelvic organ prolapse.

How is mesh used in the treatment of Pelvic Organ Prolapse?

Synthetic mesh is generally used to help repair weakened or damaged tissue. In urogynecologic procedures, surgical mesh is permanently implanted to reinforce the weakened vaginal wall as part of the repair of pelvic organ prolapse.

What types of materials may be used and what are the risks?

There are a few surgical materials that could be used to facilitate your path toward repair. These include a synthetic polypropylene mesh or biologic grafts made of human dermis. The material will reinforce the vaginal wall at the location of the pelvic organ prolapse. Potential adverse events associated with implanting synthetic mesh in pelvic organ prolapse procedures can be found below.

Please consult your physician to discuss the associated risk and complications for the specific surgical material you receive. Below is a list of potential adverse events for Boston Scientific's pelvic organ prolapse surgical material.

Potential adverse events, any of which may be ongoing, include but are not limited to: Abscess (swollen area within the body tissue, containing a buildup of pus), Adhesion formation (when a scar extends from within one area to another), Allergic reaction (hypersensitivity) to the implant, Bleeding, Bruising, Constipation, Dehiscence (opening of the incision after surgery), De novo detrusor instability (involuntary contraction of the bladder wall leading to an urge to urinate), Dyspareunia (pain during sexual intercourse) that may not resolve, Erosion into organs, exposure/extrusion into vagina (when the mesh goes through the vagina into other organs or surrounding

tissue), Exposed mesh may cause pain or discomfort to the patient's partner during intercourse, Fistula formation (a hole/passage that develops through the wall of the organs) which may be acute or chronic, Foreign body reaction (body's inflammatory response to the implant) which may be acute or chronic, Granulation tissue formation (reddish connective tissue that forms on the surface when a wound is healing), Hematoma formation (a pool of blood under the skin/bruising), Hemorrhage (profuse bleeding), Infection, Inflammation (redness, heat, pain, or swelling at the surgical site as a result of the surgery) which may be acute or chronic, Injury to ureter (the duct that urine passes from the kidneys to the bladder), Mesh contracture (mesh shrinkage), Necrosis (death of living tissue in a small area), Nerve injury (injury to the nerve fiber), Organ perforation (a hole in or damage to these or other tissues that may happen during placement), Pain: pelvic, vaginal, groin/thigh, dyspareunia (which may become severe), Perforation or laceration of vessels, nerves, bladder, or bowel (a hole in or damage to these or other tissues that may happen during placement), Post-operative bowel obstruction (blockage that keeps food or liquid from passing through the small or large intestines), Prolapse/recurrent prolapse (complete failure of the procedure), Scarring/ scar contracture (tightening of the scar), Sexual dysfunction (difficulty with sexual response, desire, orgasm, or pain); including the inability to have intercourse, Tissue contracture (tightening of the tissue), Vaginal shortening or stenosis which may result in Dyspareunia and/or Sexual dysfunction, Voiding dysfunction: incontinence, temporary or permanent lower urinary tract obstruction, difficulty urinating, pain with urination, overactive bladder, and retention (involuntary leakage of urine or reduced or complete inability to empty the bladder). The occurrence of one or more of these complications may require treatment or surgical intervention. In some instances, the complication may persist as a permanent condition after the surgical intervention or other treatment. Removal of mesh or correction of mesh-related complications may involve multiple surgeries. Complete removal of mesh may not be possible and additional surgeries may not always fully correct the complications.

How likely is it that my prolapse will recur after surgery?

As with any procedure, some patients may have success while others may not. It is difficult to estimate your specific results. Your physician will explain your options and determine with you which treatment plan is most appropriate for your specific medical situation. Your physician will consider a number of factors to determine the likelihood of recurrence in your situation. The most appropriate treatment plan for you will be determined by taking these factors into consideration. The ultimate goal is to give you a lasting repair.

What if the synthetic mesh comes through my vaginal wall at some point after surgery?

Exposure of the mesh (the presence of mesh material through the surrounding tissue) or mesh erosion (presence of mesh material within the organs surrounding the vagina) can occur following treatment of pelvic organ prolapse with synthetic mesh. Your physician will decide the best course of treatment for you if mesh erosion or exposure occur. Synthetic mesh exposure and pain can occur years after initial mesh placement. Therefore, it is important to continue with your annual and other routine checkups and follow-up care.

If synthetic mesh is to be used in my pelvic organ prolapse repair, will my physician have information on the product to be implanted?

Yes. You should ask your physician to give you a copy of any patient education information that he or she may have for the specific product used during your surgery, and keep it in your personal file.

What can I expect after surgery?

Recovery experiences vary for each patient, so it's important to consult with your physician about what to expect in your specific case.

Before being discharged from the hospital, you may receive medication to relieve potential discomfort or possibly an antibiotic. Your doctor will also determine the type of anesthesia used and the length of your hospital stay. Your physician will provide instructions on when you can resume moderate or strenuous activities and sexual intercourse.

Notify your physician immediately if you experience pain with urination, bleeding, painful sexual intercourse, severe pain, defecatory issues, or any other concerning symptoms. Be sure to follow your physician's guidance on which activities to avoid during recovery.

Learn more at chooseyou.com

Use your mobile device to scan this QR code to access more resources about pelvic organ prolapse.

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For Pelvic Organ Prolapse: CAUTION: Federal (USA) law restricts this device to sale by or on the order of a physician trained in performing mesh procedures for surgical repair of pelvic organ prolapse.
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