



A Patient's Guide

# Pelvic Organ Prolapse Causes, Symptoms & Treatment Options



## Patient Guide Overview

In this guide you will learn what causes pelvic organ prolapse (POP) and the types of patients who are most likely to develop it. You will also learn about the symptoms of POP and the various types of treatment options available.

For your convenience a glossary has been included to help you better understand the terms used throughout this guide. Any term that appears in boldface type can be found in the glossary.

## Causes

### **What is pelvic organ prolapse?**

Pelvic organ **prolapse** is a condition that occurs when one or more of the organs normally found in the pelvis slip from their normal position and push against the walls of the vagina.

### **What causes pelvic organ prolapse?**

The pelvic organs are normally held in place by a network of muscles called the **pelvic floor**. If those muscles become weakened or damaged, they lose their ability to support the pelvic organs, which can then slide downward into the vagina.

### **Which patients are likely to develop pelvic organ prolapse?**

Pelvic organ **prolapse** is most common among women who are 55 years and older and women who have had more than one natural birth. You may also be more likely to have **prolapse** if you have had a hysterectomy. Other factors can also increase your chance of developing pelvic organ **prolapse**. These include any type of additional pressure on the pelvis, such as obesity, a long-lasting cough or frequent constipation.

## Symptoms

### **What are the symptoms of pelvic organ prolapse?**

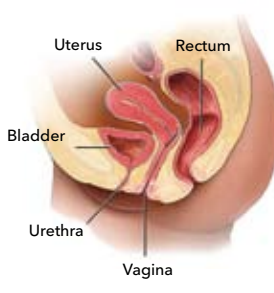
The most common symptom of POP is a sensation of something drooping or bulging into the vagina. Other symptoms may include a pressure or discomfort in your pelvic region, back pain, and pain during intercourse. Finally, you may notice changes in your urination and/or bowel movements, including **incontinence**, constipation or recurring symptoms of a urinary tract infection.

## Diagnosis

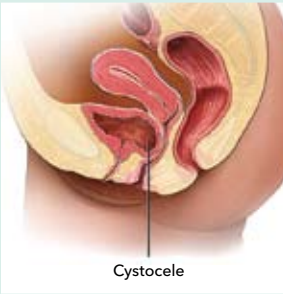
### How is it diagnosed?

If your doctor suspects that you have pelvic organ **prolapse**, he or she will perform a vaginal exam to determine which organ is prolapsing and how severely. He or she may also recommend some additional tests, including an MRI, ultrasound or **cystourethroscopy**—a test that uses a thin tube with a light and lens to look inside the urethra.

## There Are Five Types of Prolapse

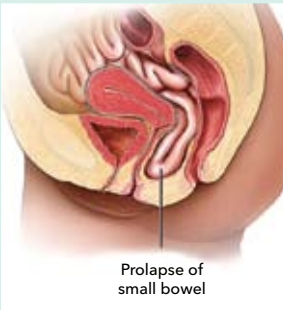


### Normal Female Pelvic Anatomy



### 1 Cystocele

When the bladder drops into the vagina.



### 2 Enterocoele

When the intestine pushes on the upper vagina.



### 3 Rectocele

When the rectum pushes on or falls out of the vagina.



### 4 Uterine Prolapse

When the uterus falls into the vagina.



### 5 Vaginal Prolapse (post-hysterectomy)

When the top of the vagina drops from its normal place.

## POP Treatment Options

Pelvic organ **prolapse** will not go away without treatment. The first thing your doctor will probably recommend is making Kegel exercises (alternately contracting and relaxing your pelvic floor muscles) part of your daily routine. In some cases, your doctor may recommend lifestyle changes or hormone therapy to reduce your symptoms. If these fail, however, you may need to seek a more aggressive treatment.

## **Pessary**

A **pessary** is a small, removable device, often shaped like a ring, that is placed in the upper part of the vagina to support the pelvic organs. Pessaries do not actually cure POP, but they can help relieve symptoms and keep the **prolapse** from worsening.

## **Surgery**

The surgical procedure to treat POP usually does two things: It puts the **prolapsed** organs back in their normal locations and it reinforces the weakened **pelvic floor**. Often a graft or mesh implant is placed to reinforce the repair and increase its effectiveness. There are three main categories of tissue repair materials.

## Categories of Tissue Repair Materials

### 1. Synthetic Mesh

Most synthetic mesh is made from a type of plastic called polypropylene. Although mesh is commonly used, it can cause problems after implantation. The body recognizes the mesh as a foreign material and may try to fight against it, causing the mesh to become surrounded by scar tissue. Or the mesh can erode the surrounding tissue rather than incorporate into it.

### 2. Biologic Grafts

These materials come from either humans or animals and are sometimes treated with chemicals. This treatment, which is called **cross-linking**, makes the material more durable and keeps it from breaking down. Unfortunately it also causes the material to become almost leatherlike. When implanted, these cross-linked biologic grafts can become stiff and calcified and must sometimes be removed. Biologic grafts that are not treated with chemicals or radiation are non-cross-linked. These materials behave differently from those that are cross-linked; they are absorbed into the body's tissues over time.

### 3. Surgisis Biodesign®

Surgisis Biodesign is completely different from other types of grafts. The material, which comes from an animal source, combines nature's own healing mechanism with advanced technology to encourage and support your body's repair process. Surgisis Biodesign communicates with your body, signaling it to grow new tissue across the graft. Once the healing process is finished, the graft is completely remodeled into your own tissue. Surgisis Biodesign is used for initial POP repair. It can also be used when a secondary procedure is needed to remove a previously placed synthetic mesh or cross-linked biologic graft.



## Surgisis Biodesign Technology

### **How does Surgisis Biodesign work?**

Surgisis Biodesign communicates with your body, signaling surrounding tissue to grow across the graft. This action supports your body's own healing process by attracting cells and nutrients to the wounded area and allowing your tissue to restore itself. It also allows your body's immune system to protect the graft from potential infection.

### **What happens to the graft after the healing process is complete?**

Eventually Surgisis Biodesign completely remodels into strong, healthy tissue. Once the healing process is finished, the graft is completely remodeled into your own tissue, leaving a permanent repair without a permanent implant.

### **Does the graft create a strong repair?**

Over time Surgisis Biodesign remodels to become as strong as your own natural tissue. This creates a more durable repair than a biologic graft, which can stretch over time. And though synthetic mesh is strong, it can cause serious problems by eroding surrounding tissue and/or becoming covered in scar tissue.

### **How is Surgisis Biodesign made?**

Several steps in the manufacturing of Surgisis Biodesign ensure its safety as an implant. All Surgisis Biodesign material undergoes thorough cleaning and disinfection using controlled medical device manufacturing procedures and is delivered in sterile packaging.

## Procedure

### **What should I expect after the repair procedure?**

The procedure to repair POP is performed under general anesthetic. When you wake up after the surgery, you may experience some pain and nausea, which can be treated with medication. For the first day or two after the procedure, your vagina will be packed with gauze, and you will have a urinary catheter in place to drain your bladder.

Under normal conditions you can expect to go home from the hospital one to three days after your procedure. Your doctor will give you guidelines for what to expect and suggestions for how to care for yourself while you recover.

**Some general suggestions include the following:**

- Do not lift anything heavier than 20 pounds or exercise strenuously until your doctor tells you it is okay—usually between three and six weeks after your procedure.
- Although it is important to rest, you should avoid long periods of sitting or lying down. Stay as mobile as possible and try to take short walks each day, as your condition allows.
- Do Kegel exercises to strengthen your pelvic muscles.
- Abstain from sexual activity for four to six weeks after your procedure.
- Take showers rather than baths for the first two weeks after your procedure.
- You may experience some constipation for several days; if this becomes a problem, your doctor can suggest or prescribe a type of stool softener to help.

## FAQs

### **What will happen if I don't have surgery to repair pelvic organ prolapse?**

It depends on how severe your **prolapse** is and whether the symptoms interfere with your enjoyment of daily life. The condition will likely progress over time, though there are steps you can take to improve your situation (see next question). If you are experiencing pain or are unable to participate in your normal activities, contact your physician to discuss treatment options, including surgery.

## **Is there anything I can do to prevent it from getting worse or happening again?**

Though some **prolapses** may be caused by genetic factors or damage sustained during childbirth, there are lifestyle changes you can make and exercises you can do to help improve your condition:

- Do Kegel exercises daily (to strengthen pelvic muscles).
- Tighten pelvic muscles while lifting, sneezing, coughing or laughing.
- Lose excess weight.
- Avoid heavy lifting or use proper lifting techniques.
- Eliminate caffeine from your diet.
- Stop smoking. (Coughing increases stress on pelvic muscles.)
- Include fiber in your diet, to avoid constipation that puts strain on pelvic muscles.
- Get regular, gentle exercise.
- Drink fluids frequently.
- Avoid being on your feet all day.
- Ask your doctor about low-dose estrogen creams.

## FAQs Continued

### **Could the problem recur even after surgery?**

Outcomes depend greatly on the type of graft material and surgical technique the physician chooses. Also, depending on the severity, type and cause of your pelvic organ **prolapse**, it is possible for the condition to recur after surgery. Following your physician's post-operative instructions and incorporating the lifestyle habits listed on the previous page will improve your chances of avoiding future problems.

### **What complications could result from the surgery?**

Again, complication risks depend on the severity, type and cause of your pelvic organ **prolapse** as well as the type of procedure performed and graft material used. For example, synthetic mesh has a high rate of tissue erosion that would require another surgery to correct. The Surgisis Biodesign Vaginal Erosion Repair Graft is specifically designed to resolve this type of material failure and is not prone to erosion.

Another important consideration is waiting to have POP surgery until you no longer plan to have more children, as labor and vaginal delivery often cause **prolapse**. Other issues may surface after surgery, such as urinary tract infections, **incontinence**, bleeding or discomfort during intercourse. Prior to your surgery, you and your physician should discuss your lifestyle and expectations for activities after the procedure.

## **Will POP surgery also solve my urinary incontinence problem?**

There are several types of POP, and some women may experience more than one simultaneously. Each repair procedure is designed to address a specific area of **prolapse**. If urinary **incontinence** is one of the symptoms of your **prolapse**, your doctor can address this during the same surgery. Be sure to discuss it in your initial examination.

## Glossary

### **Cross-linking**

A process that creates bonds between molecular strands.

### **Cystourethroscopy**

A procedure in which a flexible tube with a lens and a light is used to view the inside of the bladder and urethra.

### **Incontinence**

The loss of bladder and/or bowel control.

### **Pelvic floor**

A network of muscles that extends from the pubic bone to the tailbone and supports the pelvic organs.

### **Pessary**

A removable device inserted in the vagina to support or correct the position of the uterus, rectum or bladder.

### **Prolapse**

A condition that occurs when an organ slips or falls down from its normal position in the body.





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