

PELVIC ORGAN PROLPASE FACT SHEET

The Facts about Pelvic Organ Prolapse

- Women who suffer from pelvic organ disorders tend to underreport their condition due to embarrassment.
- More than 50% of women age 50 and older suffer one or more of the problems caused by pelvic organ dysfunction.
- By age 80, more than one in every 10 women will have undergone surgery for prolapse.
- 8 times more women than men suffer from a pelvic organ disorder.
- 1 out of 3 women will suffer sphincter muscle damage due to vaginal childbirth. This damage may lead to fecal incontinence.
- 30% of urinary incontinent patients also suffer from fecal incontinence.
- 20% of patients suffering from genital prolapse also have fecal incontinence.
- The lifetime risk of undergoing surgery for pelvic organ prolapse or incontinence is 11%.
- Pelvic floor prolapse is classified into five categories:
 - Cystocele** – A cystocele, or anterior wall prolapse, occurs when the bladder drops from its normal position into the vagina.
 - Rectocele** – A rectocele, or posterior wall prolapse, occurs when the rectum protrudes into the or out of the vagina.
 - Enterocoele** – An enterocoele occurs high in the back of the vagina, allowing the small intestine to protrude into the vagina. In severe cases, the protrusion may be seen or felt outside the vagina.
 - Vaginal Vault** – A vaginal vault prolapse occurs when the tissue, which attaches the top of the vagina to the pelvic sidewall, becomes torn. This causes the top of the vagina to drop, which in turn causes the front and the back of the vagina to drop.
 - Uterine**– A uterine prolapse occurs when the uterus drops either by itself or as a result of the prolapse from a different part of the vagina.

- Causes of pelvic floor prolapse [may] include:
 - Family history - an inherited weakness of the pelvic floor as well as from aging, tissue composition and menopause
 - Multiple vaginal deliveries
 - Repeated heavy lifting
 - Loss of muscle tone
 - Menopause and estrogen loss
 - Pelvic trauma or previous surgery
 - Chronic coughing or chronic straining during bowel movements or chronic constipation
 - Obesity
 - Race is also a factor, with Latinas having the highest risk for pelvic floor prolapse
 - Certain medical conditions such as diabetes or connective tissue disorders

Treatment Options for Pelvic Organ Prolapse

- Treatment options for Pelvic Floor Prolapse include:
 - Kegel** or pelvic muscle strengthening exercises.
 - Diet changes**, such as reducing caffeine intake, may help your prolapse. Caffeine acts as a diuretic, causing you to shed water from your system, leading to more frequent urination. On the other hand, a high-fiber diet may help bowel function and prevent constipation.
 - Vaginal pessaries** – Your doctor may recommend a pessary, a plastic, diaphragm-like device, which fits into the vagina to help support the pelvic organs and prop up the uterus. Pessaries must be removed, cleaned, and reinserted on a regular basis. This may be performed by you or your doctor.
 - Medicines** – Your doctor may prescribe special medication to treat your condition or estrogen supplements to prevent any further weakening of the pelvic floor.
 - Lifestyle changes** – If you avoid lifting heavy objects, wearing a tight girdle and successfully treat your chronic cough or constipation, you can slow or halt the progression of pelvic floor prolapse.
 - Surgery** – If your prolapse is severe enough to cause significant symptoms, surgery may be recommended to strengthen stretched ligaments or to repair and reconstruct the entire pelvic floor. Surgery is performed through the vagina or abdomen depending on the type and severity of the support problem.



The good news is that you don't have to suffer with it. If surgery is required, GYNECARE PROLIFT* Pelvic Floor Repair System, a revolutionary new minimally invasive surgical technique that offers promising long-term results for women with pelvic organ prolapse may be a strong option.

During this procedure, the surgeon uses a soft synthetic mesh specially designed for placement through the vagina to support pelvic organs that have "dropped out" of their normal position (prolapsed). Synthetic meshes, commonly used in abdominal wall hernia repair, are now being used in pelvic reconstructive surgery.