Treatment for Pelvic Organ Prolapse
You’ve got questions. We’ve got answers—and advice—from physicians who specialize in treating Pelvic Organ Prolapse (POP).

**POP Treatment Options**

**Exercise**
Special exercises, called Kegel exercises, may help strengthen the pelvic floor muscles. For Kegel exercises to be effective, they need to be done daily.

**Pessary**
A vaginal pessary is a rubber or plastic device used to support the pelvic floor and maintain support of the prolapsed organ. A health care provider will fit and insert the pessary, which must be cleaned frequently and removed before sexual intercourse.

**Surgery**
There are two approaches to surgical treatment for POP: obliterator (closing the vagina completely) and reconstructive (restoring the anatomy to its normal position). Reconstructive options can include repairing the prolapse through the vagina (trans-vaginal) or through the abdomen (trans-abdominal). Depending on your needs and the procedure performed, your doctor may elect to use your own natural tissue or a graft made from either a synthetic mesh or a biologic material to repair the prolapse and restore your anatomy.

**Question: What are your thoughts on POP treatment options?**

**Dr. Leach:** After considering the different approaches, a shared decision should be made on the technique that is likely to provide the best results, given your personal anatomy and preferences. When considering surgical approaches, there are a variety of methods at a surgeon’s disposal to support the prolapsing organs, and they include using your own tissues, cadaveric fascia or other biologic materials, or mesh to support the organs.

**Dr. Plaskon:** POP treated with physical therapy and pessary alone will reduce the risk of worsening pelvic symptoms, but it won’t make the problem go away. Kegels can help curb POP symptoms in some patients. Surgical treatment for POP using native tissue alone can run the risk of 30-50% failure rate in the first year. Augmenting a surgery with mesh to reinforce a POP repair can reduce the risk of recurrence, when performed by an experienced pelvic floor surgeon.

**Dr. Duncan:** We must always try to balance the failure rates of a particular treatment option with the risks associated with that treatment. For example, the use of a pessary does a poor job of repairing pelvic organ prolapse, but its true advantage is that it has few risks involved with its usage, while relieving symptoms. Trans-abdominal mesh surgery is used to repair some types of prolapse, while transvaginal mesh is better for other prolapse types. Although surgical procedures all include some level of risk, the long-term duration of the repair makes them a viable option for many women.

**Question: What if my doctor suggests that I consider mesh?**

**Dr. Duncan:** The use of transvaginal synthetic mesh has been one of the most widely studied and scrutinized surgical procedures over the past two decades and studies on the use of mesh for pelvic organ prolapse and stress urinary incontinence are ongoing. Synthetic mesh for the treatment of stress urinary incontinence has established itself as the ‘gold standard’ treatment for that condition. The same scrutiny is also being applied to the use of mesh for the repair of pelvic organ prolapse to ensure that it is an effective option for patients. The use of transvaginal mesh has been shown to improve the success rates of some prolapse repairs, much like the application of synthetic mesh in the repair of abdominal wall hernias.

**Dr. Leach:** I see a lot of women in my practice that come in with preconceived notions about all the risks associated with mesh when seeking advice about the treatment of their pelvic organ prolapse. Warnings on TV can confuse patients regarding the risks and benefits of mesh. When used for stress incontinence, mesh is the standard of care and provides the best results for women who wish to be dry. I have found that mesh used for POP repair is also an effective solution for the right patient.

**Dr. Tieu:** It is the belief of many patients that mesh in general has been recalled or is defective, which is absolutely false. I reassure patients that mesh surgery for the treatments of both incontinence and prolapse results in high success rates (80-90%) with very acceptable surgical risks when the mesh surgery is performed by a specialist for the right patient. It is important to discuss the pros and cons of any procedure with your doctor to determine what the right fit is for you, taking into account your individual medical history and symptoms.

**Question: How do I know which treatment option is right for me?**

**Dr. Tieu:** Treatments for prolapse and incontinence are complex and you need to be adequately informed of the risks and benefits for all your options. The American Board of Subspecialties has acknowledged the complexity of these issues and now recognizes urogynecologists and female pelvic surgeons as requiring a separate board certification. You should seek out a specialist who is board-certified in doing these repairs to get the best chance of success with the lowest risk.

**Dr. Plaskon:** Women seeking POP treatment should research the providers in their community and seek care from a women’s pelvic health specialist. The new field of Female Pelvic Medicine and Reconstructive Surgery (FPMRS), also known as urogynecology, is the specialty that comprises expertise in treating women’s bowel, bladder and sexual problems, including urinary and prolapse issues. FPMRS surgeons have taken a board exam test certifying them in this specialty. Although many urologists and gynecologists also treat incontinence and prolapse, FPMRS specialists dedicate their practice exclusively to women’s pelvic health problems and the surgical treatments for POP.

**Question: What advice would you give to women who are concerned they have POP?**

**Dr. Leach:** Don’t feel embarrassed about asking your primary care provider for a specialist referral. As specialists, we deal with these concerns daily and can facilitate a treatment plan that is appropriate for your individual situation.

**Dr. Plaskon:** Talk to your doctor and ask for a referral to a women’s pelvic health specialist. Lock the bathroom door and squat over a mirror to see what’s up or down, down there. Keep a voiding diary for a day or two recording your intake and output. Keep a symptom diary of what’s bothering you and how you are accommodating your symptoms—avoiding exercise, limiting fluids, wearing pads, carrying a change of clothes, limiting your social life, avoiding travel, not picking up your cat, not playing on the playground with your children, or avoiding relationships and intimacy because you’re concerned about how you look, feel or smell.

We don’t wear our pelvic symptoms on our foreheads, so those around us may not understand why you feel down, withdrawn or avoidant. Incontinence is very corrosive to our body image and self-esteem. POP and incontinence can lead to inactivity and be linked to a domino effect of serious health issues—obesity, diabetes, heart disease, bone fractures and depression. There are excellent treatment options to alleviate symptoms and avoid the long term detrimental health effects of a sagging pelvic floor and all the droop, drip and poop issues that ensue.

**Dr. Duncan:** It is important that you ask questions of your health care provider, including his or her experience with the various treatment options. Patients considering surgical intervention for pelvic organ prolapse should also feel comfortable obtaining second opinions.

**Dr. Tieu:** Many patients are concerned and scared when they first discover they have prolapse. They are afraid that something may fall out or an internal organ may be injured. I try to reassure patients that they are not alone in this. Many women suffer in silence with these conditions and although prolapse and incontinence will not harm them, their long-term quality of life could be improved with a successful surgical repair.

To learn more about POP or to find a specialist, visit www.pelvichealthsource.com.

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