

A WOMAN'S GUIDE TO PELVIC ORGAN PROLAPSE





CONTENT

What is Pelvic Organ Prolapse?

Causes

Types of Pelvic Organ Prolapse

Symptoms

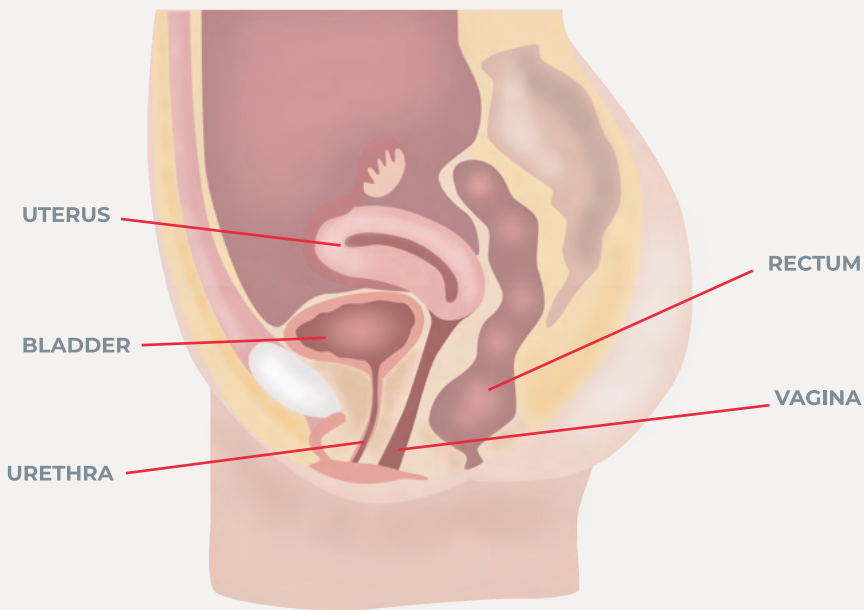
Treatment Options

Your Surgery

Your Surgical Mesh

Day of Surgery

Post-Op



NORMAL ANATOMY

WHAT IS PELVIC ORGAN PROLAPSE?

Pelvic Organ Prolapse (POP) is when the pelvic organs (bladder, uterus, and rectum) sag or drop out of their normal position and into the vagina. This occurs when muscles and ligaments that keep the pelvic organs in place stretch or tear.

In severe cases, the uterus or bladder can fall far enough that a bulge can appear at the vagina's opening or even protrude from the vaginal opening.

WHAT CAUSES PELVIC ORGAN PROLAPSE?



AGING



LOSS OF
MUSCLE



MENOPAUSE



CHILDBIRTH



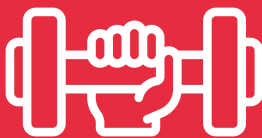
OBESITY



FAMILY
HISTORY



PREVIOUS
PELVIC
SURGERY



HEAVY
LIFTING

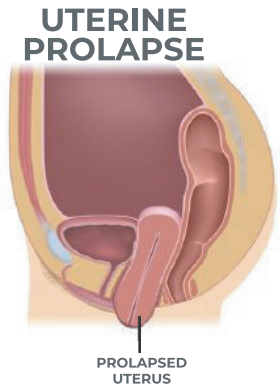


CHRONIC
COUGH

TYPES OF PELVIC ORGAN PROLAPSE

Uterine Prolapse

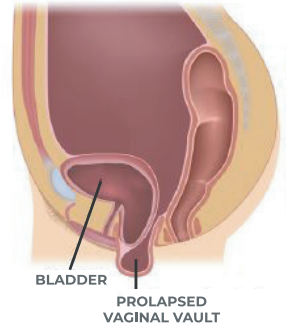
Uterus falls into or out of the vagina.



Vaginal Vault Prolapse

In women who have had a hysterectomy and no longer have a uterus, the top of the vagina, known as the vaginal vault, can fall in on itself.

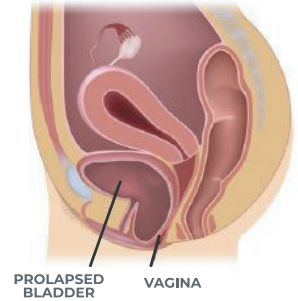
VAGINAL VAULT PROLAPSE



Cystocele

Bladder falls into the vagina.

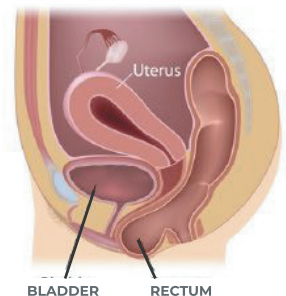
CYSTOCELE



Rectocele

Rectum bulges into the vagina.

RECTOCELE



WHAT ARE THE SYMPTOMS OF PELVIC ORGAN PROLAPSE?

Mild cases of cystocele, rectocele, or uterine prolapse don't usually cause any symptoms. But over time symptoms often develop, or existing symptoms worsen, and begin to impact a woman's quality of life.

Symptoms will depend on the severity of the prolapse and may include:

PELVIC PRESSURE

Pressure or discomfort in the vagina, pelvis, lower back, groin, or lower abdomen that won't go away.

ACHING SENSATION

A pulling or aching sensation in the abdomen that may feel worse during intercourse or menstruation.

FALLING SENSATION

Feeling like something is falling out of the vagina, or feeling a bulge near the opening of the vagina.

URINARY SYMPTOMS

Releasing urine without intending to, difficulty starting to urinate or frequent urinary tract infections.

CHRONIC CONSTIPATION

Chronic constipation or the need to push stool out of the rectum by placing fingers in the vagina during a bowel movement.

TREATMENT OPTIONS

When muscles and tendons in your pelvis become weak, they can no longer keep organs in place and will need added support to function properly.

You and your doctor will develop a treatment plan that meets your specific needs and lifestyle. Think about what you expect from your treatment and what results would make it successful for you.

Talk to your doctor about your expectations and concerns.

Your doctor will recommend a treatment plan based on:

Which pelvic organs have prolapsed

The severity of your symptoms

If you are planning to have children

If you are sexually active

NON-SURGICAL TREATMENTS

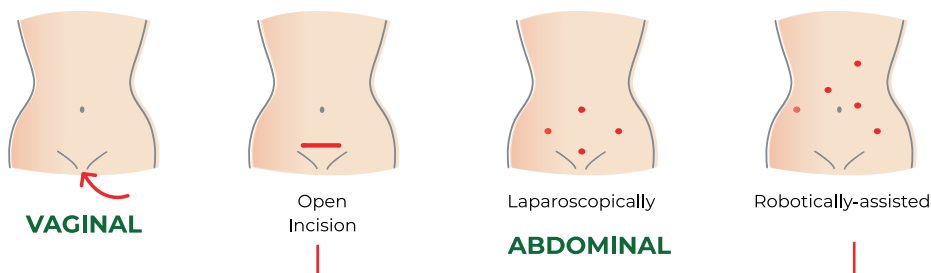
Many women find relief in non-surgical approaches to address mild symptoms of prolapse.

Kegels are a series of pelvic floor exercises that are designed to strengthen the pelvic floor muscles.

A **Vaginal Pessary** is a small device, similar to a diaphragm, which is inserted into the vagina to hold the prolapsed organs in place.

SURGICAL TREATMENT

Surgical treatments for POP are designed to support the pelvic organs and keep them in place. Depending on the type of POP, surgical repair can be performed through incisions either in the vagina or incisions in the abdomen:



During the procedure, the surgeon repositions the prolapsed organs and secures them using sutures, synthetic mesh, or a biologic graft.

YOUR PROCEDURE

Your **Abdominal Sacrocolpopexy** procedure is designed to lift the vagina back up to its natural position by attaching a mesh material to the front and back of the vagina and then securing it to the bones at the back of the pelvis (the sacrum). The mesh provides support for the vagina to keep it in the correct position.

If you also experience problems with urine leakage (incontinence), during surgery, a procedure to prevent or decrease urine leakage (which may also use surgical mesh) may be performed. The procedure can take a few hours to complete and a catheter will be placed into your bladder.

BENEFITS OF SACROCOLPOPEXY

Compared to transvaginal POP surgery using mesh, your procedure:

- Is placed through incisions in the abdomen.
- Has better success rates¹.
- Results in lower rates of mesh complications².

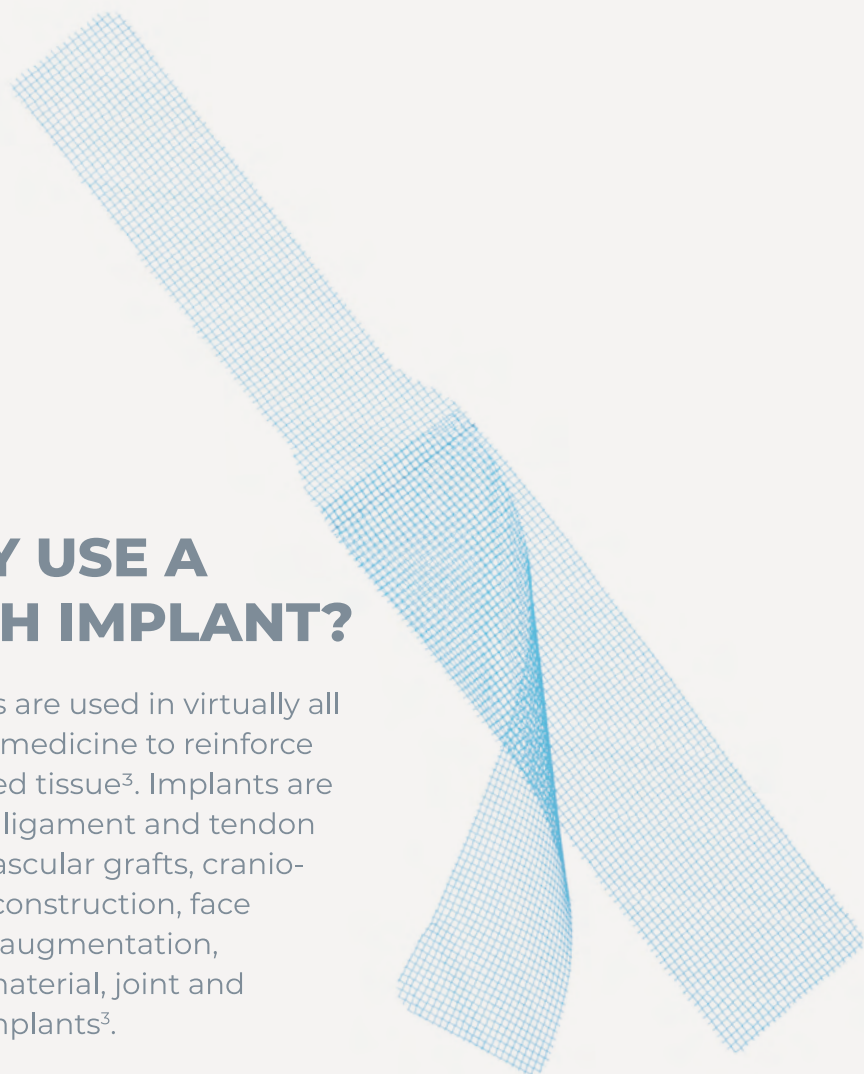
YOUR SURGICAL MESH

Vertessa® Lite

The surgical mesh used in your surgical procedure is called Vertessa® Lite, a synthetic mesh implant designed for sacrocolpopexy. It is made of Polypropylene (PP), which is a well accepted and commonly used material for surgical implants. This material has been used in most surgical specialties (including general surgery, cardiovascular surgery, transplant surgery, ophthalmology, otolaryngology, gynecology, and urology) for over five decades, in millions of patients globally³ and it has significantly and favorably impacted the field of surgery^{4,5}. A large majority of sutures are made of polypropylene³.

WHY USE A MESH IMPLANT?

Implants are used in virtually all fields of medicine to reinforce weakened tissue³. Implants are used for ligament and tendon repair, vascular grafts, cranio-facial reconstruction, face contour augmentation, suture material, joint and spinal implants³.



DAY OF SURGERY

A sacrocolpopexy surgery is performed in the hospital under general anesthesia, with a recovery stay dependent on which surgery technique is used.

LAPAROSCOPIC or ROBOTIC

Most patients can go home the same day or next morning

OPEN

With a larger incision, patients may be required to have a few overnight stays in the hospital

AFTER THE SURGERY

After surgery, you will be in a recovery room for a couple of hours until the anesthesia wears off and you are able to empty your bladder. If you have trouble emptying your bladder, you may have to use a catheter temporarily. It is common for patients to have trouble emptying their bladder after surgery, but this is usually only temporary.

DID YOU KNOW?

In the United States alone it is estimated that
1 IN 7
women suffer from pelvic organ prolapse⁶

POST OPERATIVE CARE

You have just undergone a sacrocolpopexy operation for the treatment of Pelvic Organ Prolapse. You are now on the road to recovery and a new lifestyle. You play a pivotal role in your recovery and the long-term success of the surgery.

Restrictions and special instructions for this post-operative period are listed below:

RECOVERY TIME

You will be up and walking around the day after surgery, but will have lifting restrictions up to 12 weeks (this may vary depending on the discretion of the surgeon).

BOWEL MOVEMENTS

You may need to start taking over-the-counter Colace (Docusate Sodium) when you get home from the hospital. This is a stool softener, so you do not have to strain when having bowel movements.

DIET

Postoperative nausea is not unusual. Start off with liquids such as soup or broth and crackers, fruit juices, etc. If nausea is severe, a nausea medication may be necessary.

DRIVING

No driving for one week or as long as you are taking narcotics (i.e., pain medications).

SENSITIVITY OR ALLERGY TO DRESSINGS OR TAPE

Occasionally, allergic or sensitivity reactions may occur from soaps, ointments, tape, or sutures used during or after surgery. Such problems are unusual and are usually mild and easily treated.

SIGNS OF INFECTION

Fever of 101° F (oral temperature), greatly increased or excessive pain, redness or excessive swelling, foul odor or drainage. These signs and symptoms usually become apparent in 36-48 hours but can happen at any time. You should call the office if this occurs.

ACTIVITY

You may go to the bathroom, walk around the house, watch TV, etc. Avoid anything that causes straining such as cleaning the house, or lifting, etc. This may increase bleeding and swelling to the operative area. You should also avoid intercourse during the post-operative time period.

Talk with your physician regarding when you can resume your normal activities

WHAT ABOUT THE INFO I HAVE HEARD ABOUT MESH?

The FDA has recently stopped the sale of mesh for POP repair placed through incisions in the vagina. The FDA announcement does not affect mesh for POP repair placed through incisions in your abdomen (referred to as a Sacrocolpopexy procedure). The FDA reviewed the evidence and concluded that placing the mesh through incisions in the vagina (referred to as “transvaginal mesh”), although having equivalent results⁹, it is not superior to other alternatives⁹.

Because mesh is used in both procedures, transvaginal mesh for prolapse and Sacrocolpopexy mesh for prolapse, there may be some confusion about the use of the term “mesh”. Transvaginal mesh for POP (placed through incisions in the vagina) is no longer available because of the FDA decision. Sacrocolpopexy mesh placed through incisions in the abdomen has NOT been affected and the FDA has determined it to be safe and effective.

RISK

Even though serious complications are rare, surgery carries some risks. Complications associated with the procedure include: mesh infection, mesh extrusion and/or erosion into other organs, bleeding, pain with intercourse or vaginal exams, pelvic floor injury (vessels, nerves, urethra, bladder or bowel), recurrent prolapse, inflammation, urinary retention or incontinence.

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2. FDA Executive Summary. Surgical Mesh for Treatment of Women with Pelvic Organ Prolapse and Stress Urinary Incontinence. *Obstetrics & Gynecology Devices Advisory Committee Meeting*; September 8-9, 2011.
3. M.F.Maitz. Applications of synthetic polymers in clinical medicine. *Biosurface and Biotribology* Volume 1, Issue 3, September 2015, Pages 161-176
4. Cobb, W.S., K.W. Kercher, and B.T. Heniford, The argument for lightweight polypropylene mesh in hernia repair. *Surg Innov*, 2005. 12(1): p. 63-9.
5. Scott, N.W., et al., Open mesh versus non-mesh for repair of femoral an inguinal hernia. *Cochrane Database Syst Rev*, 2002(4): p. CD002197.
6. NAFC National Assoc. for Continence: Pelvic Organ Prolapse; www.nafc.org
7. Miklos, J., Moore, R. Post-Op Care. *International Center for Laparoscopic Urogynecology*. Retrieved April 5, 2012, from http://www.miklosandmoore.com/post_op.php
8. Kim-Fine S, Occhino JA, Gebhart JB. Vaginal prolapse repair—Native tissue repair versus mesh augmentation: Newer isn't always better [published online ahead of print January 17, 2013]. *Curr Bladder Dysfunct Rep*. 2013;8(1):25-31doi:10.1007/s11884-012-0170-7.
9. US Food and Drug Administration. FDA News Release: FDA takes action to protect women's health, orders manufacturers of surgical mesh intended for transvaginal repair of pelvic organ prolapse to stop selling all devices. Silver Spring, MD: FDA; 2019. <https://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm636114.htm>