



**TALK TO YOUR PHYSICIAN
ABOUT THE
VERTESSA® LITE FAMILY OF
PRODUCTS TODAY!**



For more information please call
Caldera Medical
866.422.5337



Restore Your Self

***A woman's guide to the symptoms,
causes and treatment options for
pelvic organ prolapse***

Ask your physician about the
Vertessa® Lite Family of Products
Polypropylene Mesh for Sacrocolpopexy

¹Patel PD, Amrute KV, Badlani GH. Pelvic organ prolapse and stress urinary incontinence: A review of etiological factors. Indian J Urology 2007; 23: 135-41

²NAFC National Assoc. for Continence: Pelvic Organ Prolapse; www.nafc.org

³Hall C, Jakus S, Kau E, Ng C. Laparoscopic Sacrocolpopexy Lessons Learned. Journal of Pelvic Medicine and Surgery. July 2007.

⁴FDA 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.

⁵Miklos, J., Moore, R. Post-Op Care. International Center for Laparoscopic Urogynecology. Retrieved April 5, 2012, from http://www.miklosandmoore.com/post_op.php

YOU ARE NOT ALONE

PELVIC ORGAN PROLAPSE IS A VERY COMMON CONDITION

NEARLY 50% OF WOMEN WHO HAVE GIVEN BIRTH VAGINALLY WILL DEVELOP PELVIC ORGAN PROLAPSE (POP)¹.

WOMEN WHO HAVE GONE THROUGH MENOPAUSE AND HAVE DECREASED ESTROGEN LEVELS WILL EXPERIENCE NEARLY THE SAME RATE OF POP.

IN THE UNITED STATES ALONE IT IS ESTIMATED THAT 20 MILLION WOMEN SUFFER FROM SOME TYPE OF POP AND INCONTINENCE. APPROXIMATELY 275,000 OPERATIONS ARE PERFORMED YEARLY TO TREAT PROLAPSE².

WHILE NOT LIFE THREATENING, POP CAN CAUSE A GREAT DEAL OF DISCOMFORT, EMBARRASSMENT, AND DISTRESS.

**THE GOOD NEWS IS
YOU DO NOT HAVE TO
LIVE WITH POP.**

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.

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.

DRIVING: No driving for 1 week or as long as you are taking narcotics (i.e., pain medications).

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.

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.



**CONGRATULATIONS
ON YOUR DECISION TO
RESTORE YOUR SELF!**

BENEFITS

VERTESSA® LITE POLYPROPYLENE MESH FOR SACROCOLPOPEXY

Compared to vaginal POP surgery using mesh:

- Sacrocolpopexy has better success rates³
- Sacrocolpopexy results in lower rates of mesh complications⁴

RISKS

Even though serious complications are rare, surgery carries some risks. You should discuss with your physician your recovery process, expected results, and the potential complications.

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

*Some complications may require additional surgery to repair.

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 below⁵:

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

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



WHAT IS PELVIC ORGAN PROLAPSE?

Muscles and ligaments keep the pelvic organs (bladder, uterus, and rectum) in place. Life events such as childbirth can cause these muscles and ligaments to stretch or tear, becoming too weak to hold the organs in place. When this occurs the bottom of the uterus or the floor of the bladder, or both, can sag through the muscles and ligaments and impact the vagina. 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.

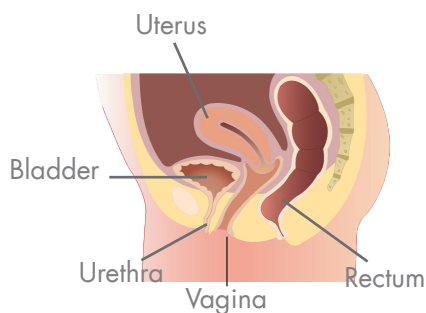
Pelvic organ prolapse primarily occurs because the muscles and ligaments that support the pelvic organs have weakened.

COMMON CAUSES

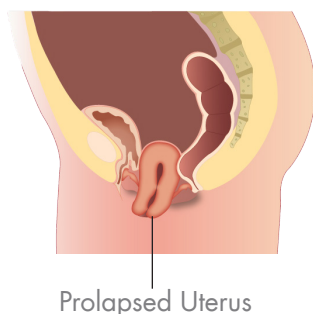
- Aging
- Loss of Muscle
- Menopause
- Childbirth
- Obesity
- Family History
- Previous Pelvic Surgery
- Heavy Lifting
- Chronic Cough

When the bottom of the uterus falls it's called **uterine prolapse**. In women who have had a hysterectomy and no longer have a uterus, the top of the vagina can fall in on itself, this is called **vaginal vault prolapse**.

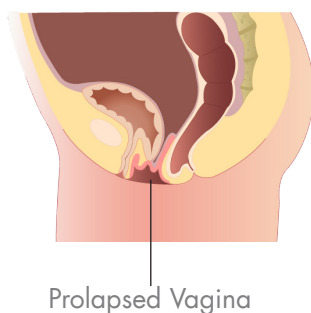
NORMAL FEMALE PELVIC ANATOMY



UTERINE PROLAPSE



VAGINAL VAULT PROLAPSE



NON-SURGICAL THERAPY

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 THERAPY

VERTESSA® LITE FAMILY OF PRODUCTS

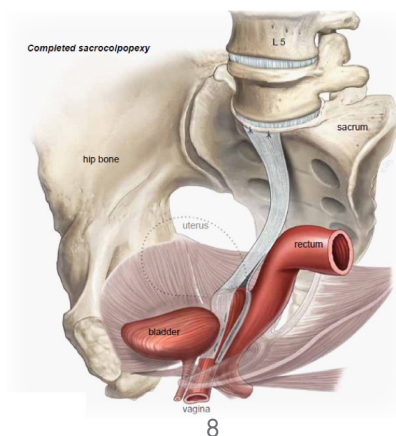
Most surgical treatments for prolapse are designed to support the pelvic organs and keep them in place. Prolapse repairs can be done vaginally, abdominally, laparoscopically, or robotically-assisted.

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

Vertessa® Lite products are synthetic mesh implants designed for sacrocolpopexy.

Sacrocolpopexy is a procedure to lift the vagina back up to its natural position by attaching a synthetic mesh to the front and back of the vagina and 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.

VERTESSA® LITE IN THE ANATOMY



YOUR TREATMENT OPTIONS

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

TAKE THE FIRST STEP TO RESTORE YOUR SELF. TALK TO YOUR DOCTOR TODAY ABOUT THE VERTESSA® LITE FAMILY OF PRODUCTS.



DO I HAVE PELVIC ORGAN PROLAPSE?

Mild cases of bladder prolapse, 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 may include:

- Pressure or pain in the vagina, pelvis, lower back, groin or lower abdomen that won't go away
- A pulling or aching sensation in the abdomen that may feel worse during intercourse or menstruation
- Feeling like something is falling out of the vagina
- Releasing urine without intending to, or needing to urinate a lot
- Chronic constipation or the need to push stool out of the rectum by placing fingers in the vagina during a bowel movement.

If you have any of these symptoms, particularly if you can feel or see something near or at the opening of your vagina, talk with your doctor.

PROLAPSE IS VERY COMMON AND IT IS TREATABLE.

TALK WITH YOUR DOCTOR



**1 IN 7 WOMEN IN THE
US SUFFER FROM PELVIC
ORGAN PROLAPSE²**

Your doctor will perform a regular pelvic examination to determine if you have pelvic organ prolapse. Your doctor may ask you to cough or strain during the examination to see if any urine leaks or if any of the pelvic organs push into the vaginal walls. Some prolapse symptoms go away when you're lying down so your doctor may also want to examine you while you're standing. When standing the weight of your organs will push down, making it easier to tell if you have pelvic organ prolapse. If you notice your symptoms are more pronounced in the afternoon make your appointment for later in the day so it will be easier for your doctor to diagnose your prolapse.

While it may be difficult at first to talk about your symptoms, remember it only takes a few minutes. You do not have to live with prolapse. There are treatment options available.

The examination for prolapse can be embarrassing and it's easy to forget what to ask or say during the appointment, so it may help to write down your questions before you see your doctor. As you discuss your symptoms write down the answers to your questions so you can review them later.

- What type of prolapse do I have?
- How severe is it?
- Do I need treatment and if so, what treatment do you recommend and why?
- Can you treat my prolapse or do I need to be referred to a different doctor?
- What can I do to ease the symptoms?
- What are the potential benefits?
- What are the potential risks?
- What if I choose not to have any treatment?

Other questions or concerns to share with your doctor: