

Prolapse and Pessary

A PATIENT'S GUIDE



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Pelvic organ prolapse occurs when pelvic structures, such as the bladder, uterus or rectum, bulge or protrude into the vaginal wall. This often results in pressure, discomfort and vaginal pain. Patients may describe it as feeling like they are sitting on a soft egg or ball.

Risk factors for pelvic floor prolapse may include:

- Family history – an inherited weakness of the pelvic floor
- Aging
- Weakened tissue composition
- Multiple vaginal deliveries
- Repeated heavy lifting
- Loss of muscle tone
- Menopause and estrogen loss
- Pelvic trauma or previous surgery
- Chronic coughing
- Straining during bowel movements or to void
- 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



TALKING ABOUT PROLAPSE

An estimated 34 million women worldwide are affected by prolapse...yet studies show that women are embarrassed to discuss it with each other – or even with their doctors.

As a result, the silence that persists on this topic leaves most women unaware that they do not have to live with this condition. Rest assured, there is help.

Statistics confirm how common prolapse is: one out of two women over age 45 suffers from this health issue.

COLORADO UROLOGY - YOUR EXPERT RESOURCE

There are excellent options for treating prolapse and the specialists at Colorado Urology are here to help.

One option for treating prolapse is a pessary, which is a device made from medical grade silicon to support the prolapsed organ. Our pessary placement specialists will work with you to find a pessary that will meet your needs. Our specialist will teach you how to care for and maintain your pessary, including how to remove, clean, and reinsert it.

For those patients who need help with maintenance and care, our team will see you every three months to clean and reinsert the pessary. Our goal is to make sure that your pessary will relieve your symptoms as much as possible and restore your sense of well-being.

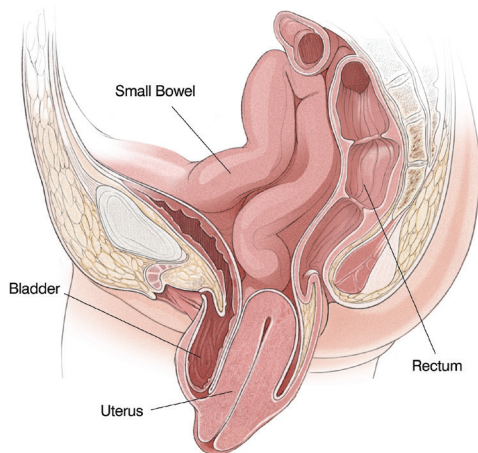
HOW DO I KNOW IF I HAVE PELVIC ORGAN PROLAPSE?

There are many symptoms that can indicate pelvic prolapse.

- A bulge or lump in the vagina
- The vagina protruding from the body
- Difficult or painful sexual intercourse
- Vaginal pain, pressure, irritation, bleeding or spotting
- Frequent need to urinate
- A feeling that the bladder is not emptying completely
- Delayed or slow urinary stream

If you have any of these, it is important to talk to your doctor, who can determine whether your symptoms are due to prolapse or another condition. Frequently, pelvic prolapse is concurrent with overactive bladder, incontinence or sexual dysfunction. A pessary may help improve these conditions.

Pelvic Organ Prolapse



Prolapse is caused by muscles and ligaments that have been weakened or damaged. The most common causes of prolapse include:

- **Age:** As the body ages, the pelvic muscles and ligaments can weaken, increasing the risk of vaginal prolapse.
- **Childbirth and Pregnancy:** The stresses and strains of childbirth (especially multiple, difficult childbirths or large babies) can often weaken or damage pelvic muscles and ligaments.
- **Ethnicity:** Studies suggest that vaginal prolapse occurs more often in women of Northern European descent and less frequently in women of African-American descent. Hispanic and Asian women may have an increased risk of developing cystocele, which is the prolapse of the bladder.
- **Genetics:** Vaginal prolapse may run in families – a woman with a mother or sister who had a prolapse may be more likely to develop prolapse.
- **Hysterectomy:** Important supportive ligaments may be removed during a hysterectomy, which can result in an increased risk of prolapse afterwards (called vaginal vault prolapse).
- **Menopause:** Estrogen changes may play a role as the muscles and ligaments may become weaker after menopause.
- **Obesity:** Added body weight can strain muscles in the pelvic area, and over time, this can weaken muscles, which can lead to vaginal prolapse.
- **Previous Surgery:** Surgeries, especially in the pelvic area, may affect muscles and other supportive tissue.
- **Straining:** Women who experience repetitive straining, for example, due to chronic constipation, or who have jobs that involve heavy lifting.

TREATMENT OPTIONS FOR PROLAPSE

Treatment may vary depending on the type of prolapse and if the patient is experiencing symptoms. Treatment will also be chosen based on the severity of the condition, as well as a woman's general health, age and desire to have children.

Non-Surgical Conservative Management:

Exercise: Special exercises called Kegel exercises can help strengthen the pelvic floor muscles. In mild cases of uterine prolapse, these exercises may be the only treatment needed. To be effective, Kegel exercises must be done daily. We may also recommend formal pelvic floor physical therapy.

Bowel Regimen: A bowel regimen may be recommended to help you have a bowel movement without needing to strain as this can cause prolapse. This generally involves fiber and good hydration. Medications may also be needed.



Vaginal Pessary: A pessary is a vaginal support device used to maintain support of the prolapsed organ. This is a safe, minimally-invasive option for treating patients with prolapse.

Hormone Replacement: Topical estrogen may help restore the integrity of the tissues

Surgical Treatment:

There are various surgical procedures used to correct pelvic organ prolapse for patients who fail or decline a trial of pessary management. Your urologist will be happy to discuss these treatments with you.

Custom-Fit Pessaries

Our pessary placement specialists will work with you personally to ensure that you are custom fit with the appropriate pessary that is most comfortable for you.

A follow-up office visit will be scheduled after your initial fitting. You will be asked if you had any side effects, such as discomfort, expulsion, persistent bulge or pressure symptoms, persistent or new incontinence, difficulty with urination, bowel movements, vaginal bleeding or discharge.

At the follow-up visit, the pessary is removed and cleaned with soap and water. The vagina is examined for erosions. If the pessary fits well and there were no side effects, those patients who are motivated and able to perform maintenance on their pessaries are taught how to remove, clean, and reinsert the pessary.

If the patient cannot or chooses not to remove and reinsert her pessary, she can return to our clinic for routine pessary cleaning and assessment.

We offer most women estrogen cream to treat co-existing vaginal atrophy and dryness. This is generally applied 2 to 3 times per week.

In some women, the width of the vaginal opening may decrease in size after several weeks of pessary use. For these women, a new smaller size pessary will be prescribed to allow for easier removal and insertion.

Your provider will work with you to treat ongoing urinary symptoms if they persist after treatment for your prolapse. This may include lifestyle modifications or additional medicines.