Surgical management of pelvic organ prolapse

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What is pelvic organ prolapse?

Pelvic organ prolapse (POP) occurs when the tissues and muscles of the pelvic floor no longer support the pelvic organs resulting in the drop (prolapse) of the pelvic organs from their normal position. The pelvic organs include the vagina, the womb, the bladder and the bowels.

What are the different types of pelvic organ prolapse?

- Prolapse of the front wall of the vagina with the bladder bulging
- Prolapse of the back wall of the vagina with the rectum bulging
- Prolapse of the top of the vagina (in women who had a hysterectomy before). The vagina collapses and turns inside out and descends into the vaginal canal
- The womb can be a part of the prolapse if present
- Very often the prolapse is a combination of the above forms

What is the surgical management of pelvic organ prolapse?

1) Pelvic floor repair+/-vaginal hysterectomy:

This is used for prolapse of the vaginal walls and the adjacent bladder and/or rectum. Incisions are made in the vaginal wall. The bladder or rectum is pushed back and stitches are placed to keep the tissues in their correct positions.

If there is a prolapse of the womb a vaginal hysterectomy may be recommended as well (removal of the womb through the vagina). There are no stitches on the abdomen, but there will be stitches at the top of the vagina. The ovaries are usually checked at the time of a vaginal hysterectomy but are not usually removed if they are normal. This procedure has got a prolapse recurrence rate of up to 30 per cent.

2) Pelvic floor repair with a polyprolene mesh:

This is a synthetic mesh used when the supporting tissues are too weak to hold the prolapsed area in its correct position, usually for recurrent or severe prolapse or prolapse of the top of the vagina. A permanent mesh is used to achieve a stronger repair. This will be carefully discussed with you by your consultant before the operation.

In Yeovil Hospital we prefer the Elevate mesh as it is a minimally invasive procedure done through a single vaginal incision and this makes it safer. A piece of mesh is placed in the pelvic area where the repair is needed. The mesh is fixed in place using self-fixating tips attached to the mesh that are inserted into the ligaments and muscles until the natural process of tissue in-growth can occur.

No external incisions are involved. The success rate is greater than a natural repair (>90 per cent) but there is a small risk of mesh erosion and migration.

3) Sacrospinous colpopexy:

This is sometimes required to lift the top of the vagina. It involves putting in extra stitches through a very strong ligament at the back of the pelvis.

Your consultant can correct different types of prolapse through the same procedure and will give you advice to help you to choose the best operation to correct your prolapse.

Are there any likely complications?

With any operation there is always a risk of complications.

General complications:

- Anaesthetic problems: With modern anaesthetics and monitoring equipment, these are very rare

- Heavy bleeding – at the time of surgery is rare (<five per cent). Very rarely you may need blood transfusion

- Infection – surgery is covered by antibiotics, but urinary infection may occur in ten per cent of patients. Also rarely some patients may develop vaginal infection. Usually a course of antibiotics clears it

- Blood clots in veins and lungs can occur in about two per cent of cases, although specific steps are taken to minimize this risk as giving you a blood thinning injection

- Damage to other structures (as the bladder or bowel) during surgery is rare (one per cent). However such injury may make a further operation necessary. Surgery is rare (one per cent). However such injury may make a further operation necessary

- Difficulty emptying your bladder. The stream may be slower than before, and you may have to alter position to completely empty your bladder, but it is important that you do. Sometimes we may have to keep the bladder catheter in for a longer period of time to allow the bladder to recover after the operation

- Urinary leakage (incontinence) may develop that was not present before the surgery in up to ten per cent of the patients. This usually happens following a repair of a large prolapse as the repair reveals a hidden urinary incontinence. You might need a further operation to correct the problem of incontinence

- Difficulty emptying your bowel. A laxative is given to keep the bowel motion soft so that it passes easily, without straining

- Pelvic hematoma ie. pooling of blood on the top of the vagina (five per cent). Usually treated by antibiotics. May rarely need surgical drainage

- On-going vaginal pain and/or persistent pain during intercourse (one to five per cent) due to scarred tissue that may require further surgery

- Buttock or low back pain – especially if you have had a sacrospinous colpopexy. The pain usually eases off by ten days

Additional complications of the polyprolene mesh repair:

- Mesh erosion: where the mesh comes through the walls of the vagina or is exposed (in five per cent). Simple removal +/- resuturing of the eroded part is usually sufficient but if infection persists further surgery may be required to remove the mesh (very rarely).

- Very, very rarely the mesh may erode into the bladder or bowel and if this happens further surgery may be required

- Allergic reaction to the mesh implant (very rare)

- Mesh shortening due to scar tissue (very rare)

- Fistula formation (a hole that develops between the bladder and vagina or the rectum and vagina) (extremely rare) and requires further surgery

- Buttock or low back pain. The pain usually eases off by ten days and very rarely the pain can be prolonged

Sources for further information:

- NICE guidance on Sacrocolpopexy using mesh for vaginal vault prolapse repair - issued January 2009
- Understanding NICE guidance: Treating vaginal wall prolapse with surgery using mesh - issued June 2008
- The management of post hysterectomy vaginal vault prolapse RCOG green top guideline no 46 - issued October 2007 **web site: www.rcog.org.uk/womens health**
- **www.amselevate.com**

If you would like this leaflet in another format or in a different language, please ask a member of staff.

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