Pelvic Organ Prolapse and Urinary Incontinence in Women

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What is Prolapse?

- Prolapse occurs when there is weakening of the ligaments and strong tissues that hold up a woman’s pelvic organs.
- This weakening allows structures to drop down, or prolapse, similar to a hernia.
- This occurs due to age, pregnancy and delivery, loss of estrogen, and doing activities over time such as chronic coughing, straining with bowel movements or lifting heavy objects.
Normal female anatomy
Uterine or vaginal vault prolapse

- Uterine prolapse occurs when the ligaments holding the uterus up allow it to drop into the vagina.
- Severity can range from 0 to 4 with 0 meaning no prolapse and 4 meaning complete prolapse.
Cystocele

- Cystocele is like a hernia of the anterior vaginal wall that allows the bladder to sag into the vagina.
- This can be graded in severity in the same way as the uterus.
- This can lead to difficulty emptying the bladder and urinary tract infections.
Rectocele

- Rectocele is similar to cystocele except now it is the posterior, or back wall, of the vagina that relaxes.
- This allows the rectum to bulge up and into the vagina.
- This is different from rectal prolapse.
Symptoms of prolapse

- Many people have a combination of the different types of prolapse
- Bulge or pressure
- Difficulty emptying the bladder or bowel
- Recurrent urinary tract infections
- Vaginal bleeding
- Discomfort with or inability to have intercourse
- No symptoms
When should you seek treatment?

- When the prolapse is bothering you and interfering with your daily life
- If you do have recurrent urinary tract infections, to see if prolapse is playing a role
- Vaginal bleeding – rule out more serious things
Non-surgical treatment

- Do nothing – reassurance
- Vaginal estrogen cream
- Kegel exercises
- Pessary – rubber-like device that sits inside the vagina to hold the tissue up. Needs to be fit in a clinic
Pessaries
What are Kegel exercises?

- Kegel exercises are exercises of the pelvic floor
- Squeezing your levator complex muscles
- Goal is to isolate just those muscles keeping the abdomen and buttocks still
- 10 repetitions 3 times a day to prevent future prolapse
- Use also for urinary incontinence
Surgical treatment

- Vaginal repair using native tissue (suture plication) – may include a hysterectomy if uterus is present
- Vaginal repair with mesh
- Abdominal repair with mesh
Risks of surgery and recovery

- Major surgery
- 1-2 night hospital stay
- 4-6 wks of restrictions
- Risks: bleeding, infection, injury to surrounding organs, recurrence, voiding dysfunction, pain, mesh erosion
Urinary incontinence

- Urinary incontinence refers to an involuntary loss of urine.
- It is very common in both men and women.
- Prevalence is 30-50% in women over 65.
- Causes significant bother, high costs of incontinence supplies, admission to nursing homes.
Normal voiding patterns

- 2 bladder functions - Storage and voiding
- Daily voids - < 8 times per day (4-6 average)
- Nighttime voids – 0 or 1
- Bladder capacity – 300-500 mL
Types of incontinence

- Stress – leakage associated with effort of physical exertion – cough/ laugh/ sneeze/ exercise
- Urge – leakage associated with urgency
- Mixed – combination of stress and urge
- Overflow – leakage associated with incomplete bladder emptying
- Functional – unable to toilet due to functional or cognitive impairment
Treatment of stress incontinence

- Kegel exercises
- Pessary
- FemSoft urethral insert
- Midurethral sling
- Urethral bulking
Treatment of urge incontinence

- Urge suppression with Kegels
- Avoiding bladder irritants – caffeine, carbonation, citrus fruits
- Timed voids
- Medications – anticholinergics
- Botox
- Sacral neuromodulation
Anticholinergic medications

- Increase bladder capacity by blocking the receptors in the bladder decreasing detrusor function
- Goal: decrease number of voids and leaks
- Side effects: dry mouth, constipation, effects on memory and cognition
- Contraindicated in uncontrolled narrow angle glaucoma
Sacral neuromodulation
What to expect when you seek medical attention?

- Detailed discussion of your symptoms and urinary habits
- Voiding diary
- Physical exam
- Urinalysis
- Void and check for post-void residual
- Cystoscopy
- Urodynamic studies
Cystoscopy

- Indicated in urgency/ frequency, hematuria, recurrent symptoms following prior treatment
- Thin scope with or without a camera attached is placed through the urethra to examine the urethra and bladder
- Check for foreign bodies, injuries to the bladder, rule out bladder cancer
Urodyanamics

- Study done to evaluate bladder sensation, capacity, voiding abilities, check for leakage due to urge, stress or overflow
- Patient is asked to void on her own first
- Then a series of catheter are placed in the bladder and vagina or rectum
- Bladder is filled and maneuvers are done
Questions?