

Pelvic Organ Prolapse and Urinary Incontinence in Women

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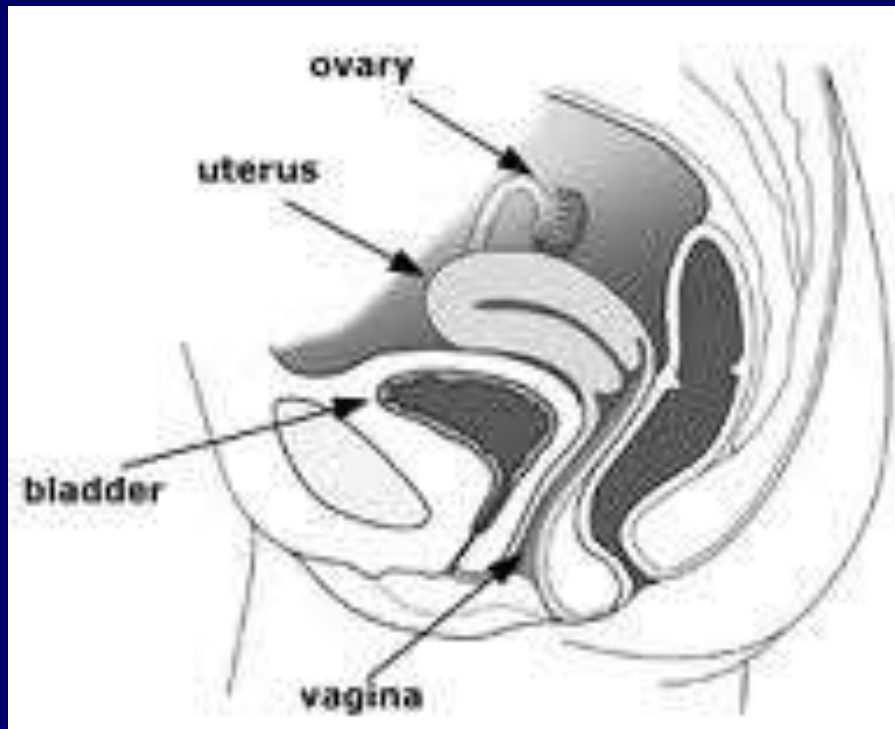
Female Pelvic Medicine and Reconstructive Surgery
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What is Prolapse?

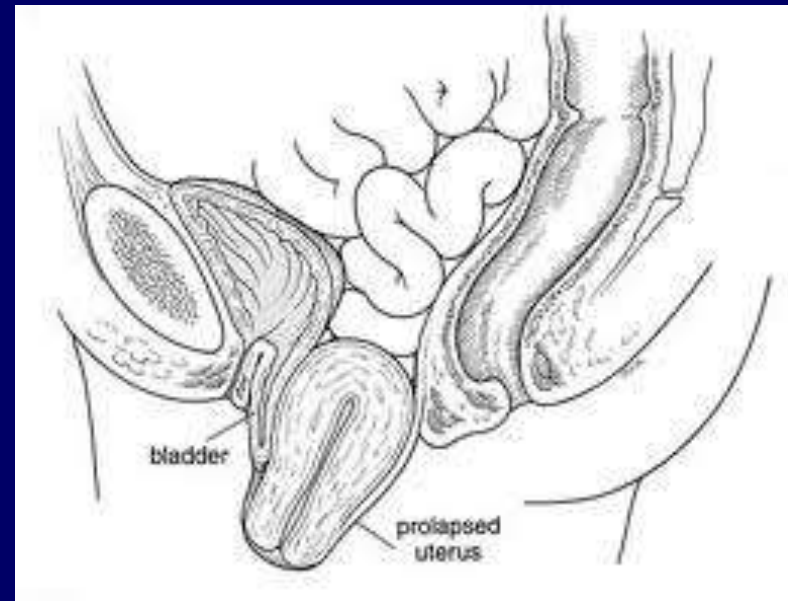
- Prolapse occurs when there is weakening of the ligaments and strong tissues that hold up a woman's pelvic organs
 - This weakening allows structures to drop down, or prolapse, similar to a hernia
 - This occurs due to age, pregnancy and delivery, loss of estrogen, and doing activities over time such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



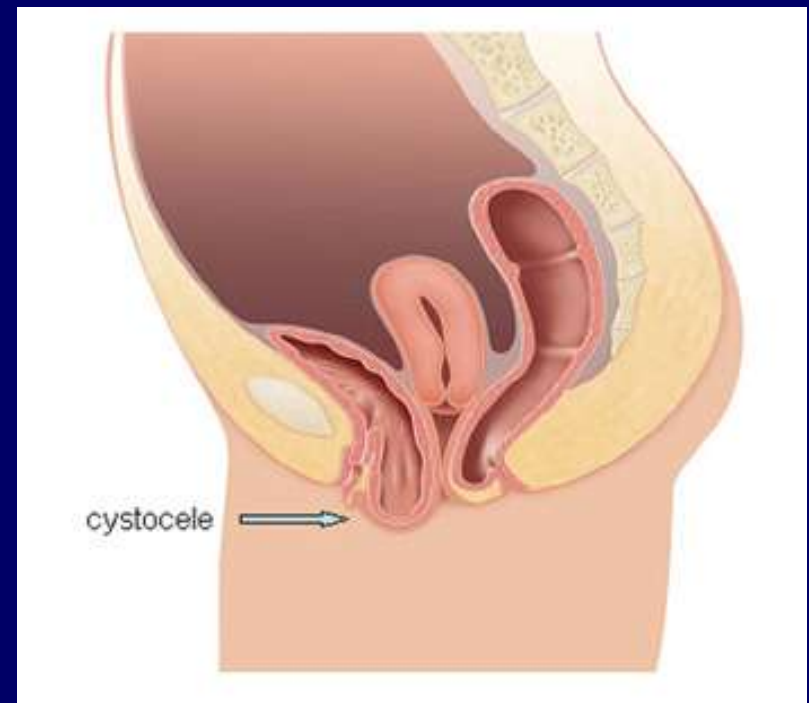
Uterine or vaginal vault prolapse

- 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



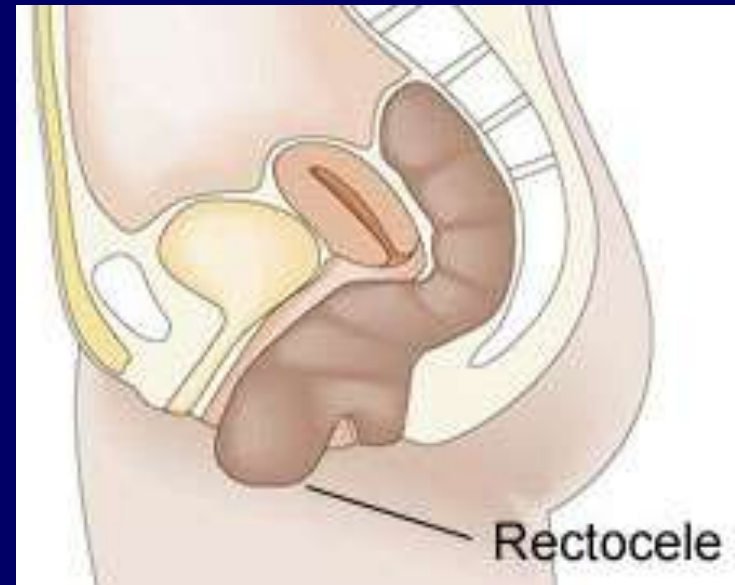
Cystocele

- ❑ 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

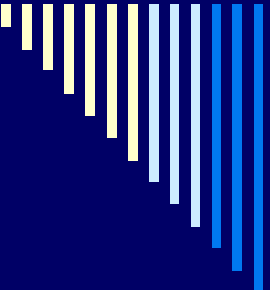
- Rectocele is similar to cystocele except now it is the posterior, or back wall, of the vagina that relaxes
- This allows the rectum to bulge up and into the vagina
- This is different from rectal prolapse





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
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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
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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
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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
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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
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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
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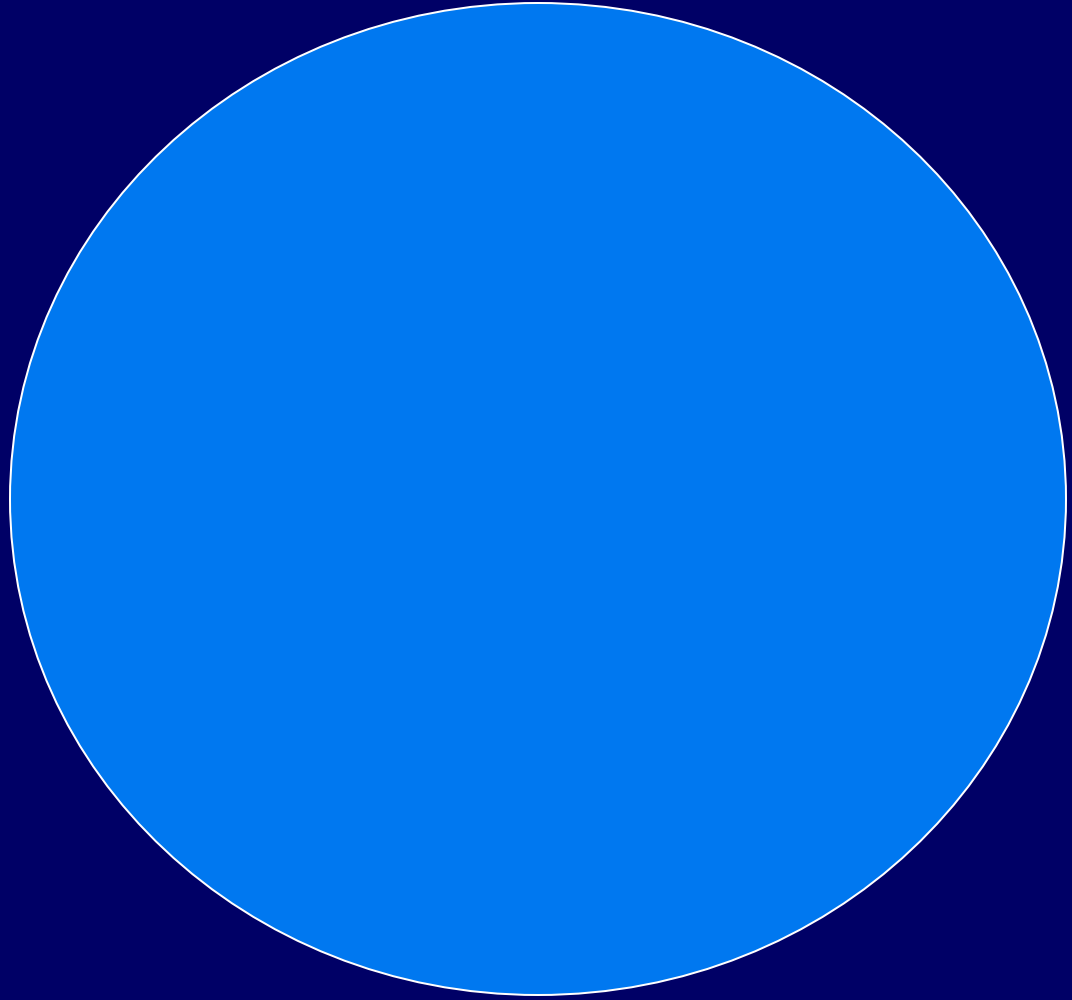
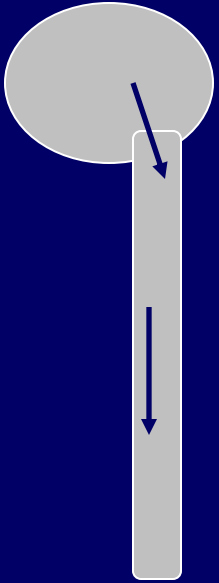
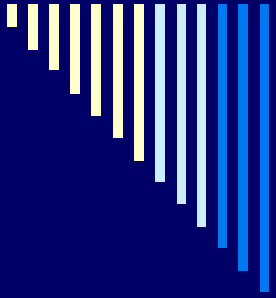
Urinary incontinence

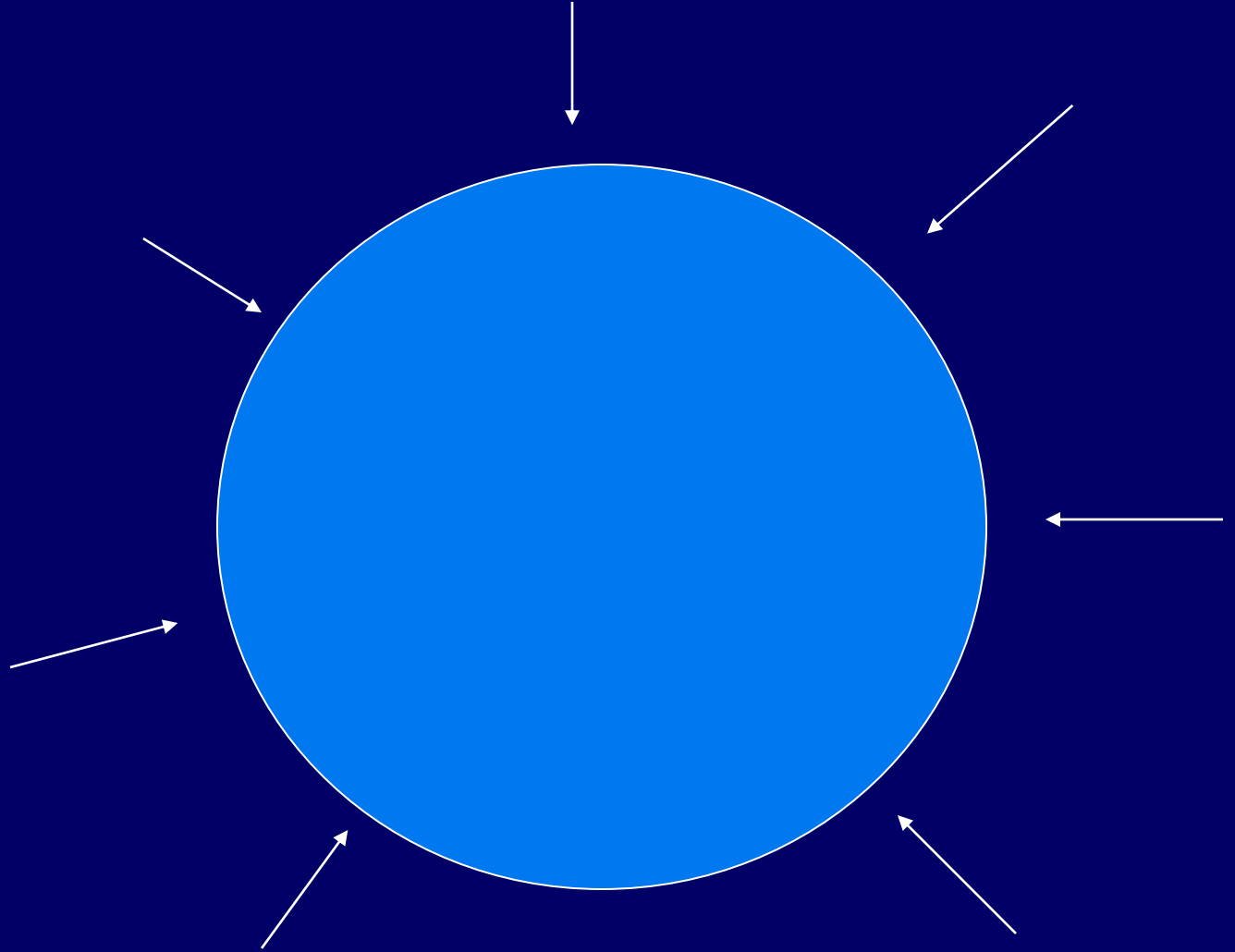
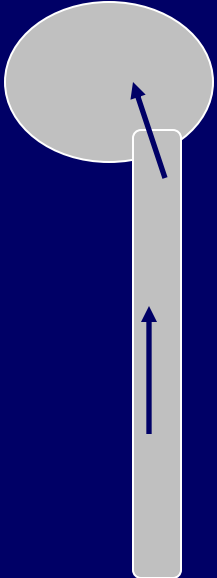
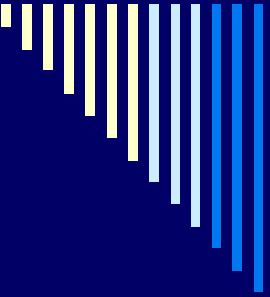
- Urinary incontinence refers to an involuntary loss of urine
 - It is very common in both men and women.
 - Prevalence is 30-50% in women over 65
 - Causes significant bother, high costs of incontinence supplies, admission to nursing homes
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Normal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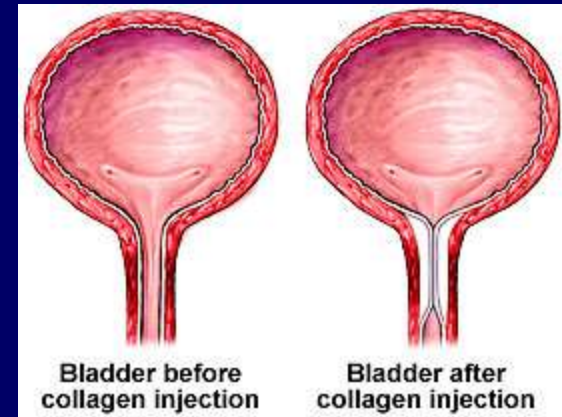
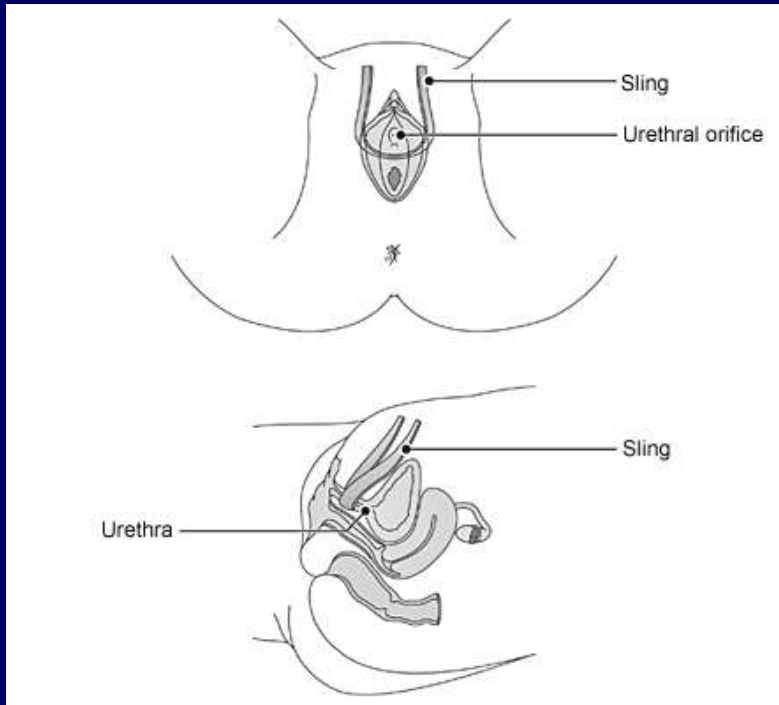
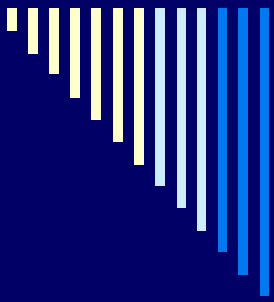
Types of incontinence

- 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
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Treatment of stress incontinence

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

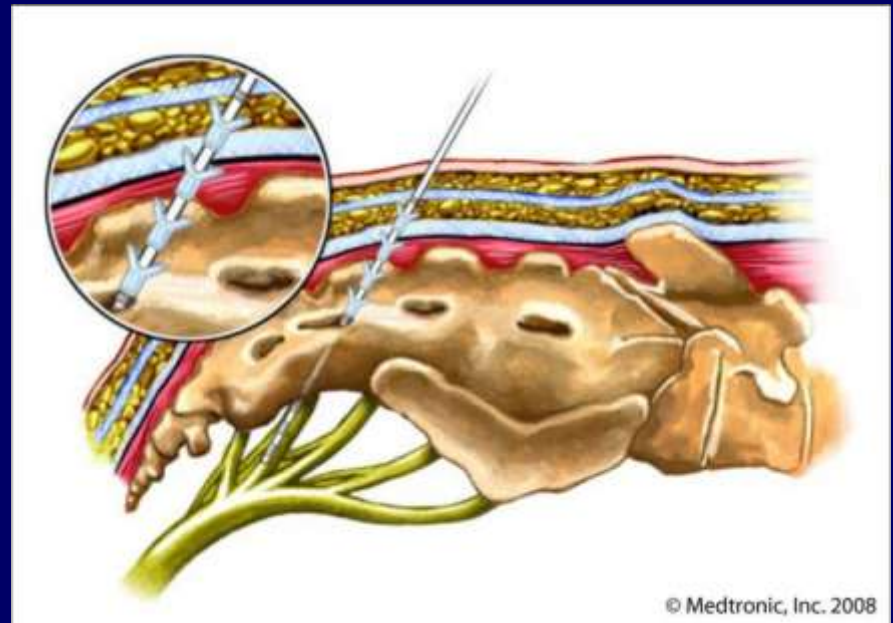
- Urge suppression with Kegels
 - Avoiding bladder irritants – caffeine, carbonation, citrus fruits
 - Timed voids
 - Medications – anticholinergics
 - Botox
 - Sacral neuromodulation
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Anticholinergic medications

- ❑ 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
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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
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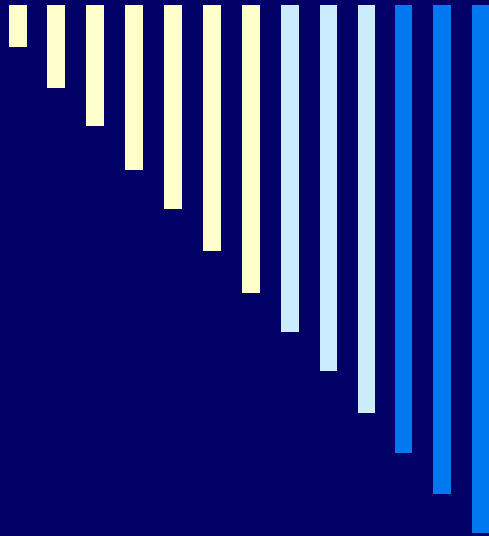
Cystoscopy

- 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
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Urodynamics

- 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
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Questions?
