Options for Vaginal Prolapse

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What is prolapse?

Objective Findings

• Relaxation of the vaginal walls (30-40% of women, 98% of postmenopausal women)¹
• Descent of the apex, anterior and or posterior of the vagina (almost 50% of women)²

Subjective Bother

“Vaginal bulge or something falling out of the vagina”²

²ACOG Practice Bulletin #85 Pelvic Organ Prolapse, September 2007

What is prolapse?

Objective Findings

Vaginal wall or cervix at or below the hymen¹

Subjective Bother

“Vaginal bulge or something falling out of the vagina”²


Disclosures

• None
Symptoms?

- Splinting
- Pelvic Pressure
- Defecation or Voiding problems
- Depression
- Poor Self Image

Prolapse Risk Factors

Nygaard 2004 (WHI)
1) Age
2) Education
3) Vaginal parity
4) Weight of largest baby
5) Asthma

Miedel 2009 (Swedes)
- Family history of POP
- Hx of deficient CT (varicose veins, hernia, hemorrhoids)
- BMI, waist circumference
- Heavy lifting job
- Low impact exercise (vs. none or high impact)

Epidemiology

- ~3-8% POP Prevalence
- 11% Lifetime risk of surgery for prolapse or incontinence
- 15.2% Lifetime risk of surgery for prolapse

65yo G3P3 with the complaint of prolapse...

Evaluation

• Symptoms!!
  » What is bothering her?
  » Need to confirm goals

Exam

• See the prolapse with the patient straining
  » Cough
  » Stand up
• Baden Walker ‘half-way’
  » Grade 0-4
• POPQ
  » cm above (-) or below (+) the hymen

Options for Treatment

• Do Nothing
• Physical Therapy
• Symptom directed therapy / Lifestyle
• Pessary
• Surgery
Do Nothing?

- Prolapse is not dangerous
- Education
  - Patients often are frightened
  - *Is this a tumor?*

Expectant Management

- 412 WHI subjects (postmenopausal) with at least 2 Baden-Walker evaluations
  - Progression and regression nearly equal
  - Grade 1 prolapse more likely to improve than worsen


Expectant Management

- 259 women in WHI at one site had at least 2 POPQ exams
- 1 and 3 year change of at least 1 cm
  - Patients with ‘prolapse’ above the hymen were more likely to progress
  - Patients with prolapse beyond the hymen were more likely to regress
- >2cm worsening in 5.8% after 1y
- >2cm improvement in 1.2% after 1y

Physical Therapy

• Cochrane review 2011
  » 3 studies included
  » Subjective improvement in study group in all 3 studies
  » Exercises have 17% chance of improving stage vs controls (pooled data from 2 studies)

Hagen S, Stark D. Conservative prevention and management of pelvic organ prolapse in women. Cochrane Database of Systematic Reviews 2011, Issue 12

Symptom Directed Therapy

• Vaginal estrogen
  » Decreases friction or awareness


Lifestyle Changes

• Weight control
  » Gain bad
  » Loss doesn’t help either¹

• Avoid straining²
  » Behavior training
  » Treat constipation

¹Kudish et al. Effect of Weight Change on Natural History of Pelvic Organ Prolapse. Obstet Gynecol 2009;113
Pessary

- Can significantly improve symptoms and quality of life\(^1,2\)

- Almost any patient can be a candidate
  - Exceptions
    - Poor compliance (loss to follow-up)
    - Vaginal infection
    - Latex allergy (latex Inflato-Ball)

### Contraindications?

- Prior hysterectomy or prolapse surgery
- Hypoestrogen
- Sexual activity
- Erosion from prolapse

### How do I fit it?

#### POP-Q?

Short vaginal length and large genital hiatus decrease success


### How do I fit it?

- Whatever way is comfortable and effective for the patient
- Can position it differently from the ‘intended’ placement
- Can even use more than 1

### Pessary Fitting

- **TRIAL and ERROR**
  - Set patient expectations!
Pessary

In the PESSRI trial a successful fit required refit ____ of the time

1) 2%
2) 10%
3) 30%
4) 50%

During fitting

1) Place pessary and ask how she feels
2) Have patient
   - strain
   - sit-up
   - stand
   - walk
   - sit on toilet (use toilet hat to not lose pessary)
3) Repeat from step 1 as needed

Pessary placement

Pelvic Exam View
After fitting

- Remind patient that this is **Trial and Error** – she may need to return soon if the pessary is uncomfortable/falls out
- See patient back in 2-6 weeks for check

Pessary Management

- **Removal**
  - In office every 1-3 months\(^1\)
  - By patient every...

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Erosions

These will happen, it’s OK

Erosions

- Treat with vaginal estrogen and check in 1 month, many resolve
- Pessary checks more frequently
- Teach patient to move pessary if she can’t take it out
- Biopsy if persistent
- Recheck to confirm it’s not worsening

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Vaginal Bleeding

» Common with fitting and manipulation

» Evaluate new vaginal bleeding as you would without pessary

Fistulas

» Generally take years to occur

» Make sure the patient will follow-up

Infections

Vaginal Infections

» Discharge is physiologic
  – Check / remove more frequently
  – May use estrogen or Trimo-San?

UTIs

» No studies have been done

» Likely risk factor is age¹

Trimo-San

Hydroxyquinoline sulfate sodium lauryl sulfate jelly has been evaluated in ____ articles in PubMed

1) 0
2) 7
3) 12
4) 76

• Identify the defect
  » Apical
  » Anterior
  » Posterior

Prolapse Reduction
Stress Incontinence

• Can SUI after anterior or apical procedure be predicted?
  » Short answer – no

Augmentation with Synthetic or Biologic Graft

What is the need?

» Weber study ‘clinically meaningful outcomes’ at 1y
  – No prolapse past hymen 83-96%
  – No bulge symptoms 91-100%
  – No reoperation 97-100%

» 5 year re-op rate for NT 2.5-9% (lower if all compartments repaired)

Review

Approach and Options for Prolapse

• Assess her symptoms
• Discuss goals
• Offer all options
  » Expectant management
  » Pelvic floor exercises / Lifestyle changes
  » Pessary
  » Surgery

References:


Thank You!

- Questions?