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pelvic floor muscles so they become firm and supportive, but not overactive. Many women will have a major improvement in or recovery from symptoms of prolapse by learning effective pelvic floor exercises, thus avoiding or delaying the need for surgery. It is important to learn to do the exercises in the right way, and to check from time to time that you are still doing them correctly. Hence it is recommended that women see a specialist pelvic floor physiotherapist to take them through these exercises. Women who require surgery usually have a much better result if they work with an experienced physiotherapist before and after their procedure.

In addition to exercises women may find **medication** such as oestrogen replacement or **basic health and lifestyle changes** such as dietary change or treating constipation and managing to lose weight may bring relief to their symptoms.

A **vaginal pessary** to support the prolapse is a good short or long-term solution. Short-term pessary use is appropriate for women to make them more comfortable if a planned surgery needs to be delayed. Some women with slight prolapse are only symptomatic at certain times, such as when they are playing golf or tennis,

and find a pessary useful on an as-needed basis. There are multiple types of pessaries, and finding the right pessary in the right size is the key to success. Some women have had a negative pessary experience and feel as a result that they are not a good candidate, when in fact the pessary was the wrong type or did not fit properly.

These conservative treatment options are usually offered to most patients before considering surgery. However if these fail and the symptoms are compromising the quality of life significantly then surgery to repair the prolapse is an option.

Pelvic reconstructive surgery can be performed through the vagina or abdominally (via a traditional incision or through laparoscopy/ 'key-hole surgery'). During the procedure, the surgeon will reposition the prolapsed organ(s) and secure the surrounding tissues and ligaments. The vaginal defect(s) which cause the bulge in vagina will also be repaired. Usually a repair of the perineum to support the opening of the vagina may be performed. Prior to undergoing surgery, patients should undergo a thorough evaluation to ensure a proper diagnosis. For example, some women may have stress urinary incontinence (leaking with coughing

or sneezing) and may require a sling procedure performed at the same time to correct urinary incontinence, however in some circumstances this is best done as a two stage procedure which will be discussed with your doctor. Surgery for prolapse has three key issues which are:

1. failure of treatment of recurrence of symptoms
2. the chance of developing new troublesome symptoms such as worsening incontinence, pain due to scarring or pain with sex and change in bowel habit
3. complications of surgery including infection, bleeding, rarely injury to the surrounding organs

Therefore surgery to improve prolapse symptoms needs to be considered ideally when all other options have failed and when the patient's quality of life is severely affected enough to merit accepting the above key issues.

Many women are embarrassed about seeking treatment for pelvic organ prolapse. Prolapse often causes women to feel embarrassed and needlessly self-conscious despite it being so common. The possible reason is that women rarely feel comfortable talking to their friends

and family about such intimate matters. The good news is that women do not have to suffer in silence and live with the condition. Seek help early and women can be empowered to do something about pelvic organ prolapse, and they will have choices to suit their individual needs.

Please visit <http://www.iuga.org/?patientinfo> for more valuable patient information leaflets on prolapse and its treatment options.

Preetkiron Bhal has been a Consultant Gynaecologist in Cardiff since 2003 with an interest in urinary incontinence, pelvic organ prolapse, general gynaecology and infertility. Mr Bhal is an expert in advanced vaginal and laparoscopic surgery. He offers a comprehensive service for managing urogynaecological problems including vaginal mesh related problems. Mr Bhal leads a multidisciplinary team in Cardiff striving to deliver the best available care for patients with bladder and pelvic floor conditions in South Wales. Mr. Bhal has continued with his passion for research and evidence based medicine and has presented work at numerous meetings both nationally and internationally.