



what's happening
down there
let's talk about prolapse

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Lifting the Taboo on a Common Women's Health Issue - Pelvic Organ Prolapse

As many as 50% of all women who have given birth vaginally have some degree of pelvic organ prolapse. Once women enter menopause and experience decreased estrogen levels, they are at about the same risk for prolapse as a woman who had a vaginal delivery.



Let's Talk About Prolapse

Have you felt a pressure in your pelvic area that won't go away? Pain or discomfort with intercourse? Does it constantly feel like you are wearing a tampon and it is falling out? Or have you noticed lately that you're having some leakage or loss of bladder control? Do you have chronic constipation or other bowel problems?

It's time to talk about pelvic organ prolapse.

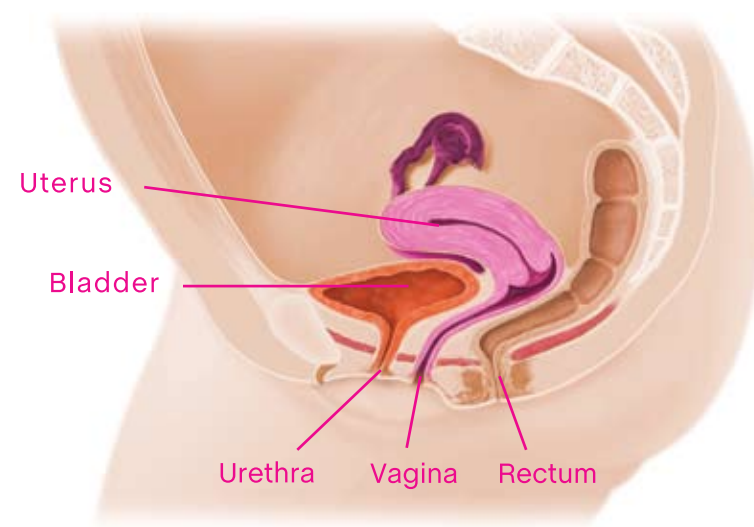
What's happening down there?

Pelvic organ prolapse, or POP, is a common but rarely talked about female problem. As a consequence, a lot of women don't recognize the condition or are just too embarrassed to talk about it and learn to cope with what can be a devastating problem. The good news today is that no woman needs to suffer, because there are effective treatments for POP that can restore a woman's quality of life.

The organs in your pelvic cavity – uterus, vagina, bladder and rectum – are held in

place by a web of muscles and connective tissues that act like a hammock. When these muscles and tissues become weakened or damaged, one or more of the pelvic organs shift out of normal position and literally “fall” into the vagina. As a result, the organs may press against the vaginal walls to create a hernia-like bulge causing discomfort, affecting sexual activity and limiting physical activity.

Normal Pelvic Anatomy



Stretch Marks and Prolapse?

A study in The Journal of Investigational Dermatology reported that stretch marks from pregnancy may indicate you are more prone to pelvic organ prolapse because you have weaker connective tissue.

Reference: The Journal of Investigational Dermatology(2006) 126, 1745-1748. doi: 10.1038/sj.jid.5700258; published online 23 March 2006

What causes POP?

The major risk factor for POP is one shared by most women of childbearing age: having a baby and delivering vaginally. The risk becomes even greater for women who have a difficult labor and delivery, several vaginal deliveries and/or large babies. Other risk factors include obesity, the decrease of estrogen with menopause, loss of muscle tone with aging, and having a hysterectomy. Even genetics may play a role: POP occurs more often in women of Northern European and Hispanic descent than in women of African or Asian descent.

How do I know if I have it?

As with any medical condition, for a true diagnosis and appropriate treatment you need to see your doctor. However, there are some common symptoms that can alert you to a potential problem.

If you have mild to moderate degrees of prolapse, you may experience a feeling of pressure or heaviness in the pelvic area after being on your feet for a long time or after physical exercise. As prolapse gets worse, various functional problems can develop, creating more severe and "hard to miss" symptoms such as:

- difficulty emptying the bladder
- bowel problems including constipation

- discomfort during intercourse
- pressure or pain in the pelvic area and lower back
- stress urinary incontinence (urine is leaked during activities such as laughing, coughing or exercising)
- a bulge or lump in the vagina
- a feeling that something is falling out of the vagina, like a tampon that is half in and half out.

*But
it seems so
embarrassing...*

Yes, it is an intimate issue, but not one you have to live with. Stand up for the quality of your life...maybe by standing up for your pelvic exam. Come up with some ice breakers to help you start the dialogue with your doctor. Once you get past any initial embarrassment, you will be so relieved and you'll hear the good news about treatments that can help you get your life back.

How is it diagnosed?

Your doctor may be able to diagnose POP during a traditional pelvic examination, but a mild case may be hard to find lying down since your organs tend to fall back into place. However, when you stand, the weight of your organs will push down and make it easier to determine if you have prolapse and to what degree.

Bottom line, if you are experiencing any symptoms you think may be prolapse, speak up and ask your physician to examine you while you stand.

How is POP treated?

The treatment is determined by the degree of the prolapse. Many women with mild prolapse may have no symptoms. But if they do have symptoms, mild to moderate prolapse will often respond to non-surgical approaches. For some women, pelvic repair surgery may help to restore their quality of life.

Non-surgical therapy

Kegels – Women with mild degrees of prolapse can often find relief from non-surgical approaches, such as Kegel exercises to strengthen the pelvic floor muscles. In up to half of cases where the prolapsing organ has not yet reached the opening of the vagina, Kegel exercises alone can prevent worsening of the condition.

A Pessary – In cases where the prolapse has reached the opening of the vagina or beyond, a properly fitted pessary can prevent further deterioration for many years. This device is placed in the vagina to support the pelvic organs. It is often a good option for women who still want to have children and for women who are not good candidates for surgery.

Surgical treatments for prolapse

Women who feel their condition compromises their quality of life may want to consider pelvic repair surgery. Prolapse repairs can be done through

the vagina, abdominally or with minimally invasive techniques using a laparoscope. During the procedure, the surgeon repositions the prolapsed organs and secures them to surrounding tissues and ligaments, sometimes with synthetic mesh such as that used in abdominal hernia repair. With the newer minimally invasive treatments, surgery time is reduced, recovery time is quicker, and many women can go home the next day.

If your only symptom is SUI, new minimally invasive procedures can implant a tension-free sling under the urethra, giving it the support it needs to seal properly. This new technique can be performed under local anesthesia in about 30 minutes by a trained surgeon. Most women can go home the same day and return to normal activities within days. Sometimes this procedure is combined with pelvic floor repair surgery. Your physician can advise you about the treatment option best for you or refer you to an appropriate specialist.

Today's woman does not need to live with POP. There is a spectrum of solutions available to treat her condition.



Who should I talk to about POP?

If you think you have POP, it's important to get a proper diagnosis – which means you need to see a doctor who often treats this condition and can make you feel more comfortable. Just like there are different types of POP, there are several types of physicians who can help treat it:

Primary Care Physician – Often known as a GP or general practitioner, this is your family physician and a good place to start. A GP doesn't have a specific medical specialty, but instead treats a variety of medical problems in patients of all ages. You will need to ask your GP for a referral to a physician with an expertise in pelvic floor dysfunction (i.e., prolapse, loss of bladder control or pelvic pain).

Obstetrician/Gynecologist (OB/GYN) – Physicians who specialize in the care of women, with a focus

on pregnancy, childbirth and problems of the reproductive system, OB/GYNs have a broad base of knowledge. However, not all OB/GYNs have a focus in pelvic floor disorders, so it is important to determine if yours does. If not, you may want to request a referral to a physician who regularly treats patients with the type of problem you have.

Urogynecologist - A urogynecologist is an obstetrician/gynecologist who specializes in the care of women with pelvic floor dysfunction. Although your primary care physician or gynecologist may have knowledge about prolapse, a urogynecologist can provide additional expertise. This type of physician can provide a variety of therapies – both surgical and non-surgical – to cure or relieve prolapse symptoms.

Urologist – As physicians who have specialized knowledge and skill regarding problems of the female and male urinary tract and the male reproductive organs, urologists with a subspecialty in female urology are more likely to treat pelvic floor disorders.

Questions to ask your doctor

- What type of POP do I have? Do I have more than one?
- What kind of treatment do you recommend to treat my prolapse?
- What is the success rate of the treatment you would recommend for me? What are the benefits and potential risks?
- Can you treat my prolapse or do I need a referral to a physician who regularly treats patients with my condition?
- How many patients with prolapse do you see a month?
- How many procedures do you perform on a monthly basis to treat prolapse?
- What are treatment options if I still want to have children?
- Will treatment affect my sexual function?
- How soon after treatment can I get back to my daily activities?

Facts about SUI

More than 13 million Americans suffer from incontinence. The vast majority are women.

Women buy more sanitary pads for incontinence than for menstruation.

Stress urinary incontinence or SUI often co-exists with pelvic organ prolapse.

Two out of three women with SUI do not talk to their doctors about their condition.

What about SUI?

Stress urinary incontinence or SUI is the most common form of incontinence in women and occurs when the pelvic muscles supporting the bladder and urethra have been damaged or weakened. The weakened muscles cannot hold the urethra in its correct position, causing it to lose its seal and allow urine to escape when any movement from the diaphragm, like a sneeze, puts pressure on the bladder.

Like all types of pelvic organ prolapse, it may occur at any age as a result of vaginal childbirth, pelvic, gynecologic surgery, obesity or chronic constipation. As women get older, it may be a result of menopause or simply age. In fact, leakage can be a symptom of prolapse, but it is also a real health condition on its own. Many women have leakage and this has nothing to do with pelvic organ prolapse. Regardless, don't be shy about SUI because there are treatments available to correct the problem.

"My life is so much simpler since my prolapse repair. I cannot count how many times I've said, 'This was so much easier than I had expected!'"

—Sandra, POP patient

For more information

- National Association for Continence; nafc.org; 1-800-BLADDER
- National Women's Health Resource Center; healthywomen.org; 1-877-986-9472
- womenshealth.gov
- Gynecare.com



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