

GENITAL PROLAPSE

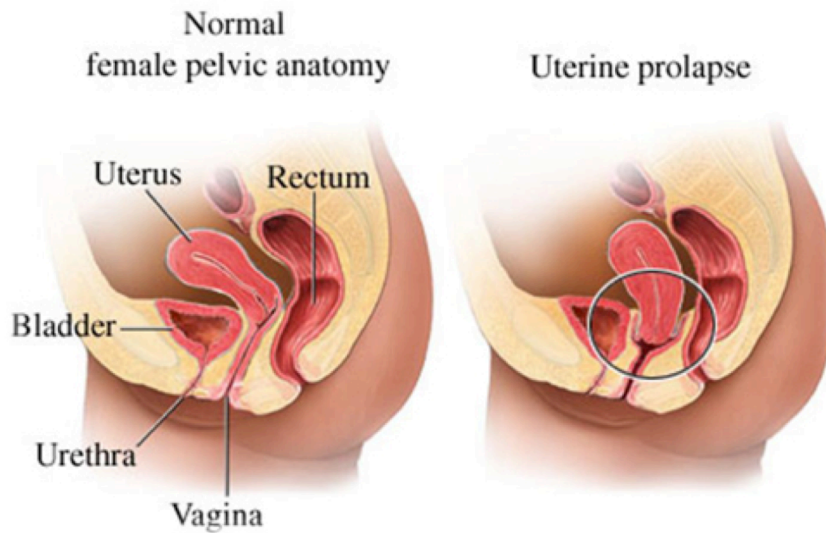


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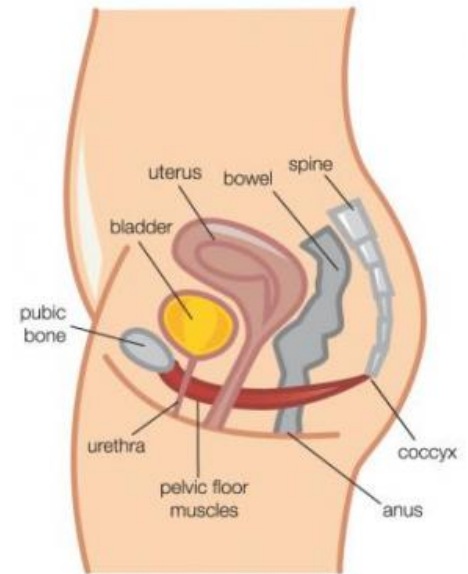
DONE BY: DONA BARAKAH

RESOURCES:

- 428 OB/GYN TEAM BOOKLET
- HACKER AND MOORE'S ESSENTIALS OF OBSTETRICS AND GYNECOLOGY
- OXFORD'S POCKET OF OBSTETRICS AND GYNECOLOGY

NORMAL PELVIC ANATOMY AND SUPPORTS

- The pelvic organs (vagina, uterus, bladder and rectum) are maintained within the pelvis by the bilaterally paired and posteriorly fused **levator ani muscles**.
- **Levator Hiatus** is an anterior separation of the levator ani muscle, of which the pelvic outlet structures (urethra, rectum and vagina) pass through and pierce it, exiting the pelvis.
- **Urogenital Diaphragm** is covering the levator hiatus inferiorly and shares the piercings of the pelvic outlet structures along with it.
- These structures are supported in place by:
 - Ligaments (pubourethrala, cardinal and uterosacral ligaments)
 - Condensation of fascia
- The ligaments attach to the fascia of the pelvic-side walls and bony pelvis.



GENITAL PROLAPSE

DEFINITION

- Protrusion of the pelvic organs into the vaginal canal or beyond the vaginal opening.
- This results from weakness in the pelvic muscular (levator ani) and fascial structural support.

PREDISPOSING FACTORS

1. Over-Stretching of the pelvic support and the perineal supporting tissues by **pregnancy** and **labor** especially with use of **forceps** or **Ventouse extractor**.
2. Denervation due to damage to the perineal or pelvic nerves (in delivery and pelvic surgery)
3. Chronic increase of **intra-abdominal pressure** (chronic cough, constipation, heavy lifting, ascites).
4. Pelvic connective tissue **weakness**, as later in life, and due to lack of hormones → muscular atony and lack of connective tissue results.

TYPES OF PELVIC ORGAN PROLAPSE (POP)

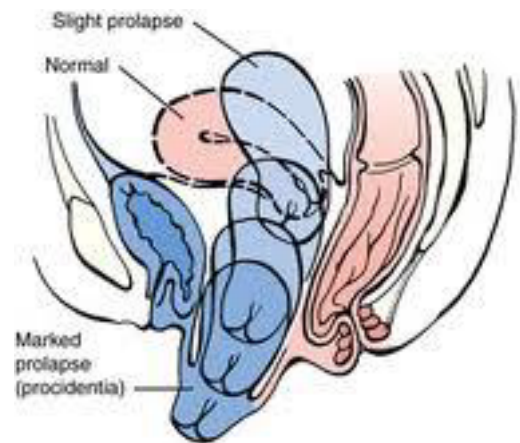
1. UTERINE AND APICAL-VAGINAL PROLAPSE

SYMPTOMS:

1. Heaviness or fullness in pelvis.
2. Feeling of something falling out.
3. Difficulty walking.

NATURE OF THE PROLAPSE:

The prolapse of the uterus, cervix and upper vagina



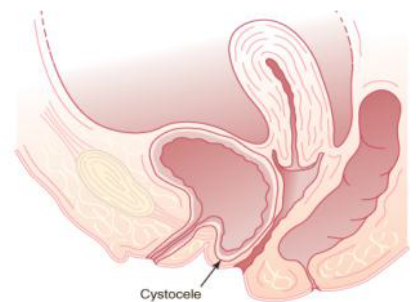
2. CYSTOCELE: (ANTERIOR VAGINAL WALL HERNIATION)

SYMPTOMS:

1. Urinary frequency and urgency
2. Urinary incontinence → stress incontinence
3. Urinary retention.
4. Cystitis due to residual urine and ascending UTI

NATURE OF THE PROLAPSE:

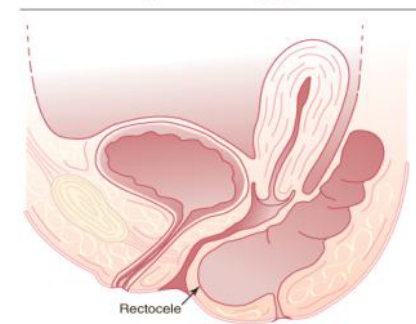
As a result of defect in the pubo-cervical fascial plane, which supports the bladder anteriorly. It tends to permit the bladder to sag down below and beyond the uterus; hence, the bladder is within the vagina.



3. URETHROCELE

NATURE OF THE PROLAPSE

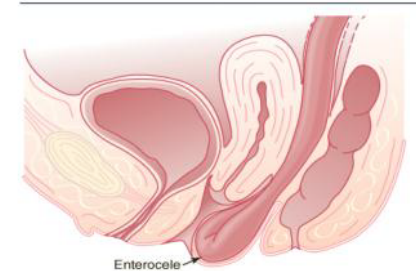
Prolapse of the lower vaginal wall, involving the urethra only (the defective fascia involves the urethra)



4. RECTOCELE: (LOWER POSTERIOR VAGINAL WALL HERNIATION)

SYMPTOMS:

1. Difficulty emptying her rectum
2. Constipation → hemorrhoids
3. The need to splint.



Elsevier Ltd. Hacker et al: Essentials of Obstetrics and Gynecology 4E www.studentconsult.com

NATURE OF PROLAPSE:

The rectum is within the vagina, due to attenuation in the pararectal fascia.

5. ENTEROCELE: (UPPER POSTERIOR VAGINAL WALL HERNIATION)

SYMPTOMS:

1. Backache or pulling sensation when standing relieved by lying down.
2. Uncomfortable pressure with falling out sensation in the vagina.

NATURE OF PROLPSE:

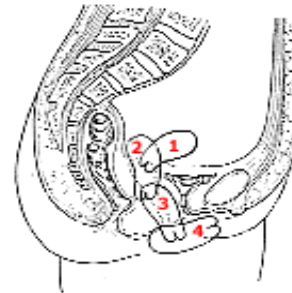
Peritoneal hernial sac along the anterior surface of the rectum, and the pouch of Douglas is herniated and contains loops of bowel.

STAGING:

- 0 = No prolapse
- 1 = Distal portion is -1 cm above hymen.
- 2 = Distal portion is \leq 1 cm above or below hymen.
- 3 = Distal portion is \leq 2 cm below hymen.
- 4 = Complete eversion, which is called **procidentia** and results in purulent discharge, decubitus ulceration, and bleeding.

TREATMENT

Diagram to illustrate the degrees of prolapse to the uterus.



1. Normal position.
2. Retroversion and first degree prolapse.
3. Retroversion and second degree prolapse-cervix protruding from vulva on straining.
4. Procidentia (complete prolapse) with retroversion, the whole uterus being outside the contour of the body.

Reference: Sir Dugald Baird, ed. *Combined Textbook of Obstetric Gynaecology*. ES Livingstone Ltd; 1962.

OBJECTIVES

- To provide cure or improvement
- Treatment options, risks, benefits and outcomes should be discussed.

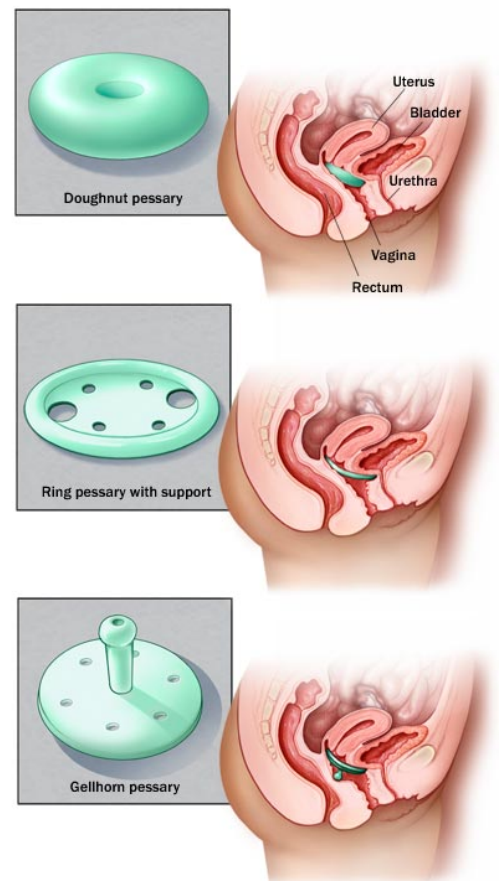
TREATING POP

Conservative treatment:

- Life style interventions
- Physical therapy (PFMT) / Kegel's Exercise
- Electrical stimulation
- Behavioral strategies and Bladder Training

Non-Surgical Therapy

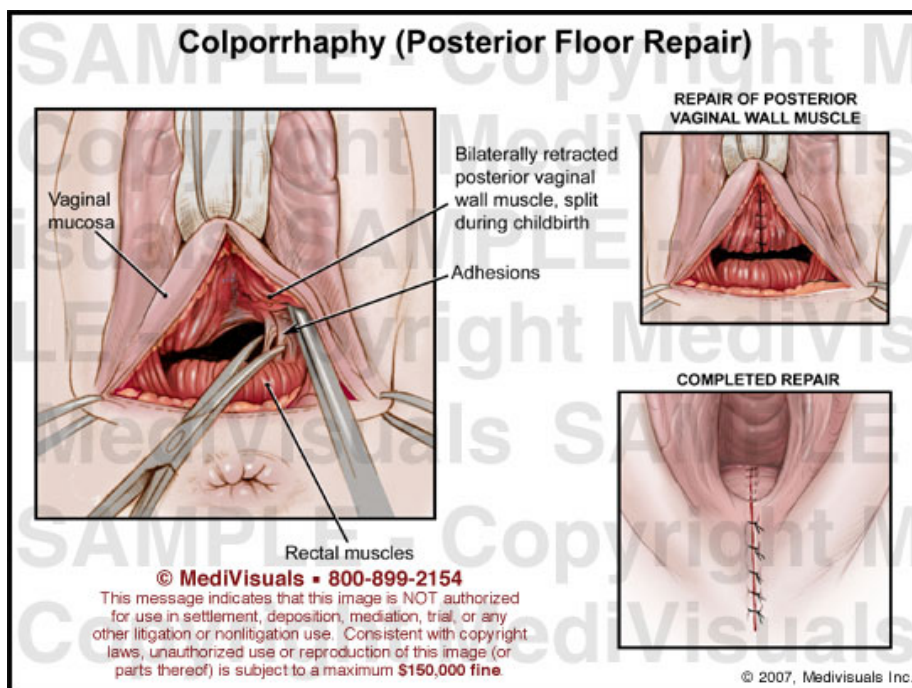
- 1) **Kegel exercises:** the patient tightens the pelvic muscles as of to stop the flow of urine.
- 2) **Pessaries:** when the patient is not fit for surgery, pregnant or is postpartum. Side effect: vaginal infection or discharge.
- 3) **Estrogen replacement therapy (ERT):** in menopausal women.



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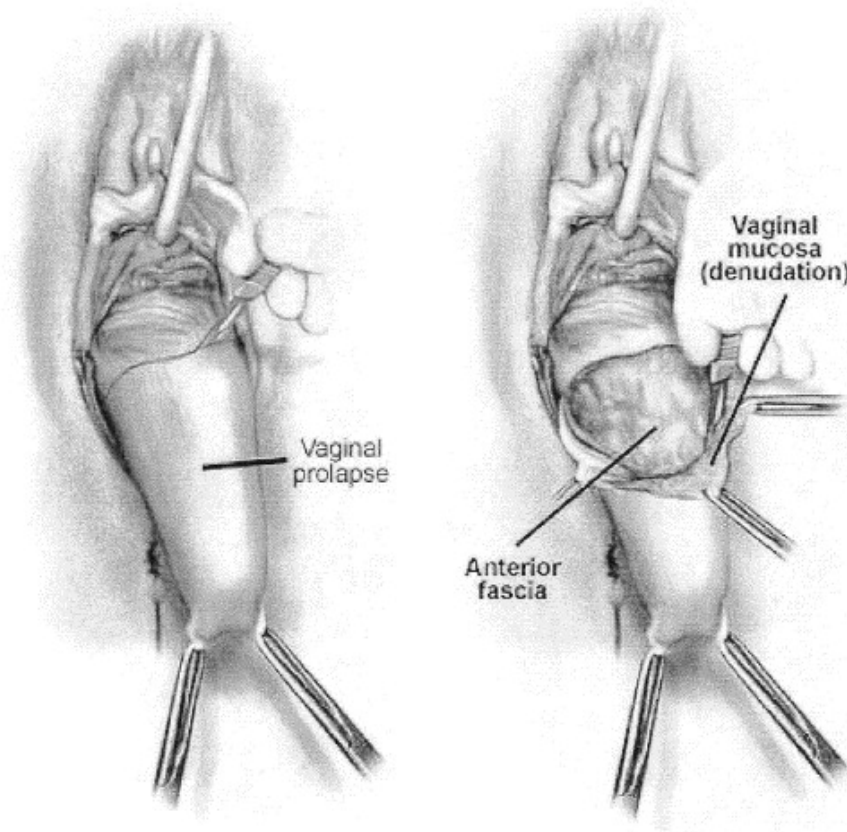
Surgery:

- 1) **Anterior colporrhaphy:** plication of the pubocervical fascia (cystocele and urethral displacement)
- 2) **Posterior colporrhaphy:** plication of endopelvic fascia (rectocele).

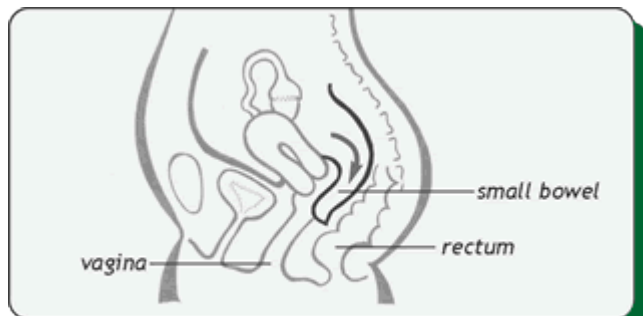


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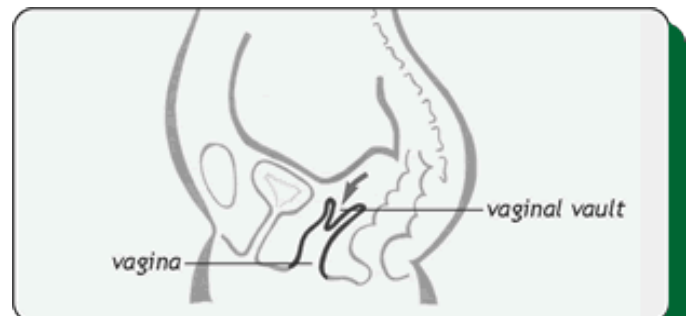
- 3) **Entrocele repair:** hernia repair and approximating uterosacral ligament and levator ani muscles.
- 4) **LeFort's partial colpocleisis:** suturing anterior and posterior vaginal walls together to support the uterus.
- 5) **Complete colpocleisis:** total obliteration of the vagina.



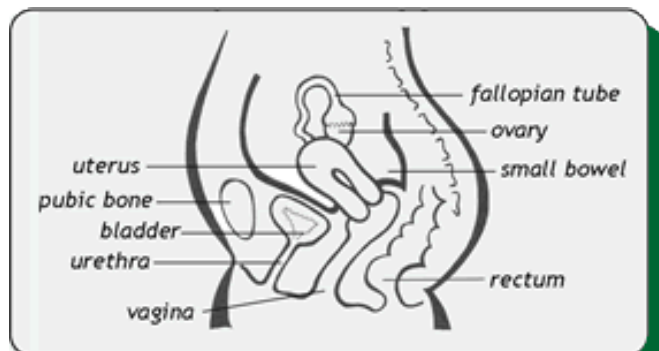
DEGREE AND STAGING OF THE PROLAPSE



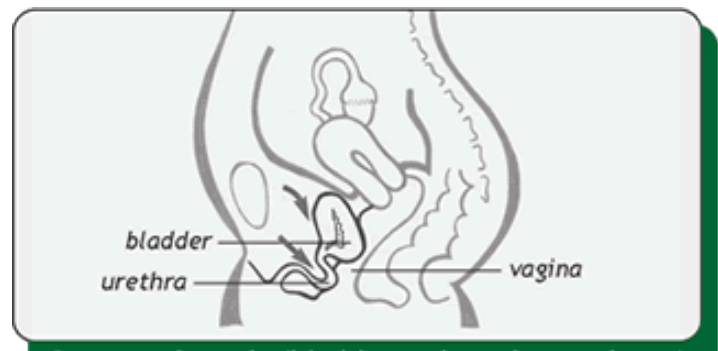
Enterocoele (small bowel prolapse)



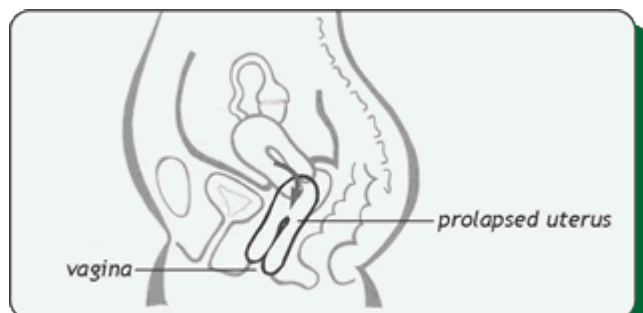
Vaginal vault prolapse



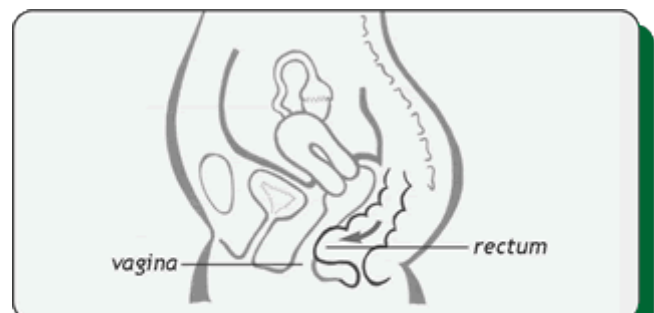
Normal (no prolapse)



Cystourethrocele (bladder and urethra prolapse)



Uterine prolapse



Rectocele (prolapse of the rectum into the vaginal wall)