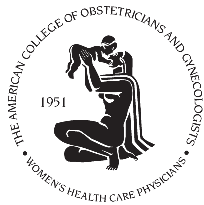


The American College of
Obstetricians and Gynecologists

FREQUENTLY ASKED QUESTIONS
FAQ183
SPECIAL PROCEDURES

Surgery for Pelvic Organ Prolapse

- What is pelvic organ prolapse?
- What organs can be affected by pelvic organ prolapse?
- What are the symptoms of pelvic organ prolapse?
- How is pelvic organ prolapse treated?
- What are the nonsurgical treatments for pelvic organ prolapse?
- When should I consider surgery to treat pelvic organ prolapse?
- What factors should I consider when deciding whether to have surgery?
- What are the types of surgery for pelvic organ prolapse?
- How does obliterative surgery treat pelvic organ prolapse?
- How does reconstructive surgery treat pelvic organ prolapse?
- What are the types of reconstructive surgery?
- What is involved in recovery after surgery to treat pelvic organ prolapse?
- Glossary

What is pelvic organ prolapse?

Pelvic organ prolapse is a disorder in which one or more of the pelvic organs drop from their normal position (see FAQ012 Pelvic Support Problems).

What organs can be affected by pelvic organ prolapse?

The organs that can be affected include the following:

- ***Uterus***
- Top of the ***vagina*** in women who have had a ***hysterectomy*** (the ***vaginal vault***)
- Front (anterior) wall of the vagina (usually with the ***bladder***, which is called a ***cystocele***)
- Back (posterior) wall of the vagina (usually with the ***rectum***, which is called a ***rectocele***)
- The pouch between the rectum and back wall of the uterus (usually with a part of the small intestine, which is called an ***enterocele***)

What are the symptoms of pelvic organ prolapse?

In severe prolapse, the woman can see or feel a bulge of tissue at or past the vaginal opening. Most women have mild prolapse—the organs drop down only slightly and do not protrude from the opening of the vagina—and do not have any signs or symptoms. Some women with mild prolapse and women with severe prolapse do have symptoms, which can include the following:

- Feeling of fullness or heaviness in the pelvic region
- Pulling or aching feeling in the lower abdomen or pelvis
- Painful or uncomfortable sex
- Difficulty urinating or having a bowel movement

How is pelvic organ prolapse treated?

If you do not have any symptoms or if your symptoms are mild, you do not need any special follow-up or treatment beyond having regular checkups. If you have symptoms, prolapse may be treated with or without surgery.

What are the nonsurgical treatments for pelvic organ prolapse?

Often the first nonsurgical option tried is a ***pessary***. This device is inserted into the vagina to support the pelvic organs. Targeting specific symptoms may be another option. ***Kegel exercises*** may be recommended in addition to symptom-related treatment to help strengthen the pelvic floor. Weight loss can decrease pressure in the abdomen and help improve overall health.

When should I consider surgery to treat pelvic organ prolapse?

If your symptoms are severe and disrupt your life, and if nonsurgical treatment options have not helped, you may want to consider surgery.

What factors should I consider when deciding whether to have surgery?

The following factors should be considered when deciding whether to have surgery:

- Your age—If you have surgery at a young age, there is a chance that prolapse will recur and may possibly require additional treatment. If you have surgery at an older age, general health issues and any prior surgery may affect the type of surgery that you have.
- Your childbearing plans—Ideally, women who plan to have children (or more children) should postpone surgery until their families are complete to avoid the risk of prolapse happening again after corrective surgery.
- Health conditions—Any surgical procedure carries some risk, such as infection, bleeding, blood clots in the legs, and problems related to ***anesthesia***. Surgery may carry more risks if you have a medical condition, such as diabetes, heart disease, or breathing problems, or if you smoke or are obese.
- New problems—Surgery also may cause new problems, such as pain during sex, pelvic pain, or urinary ***incontinence***.

What are the types of surgery for pelvic organ prolapse?

In general, there are two types of surgery: 1) ***obliterative surgery*** and 2) ***reconstructive surgery***.

How does obliterative surgery treat pelvic organ prolapse?

Obliterative surgery narrows or closes off the vagina to provide support for prolapsed organs. Sexual intercourse is not possible after this procedure.

How does reconstructive surgery treat pelvic organ prolapse?

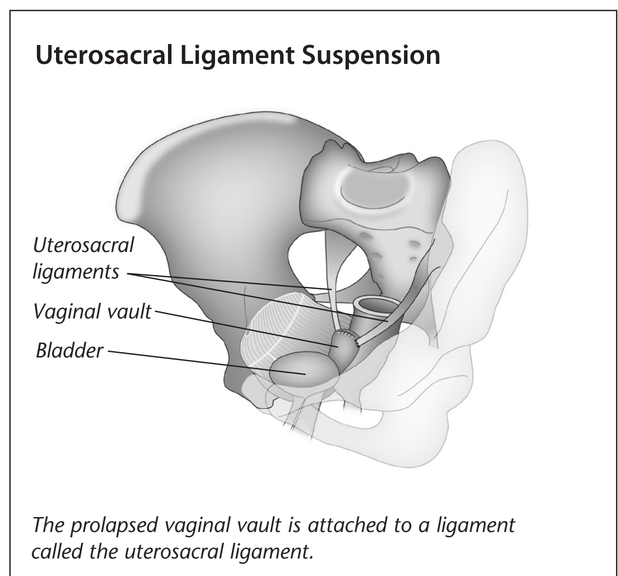
Reconstructive surgery reconstructs the pelvic floor with the goal of restoring the organs to their original position. Some types of reconstructive surgery are done through an incision in the vagina. Others are done through an incision in the abdomen or with ***laparoscopy***.

What are the types of reconstructive surgery?

The types of reconstructive surgery include the following:

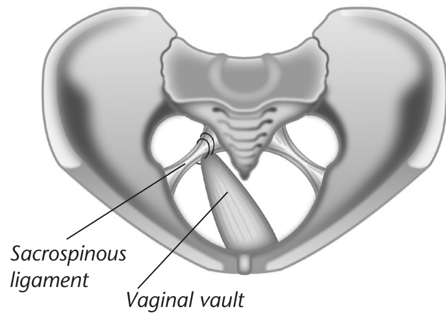
- Fixation or suspension using your own tissues (uterosacral ***ligament*** suspension and sacrospinous fixation)—These procedures are performed through the vagina and may involve less recovery time than those performed through the abdomen. A procedure to prevent urinary incontinence may be done at the same time.
- Anterior and posterior ***colporrhaphy***—Because these procedures are performed through the vagina, recovery time usually is shorter than with procedures performed through the abdomen.
- ***Sacrocolpopexy*** and ***sacrohysteropexy***—These abdominal procedures may result in less pain during sex than procedures performed through the vagina.
- Surgery using vaginally placed mesh—Mesh placed through the vagina has a significant risk of complications, including mesh erosion, pain, and infection. Because of these risks, vaginally placed mesh for pelvic organ prolapse usually is reserved for women in whom previous surgery has not worked,

Uterosacral Ligament Suspension



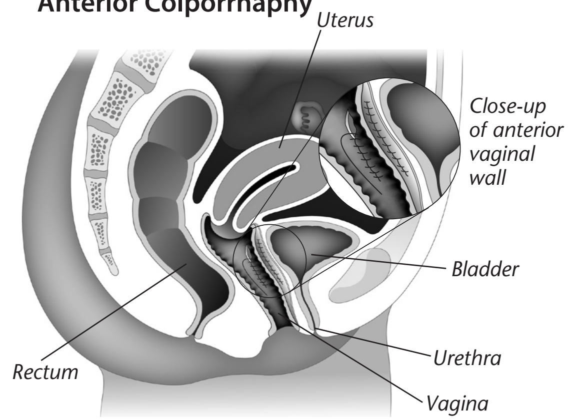
The prolapsed vaginal vault is attached to a ligament called the uterosacral ligament.

Sacrospinous Fixation



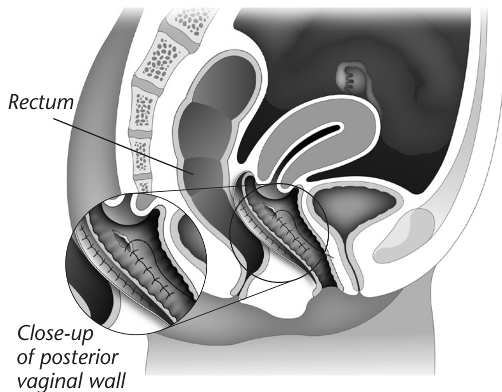
The prolapsed vaginal vault is attached to the sacrospinous ligament on one side (shown) *or both sides* (not shown).

Anterior Colporrhaphy



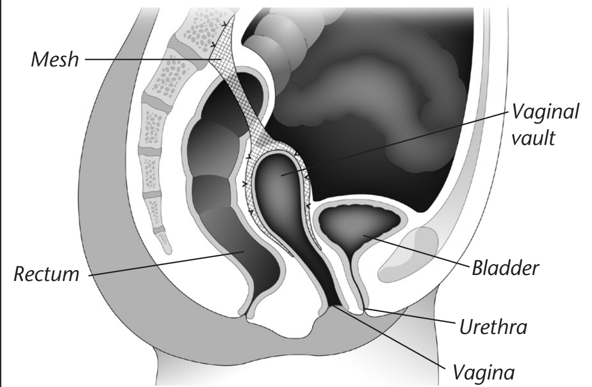
The anterior wall of the vagina is strengthened with stitches so that it once again supports the bladder.

Posterior Colporrhaphy



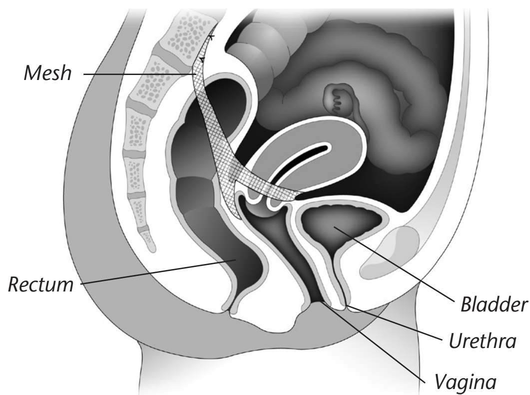
The posterior wall of the vagina is strengthened with stitches so that it once again supports the rectum.

Sacrocolpopexy



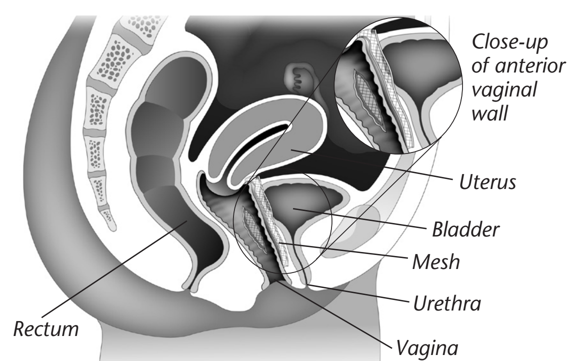
Through an abdominal incision, surgical mesh is attached to the vaginal vault and secured to the sacrum.

Sacrohysteropexy



Surgical mesh is attached to the cervix and secured to the sacrum.

Surgery Using Vaginally Placed Mesh



Surgical mesh is placed through an incision in the vagina to help lift prolapsed organs into place or to reinforce repairs made to the vaginal walls.

who have a medical condition that makes abdominal surgery risky, or whose own tissues are too weak to repair without mesh.

What is involved in recovery after surgery to treat pelvic organ prolapse?

Recovery time varies depending on the type of surgery. You usually need to take a few weeks off from work. For the first few weeks, you should avoid vigorous exercise, lifting, and straining. You also should avoid sexual intercourse for several weeks after surgery.

Glossary

Anesthesia: Relief of pain by loss of sensation.

Bladder: A muscular organ in which urine is stored.

Colporrhaphy: A type of surgery performed through the vagina to repair anterior vaginal prolapse and posterior vaginal prolapse by reinforcing (or repairing) a woman's own tissues.

Cystocele: Bulging of the bladder into the vagina.

Enterocele: Bulging of the intestine into the upper part of the vagina.

Hysterectomy: Removal of the uterus.

Incontinence: Inability to control bodily functions such as urination.

Kegel Exercises: Pelvic muscle exercises that assist in bladder and bowel control as well as sexual function.

Laparoscopy: A surgical procedure in which an instrument called a laparoscope is inserted into the pelvic cavity through a small incision. The laparoscope is used to view the pelvic organs. Other instruments can be used with it to perform surgery.

Ligament: A band of tissue that connects bones or supports large internal organs.

Obliterative Surgery: A type of surgery for pelvic organ prolapse in which the vagina is narrowed or closed off to provide support for prolapsed organs.

Pelvic Organ Prolapse: A condition in which pelvic organs, such as the uterus or bladder, drop downward. It is caused by weakening of the muscles and tissues that support these organs.

Pessary: A device inserted into the vagina to support sagging organs that have dropped down (prolapsed) or to help control urine leakage.

Reconstructive Surgery: Surgery to repair or restore a part of the body that is injured or damaged.

Rectocele: Bulging of the rectum into the vaginal wall.

Rectum: The last part of the digestive tract.

Sacrocolpopexy: A type of surgery to repair vaginal vault prolapse in which the vaginal vault is attached to the sacrum with surgical mesh.

Sacrohysteropexy: A type of surgery to repair uterine prolapse in which the cervix is attached to the sacrum with surgical mesh.

Uterus: A muscular organ located in the female pelvis that contains and nourishes the developing fetus during pregnancy.

Vagina: A tube-like structure surrounded by muscles leading from the uterus to the outside of the body.

Vaginal Vault: The top of the vagina after a hysterectomy.

If you have further questions, contact your obstetrician–gynecologist.

FAQ183: Designed as an aid to patients, this document sets forth current information and opinions related to women's health. The information does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to the institution or type of practice, may be appropriate.

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