



## Surgery for Pelvic Organ Prolapse

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### What are the pelvic organs?

The pelvic organs include the **vagina**, **uterus**, **bladder**, **urethra**, and **rectum**. These organs are held in place by muscles of the **pelvic floor**. Layers of connective tissue also give support.

### What is pelvic organ prolapse?

**Pelvic organ prolapse (POP)** occurs when tissue and muscles can no longer support the pelvic organs and they drop down (see [FAQ012 Pelvic Support Problems](#)).

### What are the different types of pelvic organ prolapse?

There are several types of prolapse that have different names depending on the part of the body that has dropped.

**Cystocele.** The bladder drops into the vagina.

**Enterocoele.** The small intestine bulges into the vagina.

**Rectocele.** The rectum bulges into the vagina.

**Uterine Prolapse.** The uterus drops into the vagina.

**Vaginal Vault Prolapse.** The top of the vagina loses its support and drops.

### What are the symptoms of pelvic organ prolapse?

Symptoms of POP can come on gradually and may not be noticed at first. A health care professional may discover a prolapse during a physical exam. Women with symptoms experience the following:

- Feeling of pelvic pressure or fullness
- Bulge in the vagina
- Organs bulging out of the vagina

- Leakage of urine (**urinary incontinence**)
- Difficulty completely emptying the bladder
- Problems having a bowel movement
- Lower back pain
- Problems with inserting tampons or applicators

### How is pelvic organ prolapse treated?

If you have POP symptoms, and they interfere with your normal activities, you may need treatment. Nonsurgical treatment options usually are tried first. If these options do not work and if your symptoms are severe, you may want to consider 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.

Changes in diet and lifestyle may help relieve some symptoms. For example, limiting excessive fluid intake may help with urinary incontinence. Eating more fiber may help with bowel problems. Sometimes a medication that softens stools is prescribed. If a woman is overweight or obese, weight loss can help improve her overall health and possibly her prolapse symptoms. For some women, **Kegel exercises** may be helpful.

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

A major factor in this decision is the severity of your symptoms. The following factors also should be considered:

- Your age—If you have surgery at a young age, there is a chance that prolapse will come back and may require more treatment. If you have surgery at an older age, your overall health and history of surgeries may impact what type of surgery 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—Surgery may carry risks if you have a medical condition, such as **diabetes mellitus**, heart disease, or breathing problems, or if you smoke or are obese.

### Will surgery relieve all of my symptoms?

There is no guarantee that any treatment—including surgery—will relieve all of your symptoms. Also, new problems may occur after surgery, such as pain during **sexual intercourse**, 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?

The goal of reconstructive surgery is to restore 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)—Also called “native tissue repair,” this is used to treat uterine or **vaginal vault** prolapse. It is performed through the vagina. The prolapsed part is attached with stitches to a ligament or to a muscle in the pelvis. A procedure to prevent urinary incontinence may be done at the same time.
- **Colporrhaphy**—Used to treat prolapse of the anterior (front) wall of the vagina and prolapse of the posterior (back) wall of the vagina. This type of surgery is performed through the vagina. Stitches are used to strengthen the vagina so that it once again supports the bladder or the rectum.
- **Sacrocolpopexy**—Used to treat vaginal vault prolapse and enterocele. It can be done with an abdominal incision or with laparoscopy. Surgical mesh is attached to the front and back walls of the vagina and then to the sacrum (tail bone). This lifts the vagina back into place.
- **Sacrohysteropexy**—Used to treat uterine prolapse when a woman does not want a **hysterectomy**. Surgical mesh is attached to the **cervix** and then to the sacrum, lifting the uterus back into place.
- Surgery using vaginally placed mesh—Used to treat all types of prolapse. Can be used in women whose own tissues are not strong enough for native tissue repair. Vaginally placed mesh has a significant risk of severe complications, including mesh erosion, pain, infection, and bladder or bowel injury. This type of surgery should be reserved for women in whom the benefits may justify the risks.

## 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 sex for several weeks after surgery.

### Glossary

**Bladder:** A hollow, muscular organ in which urine is stored.

**Cervix:** The lower, narrow end of the uterus at the top of the vagina.

**Colporrhaphy:** Surgery done through the vagina to repair a bulge using a woman's own tissue.

**Diabetes Mellitus:** A condition in which the levels of sugar in the blood are too high.

**Hysterectomy:** Surgery to remove the uterus.

**Kegel Exercises:** Pelvic muscle exercises. Doing these exercises helps with bladder and bowel control as well as sexual function.

**Laparoscopy:** A surgical procedure in which a thin, lighted telescope called a laparoscope is inserted through a small incision (cut) in the abdomen. 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 in which the vagina is narrowed or closed off to support organs that have dropped down.

**Pelvic Floor:** A muscular area that supports a woman's pelvic organs.

**Pelvic Organ Prolapse (POP):** A condition in which a pelvic organ drops down. This condition is caused by weakening of the muscles and tissues that support the organs in the pelvis, including the vagina, uterus, and bladder.

**Pessary:** A device that can be inserted into the vagina to support the organs that have dropped down or to help control urine leakage.

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

**Rectum:** The last part of the digestive tract.

**Sacrocolpopexy:** A type of surgery to repair vaginal vault prolapse. The surgery attaches the vaginal vault to the sacrum with surgical mesh.

**Sacrohysteropexy:** A type of surgery to repair uterine prolapse. The surgery attaches the cervix to the sacrum with surgical mesh.

**Sexual Intercourse:** The act of the penis of the male entering the vagina of the female. Also called "having sex" or "making love."

**Urethra:** A tube-like structure. Urine flows through this tube when it leaves the body.

**Urinary Incontinence:** Uncontrolled loss of urine.

**Uterus:** A muscular organ in the female pelvis. During pregnancy this organ holds and nourishes the fetus.

**Vagina:** A tube-like structure surrounded by muscles. The vagina leads from the uterus to the outside of the body.

**Vaginal Vault:** The top of the vagina after hysterectomy (removal of the uterus).

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

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