

Update on the Management of Vaginal Prolapse in Primary Care

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Prolapse

- Symptoms
- Diagnosis
- Management of Symptoms
 - Pelvic Floor Exercises
 - Oestrogen
 - Pessaries
 - Surgery
- Prevention

- Stress Incontinence

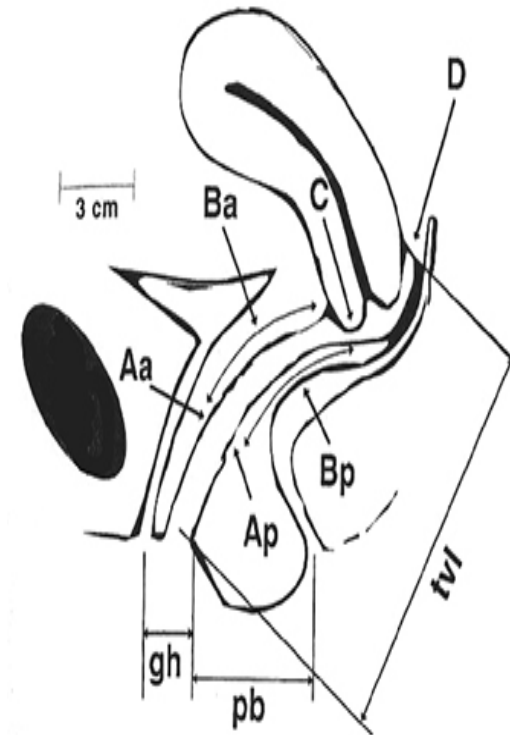
(No) Symptoms!

- 70% of asymptomatic parous women will have stage II prolapse if assessed with an objective 'test' (POPQ)

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Correlation of symptoms with degree of pelvic organ support in a general population of women: what is pelvic organ prolapse?

Steven E Swift, MD • Susan B Tate, MD • Joyce Nicholas, PhD



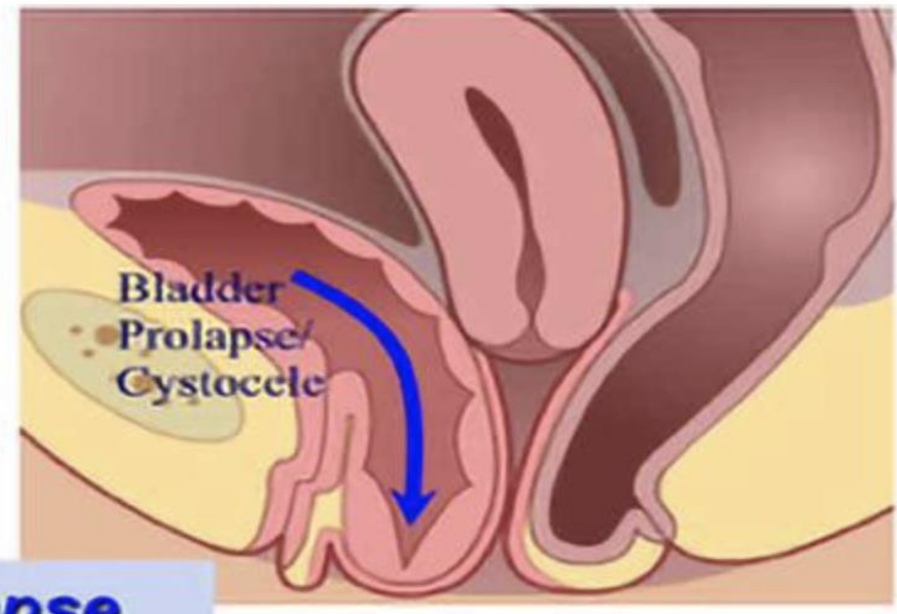
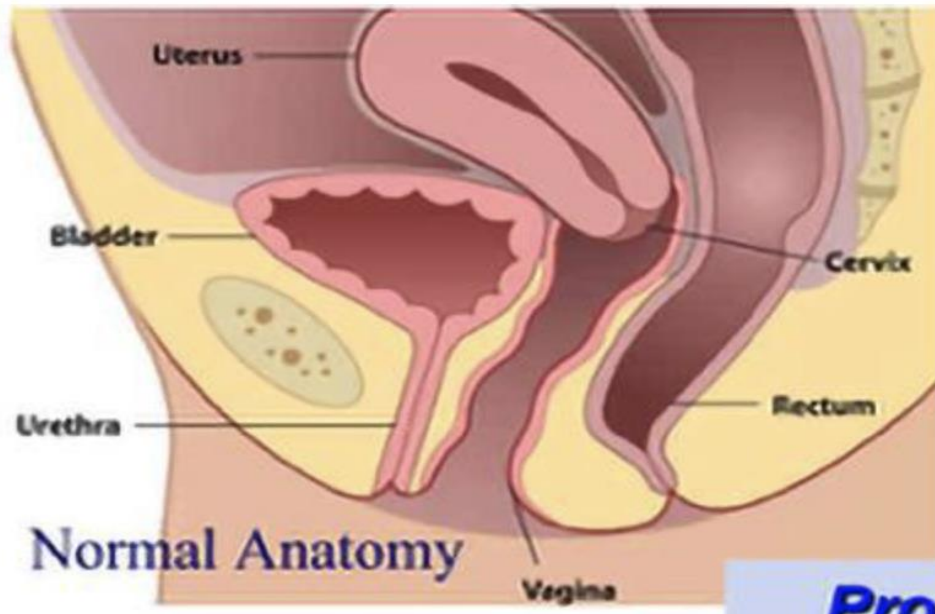
| | | |
|-----------------------------|-----------------------------|------------------------------------|
| anterior wall Aa | anterior wall Ba | cervix or cuff C |
| genital hiatus gh | perineal body pb | total vaginal length tvL |
| posterior wall Ap | posterior wall Bp | posterior fornix D |

Common Symptoms

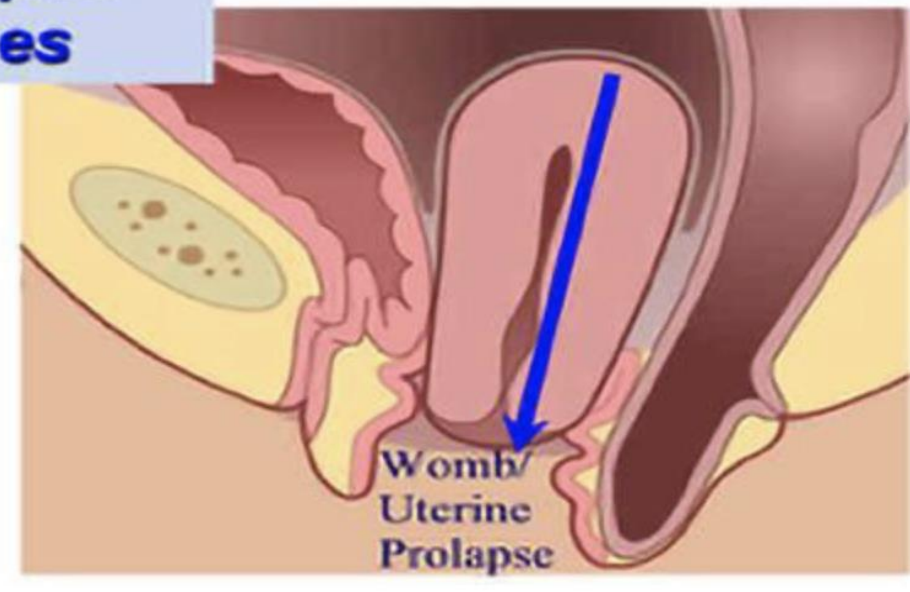
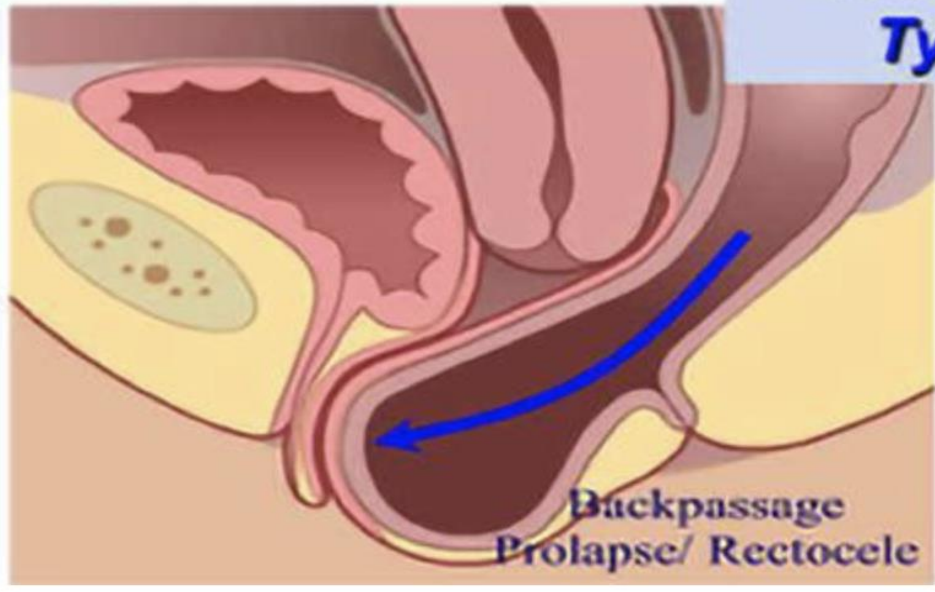
- Feeling of heaviness
- Dragging discomfort
- Feeling or seeing a bulge or lump in or coming out of the vagina
- Discomfort or numbness during sex
- Bladder issues – voiding problems, frequency, urgency
- Obstructive defecation and need to digitate

Diagnosis

- History
- Examination
 - Limited by patient lying down
 - Valsalva
 - Movement of cervix
 - Bulging of anterior/posterior vaginal wall
 - Perineum



Prolapse Types



Treatment in Primary Care

- Pelvic Floor Exercises
- Oestrogens
- Pessaries

Do your Kegels, dear. It's nice to have your vagina stay inside your body.





International urogynecology consultation chapter 3 committee 2; conservative treatment of patient with pelvic organ prolapse: Pelvic floor muscle training

Kari Bø^{1,2} · Sònia Anglès-Acedo³ · Achla Batra⁴ · Ingeborg Hoff Brækken^{5,6} · Yi Ling Chan⁷ · Cristine Homsí Jorge⁸ · Jennifer Kruger⁹ · Manisha Yadav¹⁰ · Chantale Dumoulin¹¹

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- There is high-level evidence from 11 RCTs to recommend PFMT as first-line treatment for POP in the general female population.
- PFMT pre- and post-POP surgery does not seem to have any additional effect on POP
- PFMT is effective and safe but needs thorough instruction and supervision to be effective.

Resources

- https://www.nhs.uk/planners/pregnancyareplanner/documents/bandbf_pelvic_floor_women.pdf



Pelvic Floor Exercises for Women

Introduction

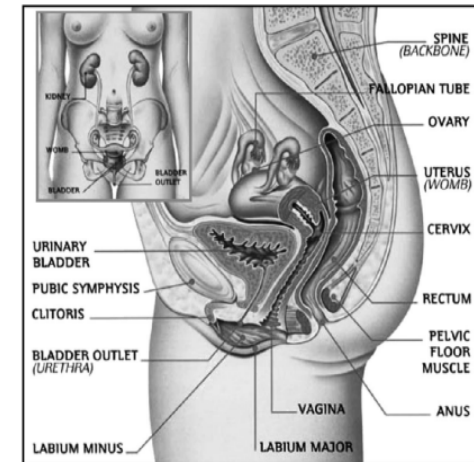
Physiotherapists, doctors and nurses know that exercising the pelvic floor muscles can help you to improve your bladder control. When done correctly, these exercises can build up and strengthen these muscles and so help you to control your bladder and bowel.

What is the Pelvic Floor?

The pelvic floor consists of layers of muscle and ligaments that stretch from the pubic bone to the end of the backbone (coccyx) and from side to side (see diagram). Firm, supportive pelvic floor muscles help support the bladder, womb and bowel, and to close the bladder outlet and back passage.

How does the Pelvic Floor work?

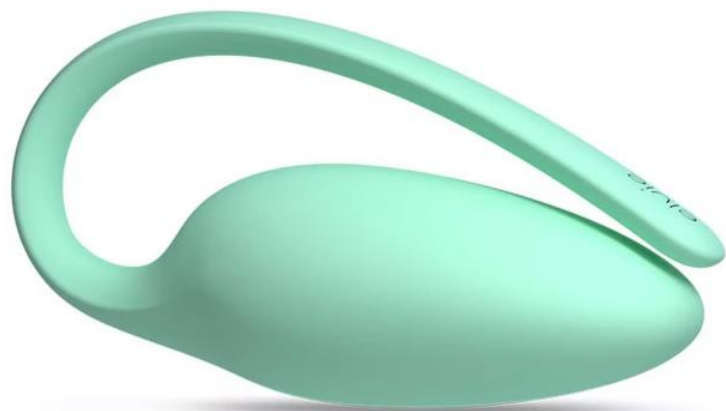
The muscles of the pelvic floor are kept firm and slightly tense to stop leakage of urine from the bladder and wind or faeces from the bowel. When you pass water or have a bowel motion the pelvic floor muscles relax. Afterwards, they tighten again to restore control. The muscles actively squeeze when you laugh, cough, lift or sneeze to help prevent any leakage. They also have an important sexual function, helping to increase sexual awareness for both yourself and your partner during intercourse.



Here is what to do:

Sit comfortably with your knees slightly apart or lay on your bed. Now imagine that you are trying to stop yourself from passing wind from the bowel. To do this you must squeeze the muscles around the back passage. Try squeezing and lifting that muscle as if you really do have wind. You should be able to feel the muscle move. Your buttocks and legs should not move at all. You should be aware of the skin around the back passage tightening and being pulled up and away from your chair. Really try to feel this squeezing and lifting.

'Devices'



Oestrogen



**Cochrane
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Trusted evidence.
Informed decisions.
Better health.

Cochrane Database of Systematic Reviews

[Intervention Review]

Oestrogens for treatment or prevention of pelvic organ prolapse in postmenopausal women

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Oestrogen

- Limited evidence from randomised controlled trials regarding the use of oestrogen in prolapse
- The use of local oestrogen in conjunction with pelvic floor muscle training before surgery may reduce the incidence of post-operative cystitis within four weeks after surgery
- Postmenopausal atrophy related discomfort
- Cystitis and overactive bladder symptoms
- Use with pessaries

Pessaries



Pessary images courtesy of Bioteque America, Inc.

Risks/Benefits of Pessaries

- Discharge/odour
- Intercourse
- Bleeding
- Erosion
- Impaction
- Fistulae
- Symptom control
- Can be self managed
- Instantly reversible

Are Pessaries Helpful?



Trusted evidence.
Informed decisions.
Better health.

Cochrane Database of Systematic Reviews

[Intervention Review]

Pessaries (mechanical devices) for managing pelvic organ prolapse in women

Carol Bugge¹, Elisabeth J Adams², Deepa Gopinath³, Fiona Stewart⁴, Melanie Dembinsky¹, Pauline Sobiesuo⁵, Rohna Kearney⁶

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Which Type of Pessary?

- Start with a ring or ring with membrane

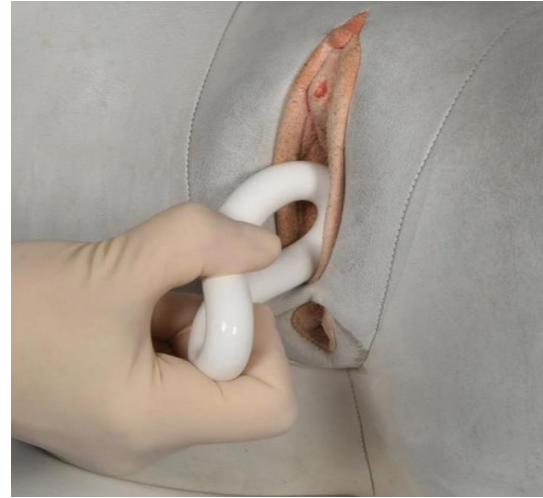


- If falls out despite change in size, consider gelhorn



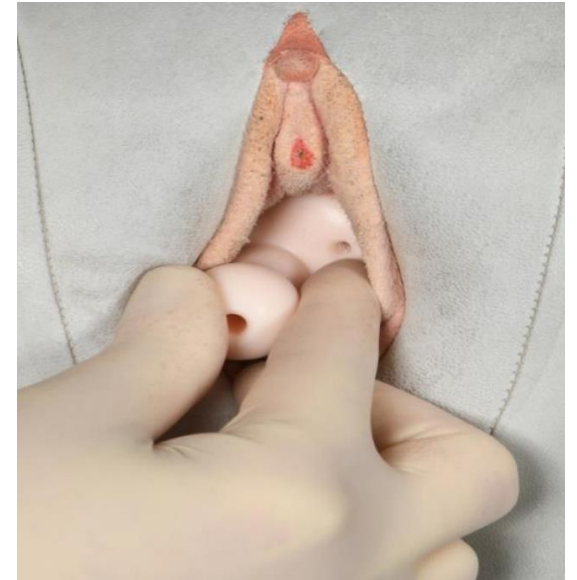
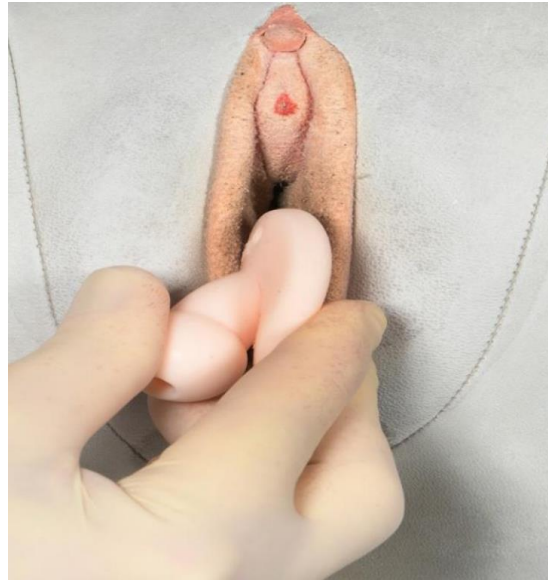
Pessary Sizing - Ring

- Examination
 - Make an estimate of the vaginal size
 - Find a pessary that you think will fit
 - Insert the pessary and assess
 - Should be able to fit a finger between pessary and vaginal wall
- Ask the patient to walk and preferably pass urine



Pessary Sizing - Gelhorn

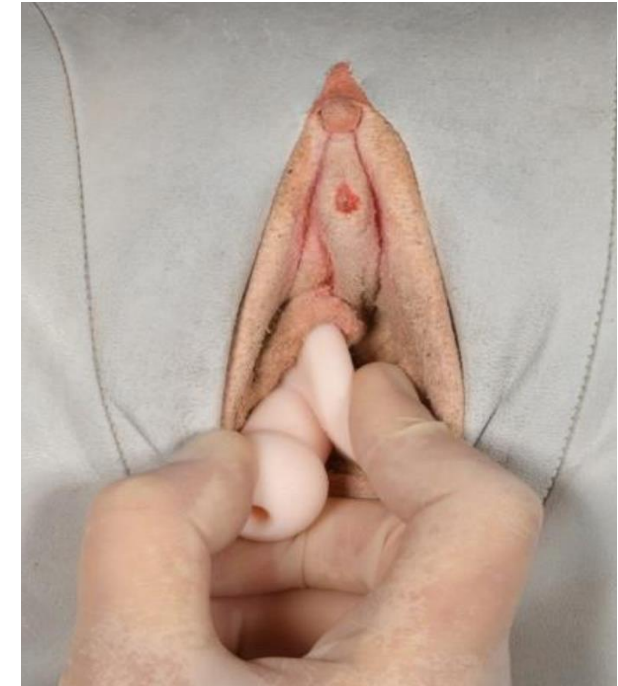
- Examination same as for ring.
- Fit pessary and see if patient comfortable.
- Ideally mobilise and void



Gelhorn Removal

- Pull stem down
- Finger round edge of plate to release 'suction'
- Fold plate towards stem
- Remove when stem out

- Sponge holder
- Inject water up stem



Pessary Management

- 6 monthly checks
- Review symptoms and problems
- Remove pessary
- Examine with speculum
- Wash and replace
- Can use a new pessary if damaged or stained.

- Consider oestrogen

Surgery

- When symptoms not controlled with conservative measures
- Mesh is not used in most standard surgical procedures
- MDT management, especially in complex/recurrent prolapse

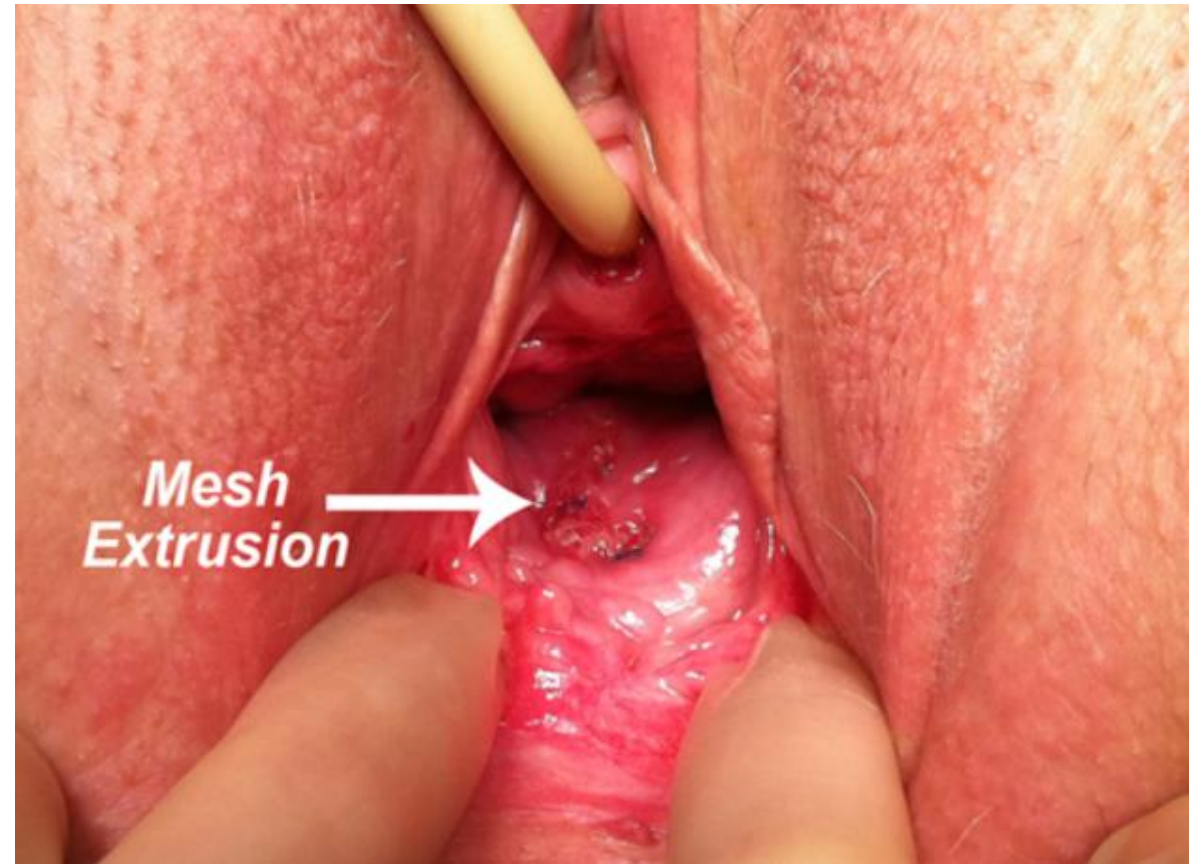
Outcomes

- Patient reported outcome measures
 - BSUG Database - 79% much/very much better for all prolapse surgery
- 'Normal' activity following surgery
- 10% lifetime incidence of prolapse surgery
- 30% will have a second procedure

Mesh Complications

- Pain
- Bleeding
- Erosion

- Managed in regional mesh complication centres – UCLH
- Referred from local units via regional MDT meetings



Prevention of Prolapse

- Weight control
- Manage constipation
- Smoking
- Pelvic floor exercises
- Heavy lifting
- ?? Oestrogen



Stress Incontinence

- Pelvic Floor Exercises
- Tampons
- Continenence Pessaries

