

Prolapse Management Options

Today we discussed the following options

1. Expectant management: You could do certain things to help stabilize your pelvic floor problems such as doing kegel exercises twice a day (20 in the morning, 20 in the evening), avoiding heavy lifting and constipation. Otherwise, if you are not too bothered by this, you do not need to do anything else. There is a chance that this problem could progress however and if it does and becomes bothersome (such as urinary frequency, urgency, difficulty emptying your bowels or bladder, more severe sensation of pressure or bulge, protrusion of vaginal tissue etc), then you can consider the following:

2. Pessary: These are plastic vaginal inserts made of silicon that support prolapse. If interested, you can make a pessary fitting and teaching appointment.

We routinely use Vaginal estrogen cream in post-menopausal women to help with vaginal dryness, irritation, irritative bladder symptoms and will restore a healthier vaginal tissue. This will also make it more comfortable to try a pessary. If you have vaginal bleeding while using estrogen cream, please give us a call right away so we can evaluate you. I have prescribed vaginal estrogen cream for you. **I would like you to follow up with me once a year if you use pessary or sooner if you have bleeding or discomfort from it.**

3. Surgery (vaginal non-mesh procedure vs minimally invasive abdominal option with mesh). Remember, with surgery, there is risk of bleeding, infection, injury to surrounding organs, vascular, bowel, cardiac or respiratory complications secondary to surgery or anaesthesia, persistent pain that may be chronic as well as unanticipated neurologic complications and even death . With mesh procedure, there is additional risk of mesh erosion that is approximately 5-10% or less. This may necessitate removing mesh either vaginally or abdominally. Even with surgery, there is a risk of recurrence of prolapse (or failure of surgery) that may necessitate repeat surgery. Our abdominal mesh procedure in general may have longer duration of cure which may or may not be attainable with vaginal procedures that depend on your own tissue for repair.

After surgery, there will be restriction to lifting to 10-15 lbs or less for 6 weeks and vaginal rest with nothing in the vagina for 6 weeks.

If you decide to pursue surgery, please call so we can discuss further.