Blue Ridge Urogynecology

Surgery for Pelvic Organ Prolapse

The signs and symptoms of pelvic organ prolapse, and the support defects causing these symptoms, vary from woman to woman. Surgery for pelvic organ prolapse is a combination of procedures designed to correct your particular combination of support defects. The surgical procedure designed for you will be specific to your needs.

What Kinds of Surgery are Available for Pelvic Organ Prolapse?

Pelvic reconstructive surgery can be performed through an incision in the vagina, through an incision in the abdominal cavity, or through a series of small incisions in the abdomen through which a surgeon places a laparoscope (or telescope) attached to a camera and monitor. For some women the best operation may be a combination of incisions in the vagina and the abdomen, depending on the problems that need to be addressed.

How Successful is Surgery for Pelvic Organ Prolapse?

Many factors affect the outcome of reconstructive surgery. Some of the factors that originally contributed to your pelvic floor problems, such as decreased muscle and nerve function and weak connective tissue, might still exist after the reconstructive procedure has been performed.

Pelvic organ prolapse, like a hernia, is the abnormal protrusion of an organ through a weak pelvic floor. Hernias in the pelvic floor are technically more difficult to repair than other hernias because pressure in the pelvic floor from daily activities puts a lot of stress on the surgical repair. As a consequence, some women have a persistence or recurrence of their prolapse after surgery.

It is important to have realistic expectations: some patients cannot be cured. Surgery may result in fewer symptoms, but all of your symptoms may not be relieved. Sometimes surgery for pelvic organ prolapse fails to relieve any symptoms. Discuss the success rates of your particular procedure, or combination of procedures, with your surgeon.

Procedures for Uterine and Vaginal Prolapse

Abdominal Sacral Colpopexy

Abdominal sacral colpopexy has the best success rates for correcting vaginal vault prolapse. Abdominal sacral colpopexy is performed through an abdominal incision. Using a bridge of synthetic mesh, the top of the vagina is attached to the front of the backbone in the sacral area, supporting the

vagina in its proper place, which is in the hollow of the pelvis over the pelvic floor muscles. In most cases, the incision can be made on the abdomen. The graft material is placed around as much of the

vaginal vault as possible and stitched in place. The graft is then attached to a strong ligament overlying the sacrum in several areas, the same areas where the original ligaments were attached, thus reconstructing the natural support of the uterosacral ligaments.

Abdominal sacral colpopexy is the only operation that actually replaces the damaged ligaments. Other operations use the patient's own ligaments. Replacing the damaged ligaments with a synthetic material may restore support to the vaginal vault.

The medical mesh material used as a graft is made from the same materials used for hernia repair. The material used for construction is strong and approximately 90 percent of patients do very well with these materials. However, 5 of patients may experience an erosion of the material into the vagina, causing vaginal discharge or spotting, and these patients may require removal of the exposed mesh material. This typically involves a vaginal, outpatient procedure to remove the exposed mesh and close the vaginal tissue.

Vaginal Surgery for Vaginal Vault Prolapse and Uterine Prolapse

Vaginal vault prolapse may also be corrected through incisions in the vagina. Two main vaginal procedures are commonly used to correct vaginal vault prolapse. The first, which can be quite effective, attempts to restore the uterosacral ligaments to their proper function supporting the vagina. The uterosacral ligaments are the ligament supports for the top of the vagina and lower uterus. They extend from the upper vagina and lower uterus and attach to the sacrum, which is the segment of the backbone attached to the pelvis. This surgery uses your own natural tissue.

A second vaginal approach is called the sacrospinous ligament fixation. In this operation, the uterosacral ligaments are bypassed and the top of the vaginal vault is attached on both sides directly to a strong ligament in the back of the pelvis called the sacrospinous ligament.

If you have uterine prolapse, your surgery may or may not involve a vaginal hysterectomy. If it does, the uterus is carefully removed, saving some ligaments so they can be used to support the vaginal vault and prevent vault prolapse after the hysterectomy.

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Laparoscopic Surgery

Sacral colpopexy and uterosacral vaginal vault suspension surgery can be performed through the laparoscope (an instrument that views the inside of an organ). Although technically possible, sacrospinous ligament fixation is less commonly performed laparoscopically.

Additional Procedures

Additional procedures may be needed to help support other areas of the vaginal vault. These may include procedures for a cystocele, rectocele, or enterocele. However, the vaginal walls cannot be properly supported if the top of the vagina is not properly supported.

Rectocele (Posterior vaginal wall prolapse)

A rectocele is a protrusion of part of the top wall of the rectum into the back wall of the vagina. It is caused by a weakness in the back wall of the vagina.

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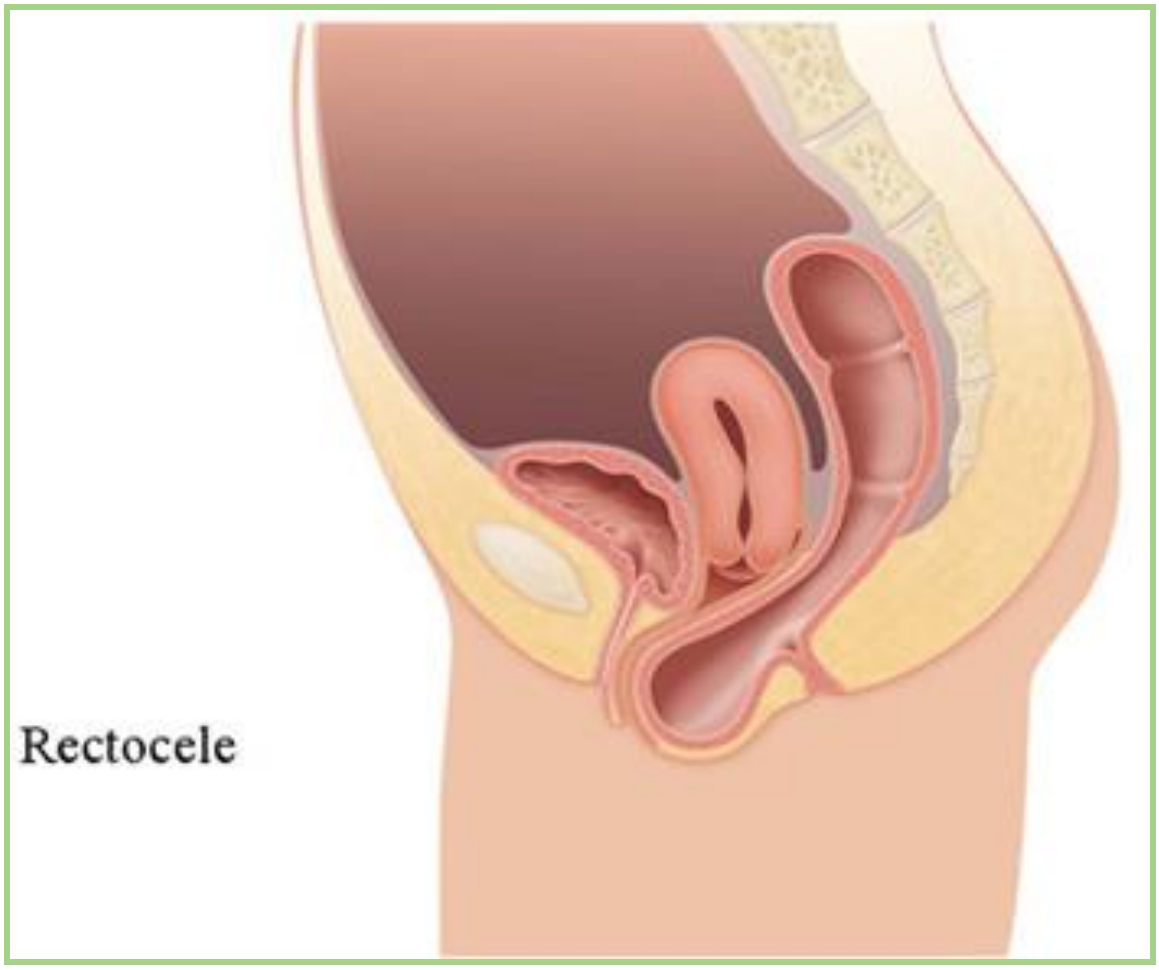

Posterior Colporrhaphy

Colpo- means "vagina" and –rhaphy means "repair of." Posterior colporrhaphy is a procedure that repairs prolapse of the back wall of the vagina. During the colporrhaphy

procedure, a midline incision is made in the back wall of the vagina. After the incision is made, the weak or broken tissue causing the rectocele is identified. The strong tissue

adjacent to it is then used to repair the rectocele. After the strong tissue is sewn together, the vaginal incision is closed. A synthetic mesh may be used to reinforce the repair. Your surgeon will most likely close the incision with self-dissolving stitches.

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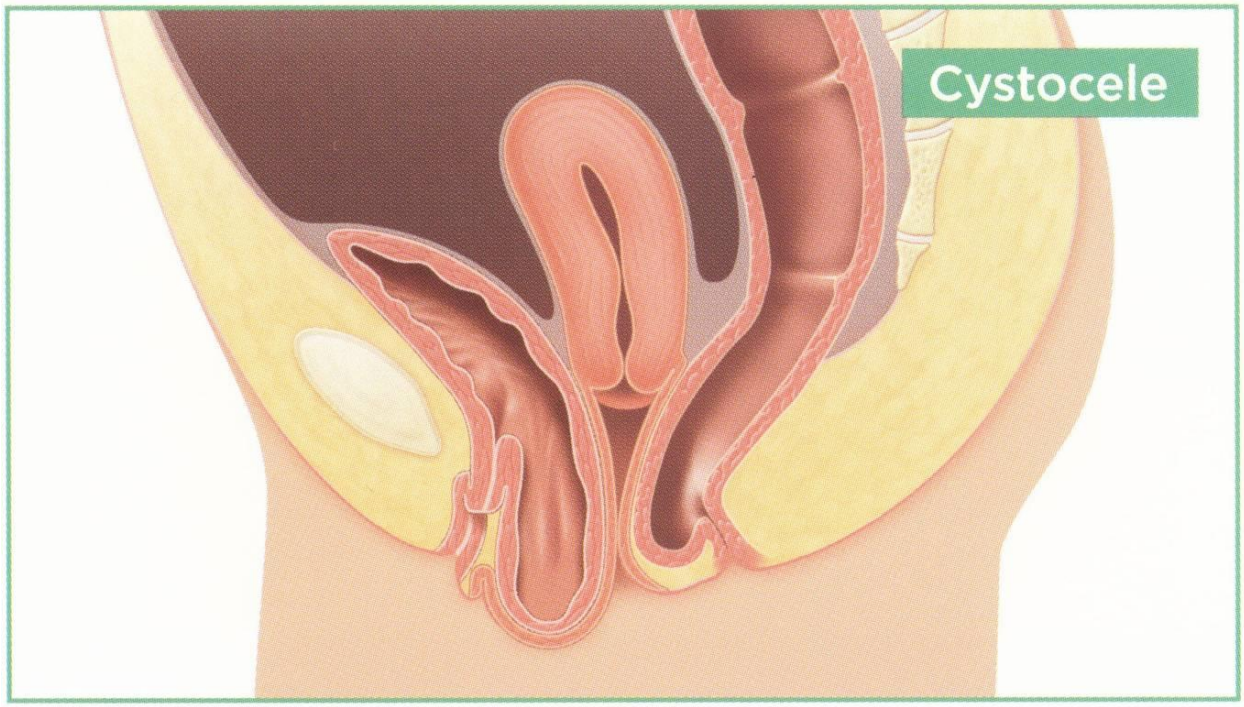
Perineorrhaphy

Surgical repair of the perineum, the area between the vagina and the rectum, involves reattaching a number of small muscles that normally connect in this area. If there has

been damage to the anal sphincter complex resulting in fecal incontinence, a more extensive repair of the sphincter is necessary.

Cystocele (Anterior vaginal wall prolapse)

A cystocele is a hernia-like protrusion of the bladder through the upper part of the front wall of the vagina. A cystocele is caused by failure of the pelvic floor muscles and ligaments to support the normal position of the bladder in the pelvis. The objective of surgery is to support the bladder so that it no longer protrudes into the vaginal wall.



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Cystoceles are among the most difficult prolapse problems to repair with long-lasting effects, although a number of different surgical procedures have been developed. Surgical repair of a cystocele can be performed vaginally, abdominally, or laparoscopically.

Vaginal Surgery

Two vaginal procedures exist for the correction of cystocele. Anterior colporrhaphy is the most popular. In anterior colporrhaphy, an incision is made in the middle of the front wall of the vagina. Working through this incision, the surgeon uses the patient's own tissue, whenever possible, to strengthen the vaginal wall. A synthetic mesh may be used to reinforce the repair. The incision is closed, usually with stitches that dissolve within a few weeks of surgery.

Abdominal Surgery

Often, a sacrocolpopexy treats a cystocele as well as providing support the end of the vagina as well.