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Vaginal Prolapse Treatments - Patient Information

Non-Surgical

There are a number of non-surgical treatments for prolapse depending on the type and severity of your prolapse, the severity of your symptoms, your age, your general health, and your personal preferences. Consider which symptoms you most want to improve and the results that would make treatment successful for you. This information will help you and your doctor determine the treatment plan that is right for you. He/she will discuss the risks, benefits, and success rates of each of the treatment options.

Physiotherapy

A physiotherapist can evaluate the strength and weakness in your pelvic floor muscles, and create pelvic floor exercises that will strengthen weak muscles. He/she may also work on soft tissue mobilization to help you relax a tightened pelvic floor. This will prevent your pelvic floor muscles from becoming overly fatigued. Once the muscles can relax, the tightening during a Pelvic Floor Exercise will be more effective. Physiotherapy may keep the prolapse from getting worse and may reduce some of your symptoms. The physiotherapist may suggest biofeedback or electrical stimulation if indicated.

Pessary

A pessary is a plastic device, similar to a diaphragm, which fits into the vagina to help support the uterus, bladder or rectum. It may be used to support a prolapse (bulge) temporarily while a woman awaits surgery, or as a permanent alternative to surgery by women who either do not wish surgical correction for their prolapse or are not good surgical candidates. Approximately 50% of women will continue wearing a pessary 2 years after initial fitting. 25% of women will stop using the pessary and opt for surgery 2 years after initial fitting. The remaining 25% stop using the pessary and don't have surgery.

Hormone Replacement Therapy

For post-menopausal women, hormone replacement therapy may help strengthen the vaginal walls and pelvic floor muscles by increasing the oestrogen and collagen levels in your body. There are also herbal products that claim action similar to oestrogen. You should discuss these options with your doctor.

Untreated prolapse often gets worse. When the symptoms of prolapse interfere with your quality of life, or interfere with urinating or emptying your rectum, you may decide to discuss surgical options for the treatment of prolapse. Other reasons for choosing a surgical option for the treatment of prolapse include the inability to wear a pessary or new onset of urinary incontinence when the pessary is in place. This is a very individual decision and only you can determine when the symptoms are bothersome enough to warrant surgery.

Surgery

It is wise to consider your expectations for surgery, which symptoms you hope will change, and what will define a successful treatment outcome. Your doctor can tell you if your expectations are realistic. As with all surgery, the degree of success depends on many factors. Surgery may completely repair the prolapse, but not “cure” some of your symptoms. After your doctor has evaluated your pelvic floor strengths and weaknesses, and reviewed your symptoms and expectations for treatment, he/she will discuss the options. You will be told the risks, benefits, and typical outcomes of each treatment choice. The two of you will then decide the best treatment for you.

You may have heard “horror” stories about women who have undergone unsuccessful or repeated surgery for prolapse. While there is no way to absolutely predict success, try not to transfer other people’s experiences to your own. There are too many factors that differ between others’ surgeries and yours that may explain the poor outcomes.

Research shows that approximately 5-30 percent of women who undergo prolapse surgeries will require further prolapse in the future. This may be due to progression of the underlying cause of the prolapse, such as damage to the nerves and muscles as a result of vaginal childbirth. It is important for you to remember that your surgeon is not correcting pre-existing nerve and muscle damage in the operating room during prolapse repair. Unfortunately, medical technology has not advanced to the point where pre-existing nerve and muscle damage can be repaired.

You may have a friend with similar symptoms who underwent a surgical procedure different than the one recommended to you. After evaluating your specific situation, your doctor will base his/her recommendations on experience and training, and also on the latest research available in the field.