WHAT ARE SOME TREATMENT OPTIONS?

You don’t have to live like this. Vaginal wall prolapse can be treated in several minimally-invasive ways, depending on the exact nature of the prolapse and its severity.

You and your physician may discuss:

- Changes to your diet and fitness routine
- A “pessary” — a rubber or plastic device, inserted vaginally and designed to relieve symptoms when in place
- Physical therapy
- Surgical procedures to improve the prolapse

Many surgical procedures have been developed for the correction of pelvic prolapse.

Please consult your physician to discuss the treatment options including the potential adverse reactions/complications and postoperative care.

You are on your way!

What types of materials may be used in surgical repairs?

There are several surgical materials which could be used to facilitate your repair. Types of materials include a thin, light synthetic mesh, tissue or soft graft replacement. These materials will be used to reinforce the vaginal wall back into place and stabilize your pelvic support structures. Your physician will recommend the material which is right for you.

How will my surgery be performed?

Your pelvic prolapse repair can be performed in a few basic ways:

1. through minimally-invasive vaginal incisions
2. through traditional abdominal incision
3. through a laparoscopic approach

Before your discharge from the hospital, you may be given a prescription for an antibiotic and/or pain medication to relieve any discomfort you may experience. You will be instructed on how to care for your incision area. At the discretion of your physician, most patients resume moderate activities within 6 to 8 weeks, with no strenuous activity for up to 12 weeks.
What is Pelvic Prolapse?
When an organ becomes displaced, or slips down in the body, it is referred to as a prolapse. You may have heard women refer to their “dropped bladder” or “fallen uterus.” This problem affects over 3 million women in the United States. You are not alone.

What are some of the symptoms?

Symptoms of pelvic prolapse can include:

- pressure or discomfort in the vaginal or pelvic area, often made worse with physical activities such as prolonged standing, jogging or bicycling.
- diminished control in the bladder and/or the bowels.
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What type of prolapse do I have?

CYSTOCELE
A cystocele forms when the upper vaginal wall loses its support and sinks downward. This allows the bladder, which is located above the vagina, to drop. When a cystocele becomes advanced, the bulge may become visible outside the vagina. The visible tissue is the weakened vaginal wall; the bladder is right behind the skin but cannot be seen. The symptoms caused by cystoceles can include pressure, slowing of the urinary stream, overactive bladder and an inability to fully empty the bladder.

RECTOCELE
A rectocele forms when the lower vaginal wall loses its support, allowing the rectum to bulge upward. This creates an extra pouch in the rectal tube. Larger rectoceles can bulge right through the vagina. Rectoceles may cause difficulty with bowel movements—including the need to strain more forcefully, a feeling of rectal fullness even after a bowel movement, increased fecal soiling and incontinence of stool or gas.

ENTEROCELE
An enterocele forms when intestines bulge downward into the top of the vagina. The symptoms can be vague, including a bearing down pressure in the pelvis and vagina, and perhaps a lower backache. They can exist alongside vaginal vault prolapse in women who have had a hysterectomy.

APICAL PROLAPSE
Apical prolapse is a weakening of the support structures at the top of the vagina (called the vault or apex). For women who have their uterus intact, this is referred to as uterine prolapse. When this happens, the apex sinks downward toward the vaginal opening. When the apical prolapse becomes advanced, the bulge may become visible outside the vaginal opening. The symptoms may include pressure, pain, bladder infections and difficulty urinating.

“Over the past several years, my prolapse got increasingly worse, making my ballroom dance routine harder.”

— Jonnie

“Life has changed my life. I am able to return to my passion of ballroom dancing. See you on the dance floor.”

— Jonnie

Jonnie’s condition kept her from ballroom dancing—her greatest passion. Not only has she returned to the dance floor, but she also has regained a freedom she hasn’t enjoyed in years.