

Evaluation and Management of Pelvic Organ Prolapse in Elderly Women



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KEYWORDS

• Pelvic organ • Prolapse • Elderly women • Vaginal bulge

KEY POINTS

- Pelvic organ prolapse is a common disease in elderly patients.
- The most important symptom is vaginal bulge (bulge sensation or the sensation of something coming down through the vaginal introitus). This symptom is not different than in the general population.
- Diagnosis can be confirmed with vaginal examination to identify the presence of protrusion beyond the hymen, and is not different than in the general population.
- Different treatment options are available, including observation, nonsurgical interventions, and surgical techniques.
- Pessaries and colpopoiesis are the treatment options used more often in elderly patients than in the general population.

INTRODUCTION

The number of women aged 65 years or older in the United States in 2010 was estimated to be 22.9 million, which represents 7.4% of the total US population. By 2030, there will be approximately 39.9 million women in this age group, with a rate of growth almost double that of the general population. Overall, individuals aged 65 years and older will represent 19% of the population by 2030, compared with 12.4% of the population in 2000.¹ In addition, women more than 80 years of age are the fastest growing segment of society. As both the incidence and prevalence of prolapse surgery increase with age, pelvic organ prolapse (POP) becomes an increasingly bothersome disorder in this patient population.¹

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In the subgroup of patients 80 years of age or older, the prevalence has been reported to be 37%.² Studies have shown that older age and increased parity are important risk factors for the development POP.^{3–5} Recently, the lifetime risk of undergoing prolapse repair has been reported as 12%,⁶ which implies that there will be more than 4.5 million POP surgeries performed in the United States by 2030. POP may impair quality of life (QoL) via physical activity limitations, depression, poor self-image, as well as an impairment of participation in social activities.^{7,8} The physiologic effects of POP may include bladder, bowel, and sexual symptoms. These symptoms often present together and are associated with worse QoL.^{7,9} Studies have shown that the impact of POP on QoL is significant, regardless of the stage of POP.¹⁰ For all of these reasons, POP currently is, and will continue to be, one of the major health concerns in the older female population.

PATIENT EVALUATION

Patient History

The history of present illness is critical in the evaluation of prolapse in the older female population. In general, the evaluation is similar to that of the general population with several additional focused questions.¹¹ The most common POP symptoms with their respective descriptions are shown in **Table 1**.

- Symptoms of vaginal bulge: bulge symptoms may worsen toward the end of the day and improve when the patient is supine.^{12–15} Studies have shown that a physical bulge is the most frequent symptom in patients with POP, with a high sensitivity and specificity for clinically relevant POP.¹² For these reasons, the single question “Do you feel a vaginal bulge that is bothersome?” should be used as a screening tool. Some patients may complain of a full sensation in the pelvis or a low backache that worsens in the evening. With a large prolapse, a patient may experience dyspareunia or difficulty with penetration.¹⁶ Occasionally, patients may have vaginal bleeding secondary to irritation of the vaginal bulge.¹⁷
- Lower urinary tract symptoms:
 - Stress urinary incontinence (SUI) symptoms should be addressed. This leakage is the result of increased intra-abdominal pressure, which can result from cough, sneeze, lifting, and other activities. Often this symptom improves as POP worsens because of kinking of the urethrovesical junction. Thus, this symptom may worsen with prolapse treatment. It may also require additional treatment at the time of surgery if the patient is an appropriate surgical candidate.

Table 1
Most common prolapse symptoms and description

Symptom	Description
Vaginal bulge	Bulge sensation or something coming down through the vaginal introitus
Pelvic pressure	Complaint of increased heaviness or dragging in the suprapubic area
Bleeding, discharge, infection	Vaginal bleeding, discharge, or infection related to dependent ulceration of the prolapse
Splinting/digitation	Complaint of the need to digitally replace the prolapse or to otherwise apply manual pressure; eg, to the vagina or perineum (splinting), or to the vagina or rectum (digitation) to assist voiding or defecation
Low backache	Complaint of low, sacral (or similar to menstrual period pain) backache associated temporally with POP

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