



Nonsurgical Treatment Options for Women With Pelvic Organ Prolapse

Christina Tso, Wah Lee, Tammy Austin-Ketch, Harvey Winkler & Bruce Zitkus

ABSTRACT: Pelvic organ prolapse is a medical condition that can cause pelvic discomfort as well as urinary and bowel complications. Approximately 25% of women in the United States and roughly 50% of women worldwide develop this condition. Although pelvic organ prolapse is usually a non-life-threatening condition, it can result in decreased self-confidence and negative body image. Physical and emotional sequelae can limit physical activity, and decreased productivity could be a consequence. Evidence from the literature indicates that pessary use and pelvic floor muscle training are effective options when conservative treatment is desired. Additional research is necessary to determine long-term outcomes in women who choose nonsurgical treatments. Nonsurgical options are important for women for whom surgery is contraindicated or not preferred.

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Pelvic organ prolapse is a medical condition that causes pelvic discomfort and urinary and bowel complications. Approximately 25% of women in the United States and roughly 50% of women worldwide develop pelvic organ

prolapse. Pelvic organ prolapse affects quality of life by limiting a woman's full range of physical activities, with the possibility of preventing her from leading a more productive life ([National Institutes of Health, 2008](#)). Pelvic organ prolapse is generally

CLINICAL IMPLICATIONS

- Pelvic organ prolapse is generally not life threatening, but it can cause significant physical and emotional sequelae that can affect women's quality of life.
- Women may be reluctant to bring up issues related to pelvic organ prolapse with their health care providers.
- Pessaries and pelvic floor muscle training are conservative treatment options that may be appropriate for some women with pelvic organ prolapse.
- Nonsurgical options will be important for women in whom surgery is contraindicated or not preferred.
- Nurses and other clinicians can use evidence from the literature to help women make informed health care decisions.

not a life-threatening condition; however, it can contribute to negative body image and loss of self-confidence.

Issues surrounding pelvic organ prolapse can be sensitive or embarrassing, and women may be reluctant to bring them up with their health care providers. The aim of this article is to provide nurses and other health care providers with a review of the literature on nonsurgical treatment options for women with pelvic organ prolapse.

Definitions

Pelvic organ prolapse presents as a bulge or herniation of a pelvic organ, which may or may not be visible at the vaginal opening and which may or may not protrude out of the vaginal opening and beyond the introitus (Culligan, 2012). Prolapse is classified as a *cystocele*, *rectocele*, *uterine prolapse*, or *procidentia* (see Box 1). Stages of prolapse are defined from I to IV (see Box 2).

Pelvic organ prolapse can be caused by weakening of the vaginal structure from pregnancy, childbirth, and heavy lifting. Excessive straining and bearing down can damage the nerves, ligaments, connective tissues, and muscles that support the pelvic organs (Culligan, 2012). Menopause and aging processes are additional contributing factors. During the aging process, muscles in the body often become atrophied. Older, postmenopausal women are at greater risk of physical changes of the pelvic floor structure because of the loss of estrogen, which can cause the vagina to become dry and atrophic (National



Institute on Aging, 2017). Pelvic organ prolapse may also be caused by increased abdominal pressure, increased body mass

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index, and connective tissue disorders (Word, Pathi, & Schaffer, 2009).

Procidentia occurs when the uterus has descended through the vaginal opening, classified also as a Stage IV prolapse (American College of Obstetricians and Gynecologists, 2013). As an organ descends in the pelvic region, it can cause increased pressure and result in urinary and bowel problems such as incomplete emptying of the bladder, urinary incontinence associated with urinary frequency or urgency, or constipation; it can also make walking or standing for long extended periods difficult (Culligan, 2012).

Nonsurgical Options

The nonsurgical options discussed in this review are pessaries, pelvic floor muscle training (PFMT), or a combination of both.

Pessaries

A pessary is a vaginal mechanical device used to support a prolapsed organ that comes in various shapes and sizes to meet each woman's needs. Women who choose to use a pessary device are usually those who do not want to undergo pelvic reconstructive surgery or who may not be suitable surgical candidates because of other medical conditions (Storey et al., 2009). For safety and comfort purposes, it is recommended that a follow-up appointment take place after the initial pessary fitting.

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