

Conservative management of pelvic organ prolapse

Lucy Dwyer

Rohna Kearney

Abstract

Pelvic organ prolapse is a common condition with one in 10 women undergoing surgery during their lifetime. In the community 8% of women complain of the symptom of a vaginal bulge which is the symptom that most closely correlates with the finding of a prolapse on examination. Pelvic organ prolapse can impair urinary, bowel and sexual function. The most important part of prolapse management is obtaining a comprehensive pelvic floor history and understanding the woman's treatment goals and expectations. A standardised examination aids further decision making. Conservative treatment options include observation, lifestyle advice, pelvic floor muscle training and use of a pessary. Treatment choice is guided by patient preference.

Keywords pelvic floor muscle training; pelvic organ prolapse; pessary

Introduction

Pelvic Organ Prolapse (POP) is defined as the downward displacement of the uterus and/or the different vaginal compartments and their neighbouring organs such as bladder, rectum or bowel. The pelvic organs are supported by the pelvic floor. The important components of the pelvic floor are the levator ani muscles, connective tissue attachments and the supplying nerves. When any of these components are injured a weakness in the pelvic floor may develop resulting in prolapse. The prevalence of POP is difficult to determine as many studies have focused on the incidence in women who opt for surgical management ignoring those who manage POP conservatively or without reporting symptoms to a healthcare professional. The

Lucy Dwyer RN, Urogynaecology Nurse Specialist, Warrell Unit, Department of Gynaecology, St Mary's Hospital, Manchester University Hospitals NHS Foundation Trust, Manchester Academic Health Science Centre, Manchester, UK. Conflicts of interest: LD and RK are investigators on a NIHR funded research grant investigating pessary self care.

Rohna Kearney MD FRCOG, Consultant Urogynaecologist, Honorary Senior Lecturer University of Manchester, Warrell Unit, St Mary's Hospital, University Institute of Human Development, Faculty of Medical & Human Sciences, University of Manchester; Manchester University Hospitals NHS Foundation Trust, Manchester Academic Health Science Centre, Manchester, Manchester, UK. Conflict of interest: RK has previously been awarded funding from the Health Foundation for quality improvement research in pessary management. RK and LD are investigators on a NIHR funded research grant investigating pessary self care.

lifetime risk of a woman having POP surgery in the UK is 10%. As many women opt for conservative management, the lifetime risk of developing bothersome POP will be higher. A questionnaire survey of community dwelling women in the UK reported that 8% complained of the symptom of vaginal bulge or lump.

Risk factors associated with developing POP include increasing age, raised Body Mass Index (BMI), previous vaginal deliveries with a correlation between increasing parity and risk of developing POP. With increasing life expectancy and average BMI it is likely that the prevalence of prolapse will continue to rise. Additional risk factors for POP most likely to affect women in developing countries include frequent heavy manual labour, poor nutrition and a higher parity. As treatment options for POP have developed and awareness and acceptability of seeking healthcare for gynaecological issues has increased, more women are reporting symptoms of POP.

Assessment

History

Initial assessment of a patient presenting with symptoms of a prolapse should include a full history and examination. Prolapse is commonly associated with urinary, bowel and sexual symptoms as well as symptoms directly caused by the prolapse and the history taking should address these. There is a variation in the degree of bother caused by a prolapse with some women unaware of a POP and presenting when they are told they have a prolapse at examination by a healthcare professional e.g. at a routine smear test. Others experience severe bother by disordered urinary, bowel and sexual dysfunction. Some women with POP beyond the hymen may experience breakdown of the vaginal mucosa caused by friction when it rubs on underwear. This may lead to ulceration, oedema and infection of the vaginal tissue. Another possible complication of unmanaged POP is renal failure caused by obstruction of the ureter, urethra or bladder neck and subsequent hydronephrosis. Unless the POP causes an obstruction to voiding or defecation and as long as the vaginal mucosa remains intact, there is no clinical indication for treatment unless symptoms are bothersome for the woman. Therefore it is essential to assess voiding and vaginal tissue integrity as well as the impact of the prolapse upon a patient's quality of life, prior to discussing suitable management options.

Quality of life questionnaires are a very useful tool in assessing a woman presenting with a prolapse. There are several validated questionnaires available e.g. ICIQ-VS. E-PAQ is an electronic patient administered questionnaire which provides a comprehensive assessment of pelvic floor symptoms including prolapse, bladder, bowel and sexual symptoms. It also allows women to fill out their goals which can help clinicians to understand priorities and expectations for treatment (Figure 1).

Attempts have been made to determine the point that anatomical prolapse becomes symptomatic. While symptoms of bulging or protrusion are reported by women who have a prolapse descending to 0.5 cm above the hymen or greater upon Valsalva, prolapse severity is only weakly correlated with pelvic floor and urinary symptoms and not at all with bowel symptoms. Therefore, women should be asked about the bothersome nature of their symptoms and treatment should be guided by this, rather than the clinician making assumptions based upon clinical

ePAQ electronic personal assessment questionnaire

ePAQ electronic Personal Assessment Questionnaire

Test Test - test - 01 - 07/01/2016

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ePAQ Pelvic Floor assessment for Test Test on 07/01/2016							
Name	Test Test		Date of birth	01/01/1980		NHS Number	01 (02)
Consultant	Not Known		Clinic	online		Clinical Number	test
Height		Weight		BMI		Age	36
Treatment?	No	Condition change		Children		Pregnancies	
Concerns & goals							
Questions							
Bladder & urinary symptoms		Score (0 – 100)				Impact	
Pain	22						
Voiding	0						
Overactive bladder	8						
Stress incontinence	0						
Quality of life	0						
Bowel symptoms		Score (0 – 100)				Impact	
Irritable bowel	13						
Constipation	44						
Evacuation	76						
Continence	90						
Quality of life	100						
Vaginal symptoms and prolapse		Score (0 – 100)				Impact	
Pain & sensation	75						
Capacity	0						
Prolapse	92						
Quality of life	100						
Sex life		Score (0 – 100)				Impact	
Urinary	42						
Bowel	0						
Vaginal	83						
Dyspareunia	20						
General sex life	42						

Figure 1

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