

Urogynecology

Pelvic Organ Prolapse



A patient's guide to Pelvic Organ Prolapse (POP)

A.M.I.[®]

Agency for Medical Innovations



Take Control of Your Pelvic Health

If you feel pressure, heaviness, or like something is “falling out” in your pelvic area, you might be experiencing pelvic organ prolapse. This is a common condition affecting 1 in 10 women over the age of 50 years ¹. Unfortunately, it often goes untreated because women feel unsure or uncomfortable talking about it.

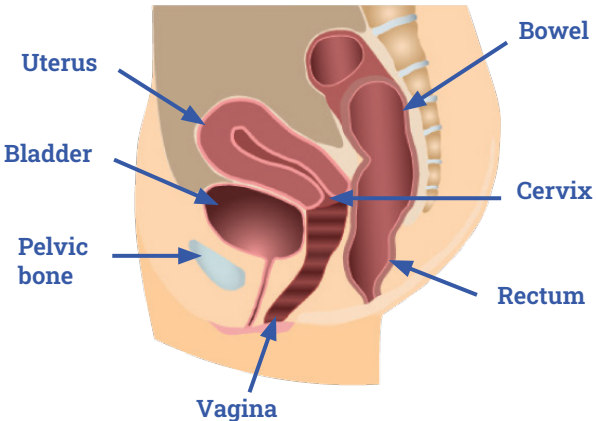
In this brochure, you will learn about different types of pelvic organ prolapse, the possible causes and available treatment options. You're not alone and you don't have to put up with it.

What is Pelvic Organ Prolapse? (POP)

In women, the pelvic organs (uterus, bladder and rectum) are normally held in place by ligaments and muscles known as the pelvic floor. Overstretching can weaken those support structures. ¹

The pelvic organs can descend (prolapse) from their natural position into the vagina. This is referred to as pelvic organ prolapse (POP). In some cases a prolapse may be large enough to protrude outside the vagina. ¹

Prolapse can sometimes make you feel uncomfortable and may affect your daily life. You may experience a feeling of heaviness or a dragging sensation in the pelvis which can also cause bladder and bowel disfunctions and having sex may feel different. ¹





What are the main symptoms I should be aware of?

- ▶ **Pressure or heaviness in the pelvic area**, sometimes with a bulge in the vagina
- ▶ **Vaginal discomfort**, pain, or occasional bleeding
- ▶ **Bladder or bowel difficulties** (e.g., leaking urine or trouble emptying bowels)
- ▶ **Pain or discomfort** during sex

You may not notice these symptoms at first, but as the prolapse progresses, the symptoms may become more obvious and painful. ¹

Causes of Pelvic Organ Prolapse

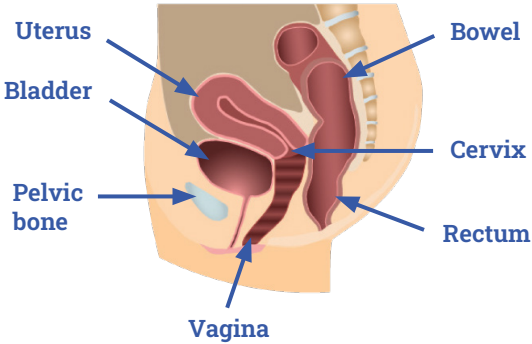
Pelvic Organ Prolapse often occurs when the pelvic floor muscles that support pelvic organs become weakened or stretched, commonly due to: ²

- ▶ **Pregnancy & childbirth**
- ▶ **Aging**
- ▶ **Obesity**
- ▶ **Persistent constipation**
- ▶ **Genetics**



Types of pelvic organ prolapse

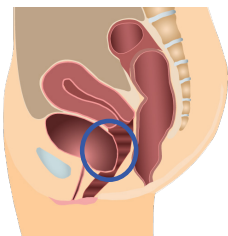
Before exploring the different types of pelvic organ prolapse, it is helpful to first understand what a healthy pelvic area looks like. A healthy pelvic floor is strong, well-supported, and holds your pelvic organs in their proper position: ¹



The different types of prolapse have different medical terms, depending on which organ is affected: ¹

- ▶ **Anterior Wall Prolapse** (Cystocele)
- ▶ **Apical Prolapse** (Vaginal Vault or Uterus)
- ▶ **Posterior Wall Prolapse** (Rectocele or Enterocele)

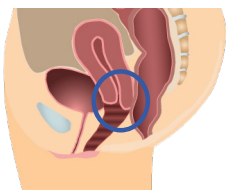
Only your doctor can confirm which type and degree of prolapse you're experiencing.



Prolapsed Bladder

Anterior vaginal wall prolapse

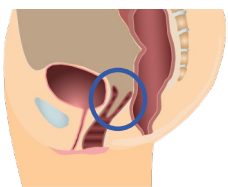
This occurs when the bladder and/or urethra bulges into the front wall of the vagina. This condition is also referred to as a cystocele or cystourethrocele.¹



Prolapsed Uterus

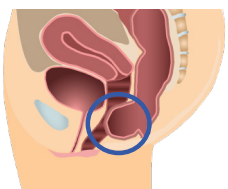
Apical Prolapse

Uterine Prolapse occurs when the uterus descends into the vagina. In advanced stages, the uterus may protrude outside the body.



Prolapsed Vaginal Vault

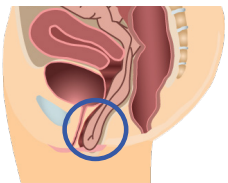
Vaginal vault prolapse occurs after a hysterectomy when the remaining vaginal tissue is weak and drops into the vagina.¹



Prolapsed Rectum
Rectocele

Posterior vaginal wall prolapse

This is when the rectum (the lower part of the large intestine) descend into the back wall of the vagina and is known as a rectocele. In some cases, the small intestine may also descend into the posterior vaginal wall, which is referred to as an enterocele.¹



Prolapsed Intestine
Enterocele

What are my treatment options?

The right approach will depend on your individual situation, including the type of prolapse you have and how severe your symptoms are. In many cases, your doctor may recommend starting with conservative (non-surgical) treatments:

1, 2, 3

Conservative options

- ▶ **Lifestyle changes:** Your doctor might recommend changing your daily lifestyle habits (e.g. better nutrition, quitting smoking, losing weight)
- ▶ **Physiotherapy:** Pelvic floor muscle training (potentially with biofeedback, electrotherapy)
- ▶ **Medical therapy:** If you have already gone through menopause, your doctor may recommend hormone treatment with estrogen
- ▶ **Vaginal pessaries:** A pessary is a removable device that fits in your vagina to help support the pelvic organs

Surgical solutions

Conservative treatments often require long-term effort and ongoing management, and they may not fully resolve the underlying issue.

Reconstructive surgery, on the other hand, targets the problem at its source rather than simply easing symptoms temporarily. Many women are surprised by how much better they feel afterward and often wish they had made the decision sooner. ⁴

Regain your comfort, confidence, and the freedom to enjoy everyday life again.



What is the right surgical solution?

Depending on your type and grade of prolapse your doctor will decide which procedure is the best option for you. **There are two main approaches to restoring pelvic organ prolapse:**

Transvaginal approach

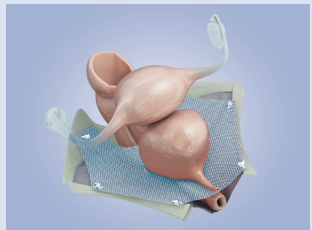
There are different types of procedures where the surgeon repairs your prolapse through the vagina including colporrhaphy (where your own tissue is gently pulled together to provide better support) and colpexy with an allograft (a thin, elastic mesh is placed in the area where the support is most needed).



Depending on the level of your prolapse A.M.I. offers smaller or larger allografts:

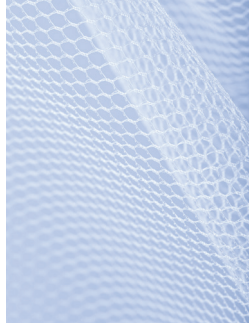


Prolapse repair with
BSC Mesh



Prolapse repair with
InGYNious

The main feature of all **A.M.I.'s meshes** is that they are made of **lightweight, wide-pore, biocompatible monofilament material**. They are designed to be long-term implants which become part of your body's natural tissue and minimize any reaction to the material.



Transabdominal approach (laparoscopic)

This procedure repairs prolapse through small incisions in the abdomen. The surgeon attaches a surgical mesh from the vagina to the ligament at the sacrum, a technique called sacrocolpopexy.



It can be performed using minimally invasive methods, either with a **surgical robot or laparoscopic instruments**.



Prolapse repair with A.M.I.'s laparoscopic mesh **ProGYNious**

What should I expect from surgery?

Before surgery

Before surgery, your doctor will inform you of all the correct preparations you should take prior to your procedure. Your medical history and experiences will be reviewed and you will be required to provide a list of medications and supplements you take. This is also a good opportunity to ask any questions you may have about the surgery and about the post-operative care.

During surgery

If your doctor chooses a transvaginal approach, the procedure may be done using either general anesthesia or local anesthesia. If the surgery is performed using laparoscopic or robotic techniques, general anesthesia will be used.

After surgery

Following the surgery, it is normal to experience some pain or discomfort in the vagina, groin and lower abdomen. To help ease the discomfort, your doctor may prescribe you pain medication. Most patients can normally resume light daily activities within a week. However, strenuous exercise, heavy lifting, and sexual activity should be avoided for **up to six weeks**.

Your care team will provide you with detailed instructions for your recovery. Contact your doctor right away if you notice signs of infection, increased pain, or unusual bleeding. ^{5,6}

Important safety information

For your specific procedure, your physician can explain in detail the associated risks and warnings. Generally, there are risks when undergoing any kind of surgery. In worst cases, such complications can be life threatening. Anaesthesia may be problematic for each patient, especially when serious underlying medical conditions are already present. A polypropylene implant is always a foreign body, and it can lead to certain risks like erosions and infections. Adjacent organs or anatomical structures can be injured during surgery. The risk of damaging nerves can lead to paralysis, pain, numbness, or even loss of function, e.g. bladder function. Furthermore, there may be varying degrees of pain that could spread to surrounding organs. This listing is not complete and may vary from the surgical approach and the individual patient situation.

What are the clinical outcomes?

Surgical procedures to treat pelvic organ prolapse are supported by clinical evidence listed below and have been shown to provide outcomes such as:

Vaginal surgical procedures with InGYNious and BSC provide over 90% success, lasting support, symptom relief, and improvements in daily comfort and quality of life.

Laparoscopic surgical procedures like sacrocolpopexy offer reliable long-term support, reduce symptoms, and improve daily comfort and overall quality of life.

Please find further information and clinical references on our website:
<https://ami.at/patients/pelvic-organ-prolapse/>



Relief is possible.

Talk to your doctor about treating pelvic organ prolapse with A.M.I.'s surgical solutions - uniquely designed and manufactured in Austria.

Be sure to discuss with your doctor all potential risks and benefits to decide if this treatment is right for you and get back to feeling like yourself again.

References:

- 1) Royal College of Obstetricians & Gynaecologists: <https://www.rcog.org.uk/for-the-public/browse-our-patient-information/pelvic-organ-prolapse/>
- 2) Mayo Clinic: <https://www.mayoclinic.org/diseases-conditions/pelvic-organ-prolapse/symptoms-causes/syc-20360557>
- 3) Hagen, S., & Stark, D. (2011). *Conservative prevention and management of pelvic organ prolapse in women*. Cochrane Database of Systematic Reviews, 2011(12), Article No.: CD003882. DOI: 10.1002/14651858.CD003882.pub4, <https://pubmed.ncbi.nlm.nih.gov/17054190/>
- 4) Mančinskienė D., Mikėnaitė M., Barakat M., Kačerauskienė J., Railaitė D. R., Maleckienė L., Bartusevičius A., Bartusevičienė E. *Quality of Life after Treatment for Pelvic Organ Prolapse in Real-World Study: Recommendations, Vaginal Pessary, and Surgery*. *Medicina*. 2024; **60(4)**:547. doi:10.3390/medicina60040547, <https://pubmed.ncbi.nlm.nih.gov/38674193/>
- 5) International Urogynecological Association (IUGA) Your Pelvic Floor Recovery Guide After Vaginal Repair Surgery/Vaginal Hysterectomy - Your Pelvic Floor
- 6) Barber, M. D., Brubaker, L., Nygaard, I., Wai, C. Y., Dyer, K. Y., Ellington, D., Sridhar, A., Gantz, M. G., & NICHD Pelvic Floor Disorders Network. *Pain and activity after vaginal reconstructive surgery for pelvic organ prolapse and stress urinary incontinence*. *American Journal of Obstetrics & Gynecology*. 2019;221(3):233.e1–233.e16. doi:10.1016/j.ajog.2019.06.004, [https://www.ajog.org/article/S0002-9378\(19\)30768-9/fulltext](https://www.ajog.org/article/S0002-9378(19)30768-9/fulltext)



**It is mandatory to
speak in detail with
your physician about
all potential risks
and benefits of the
procedure!**

A.M.I.[®]

**Empowering Innovations.
Empowering Lives.**



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