

FAQs

Surgery for Pelvic Organ Prolapse

Frequently Asked Questions

Overview

What are the pelvic organs?

The pelvic organs include the [vagina](#) , [uterus](#) , [bladder](#) , [urethra](#) , and [rectum](#) . These organs are held in place by muscles of the [pelvic floor](#) . Layers of connective tissue also give support.

What is pelvic organ prolapse?

[Pelvic organ prolapse \(POP\)](#) occurs when tissue and muscles can no longer support the pelvic organs and they drop down. Read [Pelvic Support Problems](#) to learn more.

What are the different types of pelvic organ prolapse?

There are several types of prolapse that have different names depending on the part of the body that has dropped.

- Cystocele—The bladder drops into the vagina.
- Enterocele—The small intestine bulges into the vagina.
- Rectocele—The rectum bulges into the vagina.
- Uterine Prolapse—The uterus drops into the vagina.
- Vaginal Vault Prolapse—The top of the vagina loses its support and drops.

What are the symptoms of pelvic organ prolapse?

Symptoms of POP can come on gradually and may not be noticed at first. A health care professional may discover a prolapse during a physical exam. If you have symptoms, you may experience the following:

- Feeling of pelvic pressure or fullness
- Bulge in the vagina
- Organs bulging out of the vagina
- Leakage of urine ([urinary incontinence](#))
- Difficulty completely emptying the bladder
- Problems having a bowel movement
- Lower back pain
- Problems with inserting tampons or applicators

How is pelvic organ prolapse treated?

If you have POP symptoms, and they interfere with your normal activities, you may need treatment. Nonsurgical treatment options usually are tried first. If these options do not work and if your symptoms are severe, you may want to consider surgery.

Before Choosing Surgery

What are the nonsurgical treatments for pelvic organ prolapse?

Often the first nonsurgical option tried is a [pessary](#) . This device is inserted into the vagina to support the pelvic organs. There are many types of pessaries available. Your health care professional can help find the right pessary that fits comfortably.

Changes in diet and lifestyle may help relieve some symptoms. For example, limiting excessive fluid intake may help with urinary incontinence. Eating more fiber may help with bowel problems. Sometimes a medication that softens stools is prescribed. If you are overweight, it's possible that weight loss may help improve prolapse symptoms. In some cases, [Kegel exercises](#) may be helpful.

What factors should I consider when deciding whether to have surgery?

A major factor in this decision is the severity of your symptoms. The following factors should also be considered:

- Your age—If you have surgery at a young age, there is a chance that prolapse will come back and may require more treatment. If you have surgery at an older age, your overall health and history of surgeries may impact what type of surgery you have.
- Your childbearing plans—Ideally, if you want to get pregnant in the future, you should postpone surgery until your family is complete. This helps avoid the risk of prolapse happening again after corrective surgery.
- Health conditions—Surgery may carry risks if you have a medical condition, such as [diabetes mellitus](#), heart disease, or breathing problems, or if you smoke.

Will surgery relieve all of my symptoms?

There is no guarantee that any treatment—including surgery—will relieve all of your symptoms. Also, new problems may occur after surgery, such as pain during [sexual intercourse](#), pelvic pain, or urinary incontinence.

Surgery Options

What are the types of surgery for pelvic organ prolapse?

In general, there are two types of surgery: 1) [obliterative surgery](#) and 2) [reconstructive surgery](#).

How does obliterative surgery treat pelvic organ prolapse?

Obliterative surgery narrows or closes off the vagina to provide support for prolapsed organs. Sexual intercourse is not possible after this procedure. Obliterative surgery has a high success rate and may be a good choice if you do not plan to have sex in the future and want an easily performed procedure.

How does reconstructive surgery treat pelvic organ prolapse?

The goal of reconstructive surgery is to restore organs to their original position. This is the most common type of pelvic organ prolapse surgery.

Some types of reconstructive surgery are done through an incision in the vagina. Others are done through an incision in the abdomen or with [laparoscopy](#).

What are the types of reconstructive surgery?

The types of reconstructive surgery include the following:

- Fixation or suspension using your own tissues (uterosacral [ligament](#) suspension and sacrospinous fixation)—Also called "native tissue repair," this surgery uses your own tissues to treat uterine or [vaginal vault](#) prolapse. It is done through an incision in the vagina. The prolapsed part is attached with stitches to a ligament or to a muscle in the pelvis. A procedure to prevent urinary incontinence may be done at the same time.
- [Colporrhaphy](#)—Used to treat prolapse of the anterior (front) wall of the vagina and prolapse of the posterior (back) wall of the vagina. This type of surgery is done through the vagina. Stitches are used to strengthen the vagina so that it once again supports the bladder or the rectum.
- [Sacrocolpopexy](#)—Used to treat vaginal vault prolapse and enterocele. It can be done with an abdominal incision or with laparoscopy. Surgical mesh is attached to the front and back walls of the vagina and then to the sacrum (tail bone). This lifts the vagina back into place.
- [Sacrohysteropexy](#)—Used to treat uterine prolapse when a woman does not want a [hysterectomy](#). Surgical mesh is attached to the [cervix](#) and then to the sacrum, lifting the uterus back into place.
- Surgery using vaginally placed mesh—Vaginally placed mesh has a significant risk of severe complications, including mesh erosion, pain, infection, and bladder or bowel injury. This type of surgery should be reserved for when the benefits may justify the risks. This may include women with anterior prolapse that has come back after a previous surgery. It may also include women who have a medical condition that prevents them from having a longer operation done through an incision in the abdomen.

More than one type of surgery may be done at the same time to fix multiple problems.

What other risks and benefits should I consider?

- Surgery done through the vagina may take less time to perform than surgery done through an incision in the abdomen. The recovery time is usually shorter.
- Surgery done with an abdominal incision may result in less pain during sex than after procedures done through the vagina. But with an abdominal incision, there is a risk of damage to the intestines and a risk of complications from [adhesions](#).
- After surgery with mesh placed in the abdomen, there is a small risk that the mesh will erode (wear through the tissues) into the vagina. Mesh erosion can cause scarring and pain that can be long-lasting. Additional surgery may be needed to remove the mesh.
- If you are considering a surgery using vaginally placed mesh, ask your health care professional for detailed information about its risks, benefits, and potential complications. POP can be treated successfully without mesh in many cases.

When considering surgery for POP, it is important to weigh your options. Talk with your health care professional about which option is best for your situation.

What is involved in recovery after surgery to treat pelvic organ prolapse?

Recovery time varies depending on the type of surgery. You usually need to take a few weeks off from work. For the first few weeks, you should avoid vigorous exercise, lifting, and straining. You should also avoid sex for several weeks after surgery.

It is not known whether anything can be done to keep prolapse from coming back after surgery. Avoiding activities that increase pressure inside the abdomen may be helpful, such as controlling your weight, avoiding constipation, and not lifting heavy objects. If you have new symptoms, let your health care professional know.

Glossary

Adhesions: Scars that can make tissue surfaces stick together.

Bladder: A hollow, muscular organ in which urine is stored.

Cervix: The lower, narrow end of the uterus at the top of the vagina.

Colporrhaphy: Surgery done through the vagina to repair a bulge using a woman's own tissue.

Diabetes Mellitus: A condition in which the levels of sugar in the blood are too high.

Hysterectomy: Surgery to remove the uterus.

Kegel Exercises: Pelvic muscle exercises. Doing these exercises helps with bladder and bowel control as well as sexual function.

Laparoscopy: A surgical procedure in which a thin, lighted telescope called a laparoscope is inserted through a small incision (cut) in the abdomen. The laparoscope is used to view the pelvic organs. Other instruments can be used with it to perform surgery.

Ligament: A band of tissue that connects bones or supports large internal organs.

Obliterative Surgery: A type of surgery in which the vagina is narrowed or closed off to support organs that have dropped down.

Pelvic Floor: A muscular area that supports a woman's pelvic organs.

Pelvic Organ Prolapse (POP): A condition in which a pelvic organ drops down. This condition is caused by weakening of the muscles and tissues that support the organs in the pelvis, including the vagina, uterus, and bladder.

Pessary: A device that can be inserted into the vagina to support the organs that have dropped down or to help control urine leakage.

Reconstructive Surgery: Surgery to repair or restore a part of the body that is injured or damaged.

Rectum: The last part of the digestive tract.

Sacrocolpopexy: A type of surgery to repair vaginal vault prolapse. The surgery attaches the vaginal vault to the sacrum with surgical mesh.

Sacrohysteropexy: A type of surgery to repair uterine prolapse. The surgery attaches the cervix to the sacrum with surgical mesh.

Sexual Intercourse: The act of the penis of the male entering the vagina of the female. Also called "having sex" or "making love."

Urethra: A tube-like structure. Urine flows through this tube when it leaves the body.

Urinary Incontinence: Uncontrolled loss of urine.

Uterus: A muscular organ in the female pelvis. During pregnancy this organ holds and nourishes the fetus. Also called the womb.

Vagina: A tube-like structure surrounded by muscles. The vagina leads from the uterus to the outside of the body.

Vaginal Vault: The top of the vagina after hysterectomy (removal of the uterus).

If you have further questions, contact your ob-gyn.

Don't have an ob-gyn? [Learn how to find a doctor near you.](#)

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