

Pelvic Organ Prolapse and Urinary Stress Incontinence Menopausal women are at particular risk!



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Women do not like to hear the words ‘wrinkly’ or ‘saggy’, and are therefore ‘ready and willing’ to spend big money on skincare products and other treatments, in the hope of improving their appearance. However, something that women often overlook, is the possibility of the pelvic organs prolapsing, or ‘falling down’. Mothers and menopausal women are most at risk of developing this condition. Dr. Selina Pang, specialist in Obstetrics and Gynecology at Hong Kong Adventist Hospital, introduces us to several new techniques in minimally invasive surgery that effectively treat prolapse and stress incontinence.

High risk for Menopausal women

Dr. Pang explained that the term pelvic organ prolapse may involve the uterus, top of the vagina, (vaginal vault prolapse), rectocele (posterior vaginal wall and rectum), cystocele (anterior vaginal wall and bladder). If the pelvic support muscles are damaged, the pelvic organs are likely to be involved in some degree of prolapse. Some researchers state that 30% of menopausal women suffer from various degrees of prolapse, a really alarming statistic.

“The most common risk factor is vaginal delivery, especially for older women. Some women will develop symptoms following their second or third child. Difficult deliveries, particularly with the use of forceps, frequently lead to subsequent prolapse. Obesity is an underlying cause in many women, as is also a chronic cough, as seen in women who are long term or heavy smokers.

Affects on emotional and sex life

Symptoms of early stage prolapse may not be significant, but as the condition develops, the patient will experience increasing discomfort and unpleasant side effects. Visits to the toilet may prove distressing, with the prolapse producing vaginal distention and discomfort, and an unpleasant pelvic dragging sensation. There is a risk of developing an infection, with increased vaginal discharge. Eventually, the patient experiences a reduced quality of life in respect of her socializing, physical activity, and sexual activities, leading in many cases to unhappiness and even severe depression, marital relationships.

Damage to the pelvic muscles may also undermine support to the urethra, resulting in urinary stress incontinence. Dr. Pang stated that when these patients sneeze, laugh, or cough, they experience an involuntary loss of urine (stress incontinence).

Minimally Invasive surgery provides new options.

Once prolapse becomes symptomatic, patients may consider the latest minimally invasive surgical treatment, which is called ‘Total Vaginal Mesh’. In this technique, an implanted mesh of synthetic material is used to support the vagina and other organs. The operation has a high success rate, and is not considered lengthy. The wound is small, nearly invisible, and the recovery period is short. More importantly, compared to other traditional operations, this option has a lower prolapse recurrence rate compared to traditional surgery.

In treating cases of urinary stress incontinence, doctors now have the option of implanting a tension-free length of tape to support the urethra and bladder neck. It requires a vaginal incision of only 1cm, takes 20 minutes, and has a success rate of over 90% in controlling stress urinary incontinence.