

Why Medanta - The Medicity?

Medanta - The Medicity has the rare combination of state-of-the-art technology along with compassionate staff to give the best possible care to the patients. Instead of increasing the count we believe in doing surgeries for right indications. Hence thorough preoperative workup is done to screen the patient before offering surgery. Moreover detailed postoperative care and counseling is also provided and instructions are given to avoid recurrence of this condition in future.



Our locations

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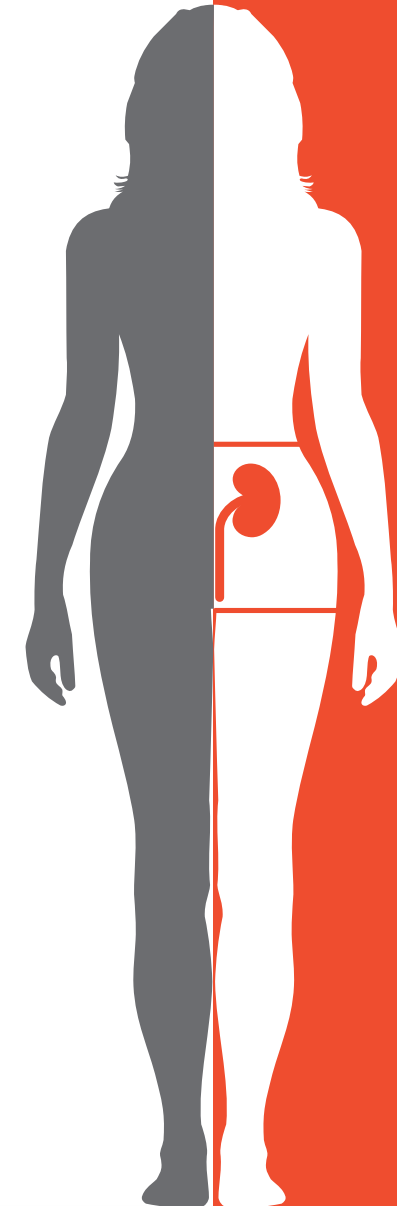
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PATIENT INFORMATION

PROLAPSE

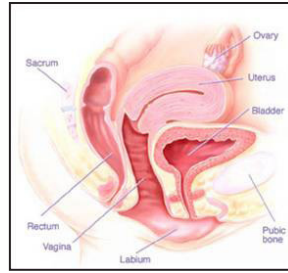


MEDANTA INSTITUTE OF
KIDNEY & UROLOGY



Introduction

Prolapse is a condition which occurs when pelvic floor muscles and ligaments stretch and weaken, providing inadequate support for the pelvic organs. These organs then slip down or protrude out of the vagina. This can happen to women of any age, but it often affects postmenopausal women who have had one or more vaginal deliveries.



Causes and risk factors

Some of the common causes include:

- Pregnancy, labour and vaginal childbirth (the most common causes)
- Menopause
- Obesity
- Chronic straining like chronic constipation and chronic cough
- Pelvic surgeries like surgical removal of the uterus (hysterectomy)
- Pelvic irradiation
- Inherent disorders with poor tissue quality like Ehler Danlos Syndrome

Signs & symptoms

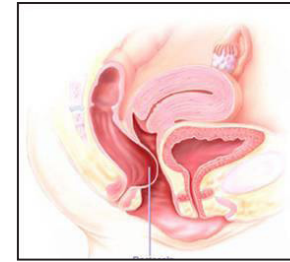
Symptoms are based on area of defect, which can be

- Anterior Vaginal Prolapse (cystocele): In this type, loss of support allows the bladder to prolapse or fall down into the vagina. Symptoms may include:
 - Abnormal bladder emptying
 - Urinary frequency
 - Night time voiding
 - Loss of bladder control
 - Recurrent bladder infections
 - Pelvic pressure



- Posterior Vaginal Prolapse (rectocele): Weakening of the back wall of the vagina allows the rectum to bulge into the vagina, sometimes stretching low enough to come out of the vaginal opening. Symptoms may include:

- Difficulty with bowel movements
- Constipation
- Loss of stool
- Pelvic pressure



Sometimes they have to push back the prolapsed part to completely pass urine or stools.

- Uterine Prolapse: When the supporting ligaments and muscles of the pelvic floor that keep the uterus in the pelvis are damaged, the cervix and uterus descend into the vagina and eventually out of the vaginal opening and can develop ulcers from rubbing on underwear or protective pads. Symptoms may include:

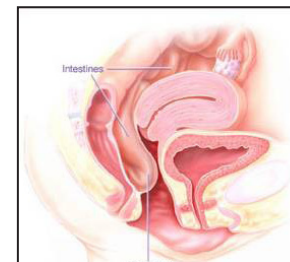
- Sense of fullness, pain or pressure in the pelvis
- Painful intercourse
- Vaginal bleeding



- Vaginal Prolapse after Hysterectomy (vaginal 'vault' prolapse): If a woman already had a hysterectomy, the very top of the vagina (where the uterus used to be) can become detached from its supporting ligaments. Depending upon how extensively the top of the vagina is turning inside out, one or several pelvic organs (such as the bladder, small and large bowel) will prolapse into the protruding bulge.



- Enterocele: Occurs when there is a separation of the strong connective tissue at the top of the vagina and the bowel presses against the vagina. This forms a hernia sac into which the bowel can protrude.



Tests and diagnosis

You may be required to undergo the following tests:

- Pap smear
- Ultrasound of the pelvis
- Transperineal Ultrasound/Dynamic MRI Pelvis

These can be used to confirm the presence of pelvic organs lying behind the prolapsed vaginal wall and their relative positions during coughing or straining.

- Urodynamic study (optional in presence of urinary symptoms)
- Urinalysis and urine culture

Treatments

Vaginal pessary

This device fits inside your vagina and holds your uterus in place. Used as temporary treatment, vaginal pessaries come in many shapes and sizes, so your doctor will measure and fit you for the proper device.

Surgery

To repair damaged or weakened pelvic floor tissue, doctors often use a vaginal approach to surgery, although sometimes doctors may recommend an abdominal surgery. The primary aim is to perform defect specific repair i.e. to restore lost support of the pelvic organs. Hence removal of uterus may not be required unless it is diseased.

Prevention

You may be able to decrease your risk if you:

- Perform Kegel exercises on a regular basis
- Treat and prevent constipation
- Avoid heavy lifting and lift correctly
- Control coughing
- Maintain healthy weight