

PELVIC ORGAN PROLAPSE *The Silent Epidemic, 3rd Edition*

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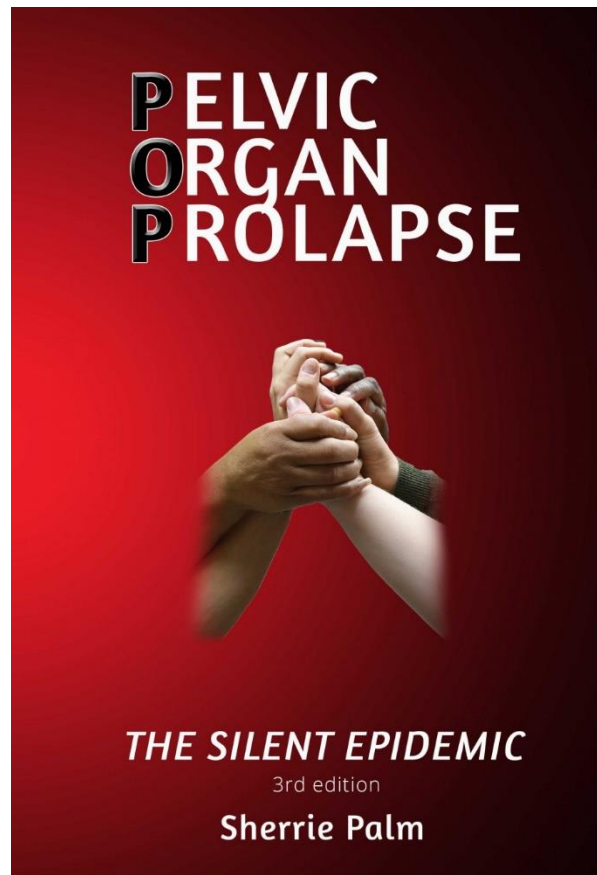
SOFT COVER ISBN# 978-0-9855356-3-6

“Sherrie Palm is an army trapped in a woman’s body and that army is ignited. She is the passionate and tireless voice of the intimate problems that afflict over 50 million women. She wields amazing influence within the medical community, the medical industry and patient groups. I know. I’ve witnessed it. If you want relevance, connection and inspiration with every woman in your niche, you want Sherrie.”

Marco Pelosi III MD, FACOG, FACS, FICS, FAACS

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P_{ELVIC} O_{RGAN} P_{ROLAPSE}

THE SILENT EPIDEMIC

Sherrie Palm

Third Edition

POP Publishing and Distribution

PELVIC ORGAN PROLAPSE
THE SILENT EPIDEMIC

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Published by POP Publishing and Distribution
Milwaukee, WI
262-642-4338
info.apops@gmail.com
<http://www.pelvicorganprolapsesupport.org/contact/>

Softcover 978-0-9855356-3-6
Hardcover 978-0-9855356-4-3

POP Illustrations by Design By Day
Edited by Andrew Siegel, MD
Cover by Hammad Khalid

Manufactured in the United States of America
Third Edition May 2017

ENDORSEMENTS

CLINICIAN:

As a physician, I feel it is truly important for my patients to understand the important issues related to prolapse and urinary incontinence, as well as the options for treating these distressing conditions. With a good understanding of the problem and their options, women can make good, informed choices regarding their care. As a surgeon, I spend a lot of time explaining pelvic organ prolapse to my patients.

I am very pleased to see Sherrie Palm doing the same thing from a woman's perspective. As a woman who had to deal with prolapse herself, she shares the inside information on how to recognize prolapse and how to get qualified help for it. This book is a must read for every woman who is concerned about pelvic organ prolapse!

Lennox Hoyte MD, MSEECS
Managing Member
The Pelvic Floor Institute
Tampa, FL/USA
Author: [A Patient Guide to Prolapse Repair](#)

At last, pelvic organ prolapse is emerging from the shadows and into the spotlight, as women and their physicians begin to appreciate that prolapse is remarkably common, and perhaps even more importantly that prolapse can be effectively treated, and quality of life restored. Sherrie Palm's tireless work as a patient advocate, and as an author of "Pelvic Organ Prolapse: The Silent Epidemic", continues to play a key role in this transformation of women's healthcare. I recommend Sherrie's book as an essential reference for women impacted by these conditions, or for any individual seeking a better understanding of this remarkably common women's health condition.

Roger P. Goldberg, MD MPH
Director, Division of Urogynecology, Northshore University HealthSystem
Clinical Associate Professor, Obstetrics and Gynecology
University of Chicago Pritzker School of Medicine
Author: [Ever Since I Had My Baby](#)

Sherrie Palm's book, 'Pelvic Organ Prolapse: The Silent Epidemic,' is my single most trusted resource for my patients to gain insight and education for optimal decision making in their care. I keep several copies available in my office at all times and encourage my patients to get a copy of their own.

Vincent Lucente, MD, MBA
The Institute for Female Pelvic Medicine & Reconstructive Surgery

Allentown, PA/USA

The global prevalence of pelvic organ prolapse (POP) is increasing and has more recently reached community pandemic proportions in women's health. POP is indeed a silent affliction mainly because of inadequate public knowledge, so a much greater epidemic is anticipated if patient information is improved. This, I believe, is the key contribution of Sherrie Palm's book: it serves as a sharp reminder to health policy makers of an impending "prolapse-quake" when more women become aware of the causes, manifestations, consequences, and therapeutic options after reading this comprehensive educational package. Whilst not life-threatening, POP has the potential for a significant adverse impact on quality of life, as reported eloquently in the book, and thus the patient perspective has become increasingly important when evaluating the symptoms and treatment outcomes.

As clinicians, our management strategy for POP is often based on the best available scientific evidence and physician-directed guidelines. Sherrie Palm, however, provides us again with a finger-on-the-pulse resource to ensure that the diagnostic and management principles of POP are also women-centered. The growing complexity of biomedical research and clinical practice dictates newer methods of service delivery. As a direct result, health care providers are required to consider person-orientated medical approaches and explore novel models of individualized science—a woman with POP is a case in point. Urogynaecologists who are the perfect and natural advocates for women with POP will thus find the third edition of the seminal monograph 'Pelvic Organ Prolapse: The Silent Epidemic', by Sherrie Palm, extremely enlightening.

Diaa E. E. Rizk, MSc, FRCS, FRCOG, MD, Dip BA,
Professor and Chairman,
Department of Obstetrics and Gynaecology
College of Medicine and Medical Sciences
Arabian Gulf University
Manama, Kingdom of Bahrain

Kudos to Sherrie Palm for her updated 'Pelvic Organ Prolapse: The Silent Epidemic,' which destigmatizes and takes out of the closet this important, highly prevalent, but largely hushed issue. Chock full of information, it is uniquely written from the perspective of the patient who by sharing her personal experience will enlighten and benefit women worldwide. A staunch champion of women's pelvic health, Sherrie continues her advocacy with great strides forward with respect to awareness, guidance, and support, accelerating the pelvic organ prolapse movement.

Andrew Siegel, MD
Urology Attending, Hackensack University Medical Center
Assistant Clinical Professor Surgery, Division of Urology
Rutgers-NJ Medical School
Hackensack, NJ/USA
Author: The Kegel Fix: Recharging Female Pelvic, Sexual and Urinary Health

Sherrie Palm has a dream: she wants to inform women with POP that they are not alone and that many women share the same condition. Patient information is really important because it helps people to look for answers. We, as physicians involved in POP treatment, should help people like Sherrie in their activities because they help us in our mission: improve the health of our patients.

Enrico Finazzi Agrò, MD
Associate Professor of Urology
President of the Italian Society of Urodynamics (SIUD)
Dept. of Experimental Medicine and Surgery
Tor Vergata University
Unit of Functional Urology
Policlinico Tor Vergata University Hospital
Rome, Italy

Brilliant clinical and personal experience by Sherrie Palm has given the reader an unbiased, thoughtful, and useful insight into the issues surrounding pelvic organ prolapse. By being a well-versed patient advocate she is able to bridge the gaps of knowledge and experience that the lay person can relate with and the doctor relate to.

Red M. Alinsod, MD, FACOG, FACS, ACGE
Urogynecology & Pelvic Reconstructive Surgery
Laguna Beach, CA/USA

I often get the question about a woman's prolapse: "Why didn't my doctor find this (prolapse) when he/she did my exam?" And my answer usually is "If you don't look for it, you won't find it!" Pelvic organ prolapse is definitely a silent epidemic as Sherrie points out that lacks awareness among the public - so women with vague symptoms "down there" don't even know what to ask for and are ecstatic when someone, usually after multiple doctors' visits, finally recognizes the problem and can address it. Lack of awareness has led to the stigma which has plagued this embarrassing condition. Through the tireless efforts of groups such as the Association for Pelvic Organ Prolapse Support, the breakthrough is slowly coming. Urinary incontinence, a similarly embarrassing problem, has largely broken away from this stigma in the last 20 years – it is time pelvic organ prolapse did too!"

Sumana Koduri, MD
Associate Professor of Obstetrics/Gynecology and Urology
Medical College of Wisconsin
Milwaukee, WI/USA

Sherrie Palm is an amazing woman with a lot of energy. She is leading a great movement to break the stigma surrounding pelvic organ prolapse. The 3rd edition of 'Pelvic Organ Prolapse:

The Silent Epidemic' is evidence of this. It is filled with great information to help women navigate the healthcare system and to help them make informed decisions, leading to the improvement of the quality of their health and their lives. This is a must read for every woman experiencing pelvic organ prolapse. It is also a great resource for healthcare providers.

Debbie Callif, OT, BCB-PMD
Co-owner Continence & Pelvic Wellness Clinic
Board of Directors Biofeedback Certification International Alliance, Chair of Pelvic Muscle Dysfunction
Board of Directors International Pelvic Pain Society
Mequon, WI/USA

In a time when data analytics and Triple Aim discussions are shaping priorities and budgets with respect to optimizing health care delivery, this book provides tremendous and timely insights for not only improving the POP patient experience of care, but also is a call for action for clinicians to be able to apply integrated, evidence-based research and approaches for prevention, assessment and treatment that improve patient outcomes and costs across the continuum of care. "Hear Us" has been Sherrie Palm's mission for a number of years. Her tenacious efforts to raise awareness, educate and challenge the health care environment to embrace a multidisciplinary, patient centered delivery of care is resonating. It is my belief that her efforts, over a number of years, are about to fuel dramatic changes in the way we talk about and cultivate an outlook that appreciates the essential need for progress to move from a linear dimension, to one that suddenly explodes with dramatic advancements in the field of POP care. Thank you Sherrie, for awakening us all!

Ms. Karen L. Campbell, RN, BScN
Corporate and Community Health Consultant
Retired Director of Wellness Northern Kentucky University
Cincinnati, Ohio/USA

'Pelvic Organ Prolapse: The Silent Epidemic' is one of the most in depth resources on prolapse I have read. Sherrie covers every possible question for women concerning prolapse with great detail on treatments, surgery, possible complications, and essential questions to ask the surgeon. If you want to learn more about prolapse and treatment options, put this book on your reading list.

Mary O'Dwyer
Women's Health Physiotherapist
Brisbane, Australia
Author: [Hold It Sister & Hold It Mama](#)

Sherrie is an accomplished author and a dear friend who has dedicated her career and life to helping women navigate the world of pelvic organ prolapse. I am honored to endorse her latest

book, 'Pelvic Organ Prolapse: The Silent Epidemic'. Sherrie has touched so many women around the world suffering from POP issues and has been able to change their lives in so many ways. It is about time that women start talking about intimate issues! Because of the work Sherrie has done, this quite private subject is being brought to the forefront. We now have pharmaceutical companies looking at new devices and therapies that can help women. This book provides a resource for every woman to find minimally invasive solutions through surgical options for managing the condition.

Debra Muth BSN, MSNH, WHNP, BAAHP
Serenity Health Care Center
Waukesha, WI/USA

Sherrie's passion for smashing the stigma and breaking the silence surrounding prolapse is evidenced, not only in her book 'Pelvic Organ Prolapse: The Silent Epidemic', but also from her amazing APOPS Facebook Group (POPS), which she has established. The book has increased credibility for women because of Sherrie's own personal journey with prolapse and the APOPS Facebook group has become a safe haven for women to share their journey with other kindred sisters, as well as an invaluable resource for information as to how to manage prolapse. Well done Sherrie, and thank you for your efforts to bring prolapse out of the closet.

Sue Croft, Physiotherapist,
Brisbane, Australia.

Author: [Pelvic Floor Essentials and Pelvic Floor Recovery: Physiotherapy for Gynaecological Repair Surgery](#)

'Pelvic Organ Prolapse: The Silent Epidemic' is a wonderful collection of information for women looking for support and treatment for pelvic organ prolapse. I recommend it to my patients as an adjunct to physical therapy treatment. Patient education is very important in healing and this is a great resource.

Beth Shelly, PT, DPT, WCS, BCB PMD
Beth Shelly Physical Therapy
Moline, IL/US/USA

Sher provides an excellent resource for women and health professionals. Within that resource is an abundance of support and knowledge provided through her wisdom, experience and loving heart.

Patricia Koehler Lawn, CSW, CHt
Certified Practitioner of
Holographic Memory Resolution
Pewaukee, WI/USA

PATIENT:

Sherrie Palm is an extraordinary advocate for women who are navigating POP. Her initiative to found the APOPS advocacy agency and to write this book has changed lives, and continues to change lives every day. Like most women, I had not heard of POP until I was diagnosed. Because of the stigma attached to the symptoms, I remained silent, isolated, and lost. As soon as I began reading this book, I immediately felt understood. Sherrie's knowledge, energy and passion to help women navigate this tough condition is palpable throughout the book. It is frequently said that knowledge is power, I think that is a great way to describe this book. With each chapter the reader will gain knowledge and become empowered. This book also addresses the impact POP has on our quality of life, which is so validating, and that is priceless!

Sherrie is such an inspiration as she continues her crusade to educate women, healthcare providers, and academics about the impact that POP has on lives. She understands that impact and she has dedicated her life to educating others and to obliterating the stigma attached to POP. I am so grateful for this book, for APOPS, and for Sherrie. This book is a must read for all women, as we are all vulnerable to issues affecting the pelvic floor.

Thank you, Sherrie Palm, for modeling passion, compassion, tenacity, and persistence, and for encouraging and empowering women to use their voice...because it is true - every voice matters.

Mary Pippen
Kentucky/USA

*Living with a POP diagnosis can be a frightening and lonely time. With no education of its existence, POP is truly a 'silent epidemic,'
Organizations like APOPS are giving voice to the concerns and needs of an up-until-now voiceless population. Becoming a member of Sherrie's APOPS support group has empowered me to advocate for myself as I make my way through this POP journey."*

Cathy Carlin
Minnesota/USA

Sherrie Palm is a warrior out to vanquish the ignorance and shame surrounding pelvic organ prolapse. She has designed the quintessential weapon in her organization, Association for Pelvic Organ Prolapse Support, and women of the world are fortunate to have her as an ally. I was one of those women; confused and disheartened by the alarming changes in my nether regions. Fortunately, I was somehow guided to Sherrie and the extensive information available on the APOPS site. Her tireless guidance was integral in helping me through this very challenging time in my life. APOPS is the preeminent source promoting education of women dealing with pelvic organ prolapse and the medical professionals responsible for preventing, diagnosing and treating POP. Sherrie and APOPS are indispensable in the effort to initiate and support research on the condition and are vital liaisons between the medical community and the

government agencies that regulate the related industries. We are all lucky to have Sherrie as our advocate!”

Jacqueline Munera
Florida/USA

Sherrie Palm is a fearless, superbly informed, and tireless advocate for women who suffer from pelvic organ prolapse (POP). She is willing to speak out for all of us who are affected by this humiliating and debilitating condition, which, as she emphasizes, can be easily screened for, and managed. As Sherrie notes, this is a “silent epidemic” affecting millions of women globally. It impacts our sexuality, our continence, our ability to lift, carry, laugh, eliminate, and move. For many women, POP decides for us how many children we can bear.

Women whose jobs depend on heavy lifting – women who serve in the military, who wait tables, who stock shelves, cater food, and do any sort of heavy labor find themselves forced to choose between long-term health, career, and income. In this way, POP is also an “invisible” disability with economic consequences for these women and their families. We deal with our humiliating symptoms in silence – either not knowing why we have them or being fully aware but feeling equally powerless in the face of non-invasive medical devices that have scarcely changed since antiquity, or highly complex surgical procedures that can carry considerable risk. The other solution we have is neatly packaged diapers in pastel boxes at the local drugstore. We are half the world, birth the world and deserve better information, options, and treatment.

So many women – whether new mothers or squarely on the other side of menopause – say “If I only knew” when they learn that POP is the root of their physical pain, sexual dysfunction, and fecal and urinary incontinence. Sherrie’s life work is to make sure more and more women know how to prevent and manage POP. And thanks to the information in this book, the medical community is becoming more sensitized.

Since POP results from tears and damage to fascia, muscle, tendons, and ligaments that happen differently in each woman, all of us have different symptoms. Sherrie urges medical professionals to tune in, use patient-centered care and treat each case individually. POP is also a condition that can be improved with access to physical therapy. Sherrie recognizes the fundamental importance of getting therapists, doctors, and patients to share information and experience. Cross-fertilization of ideas among these three constituencies is the key to innovation, expanding awareness, and proactive prevention.

Most importantly, Sherrie’s work inspires us to join forces in order to restore not only our health, but our dignity.

Caitlin Bergin
Washington, DC/USA

One of the greatest challenges as women with POP, is just how isolating it is. That constant ‘ache’ - that no one understands you or can relate to you; the sense of embarrassment and

shame that surfaces even when well-meaning and loving people can inadvertently make an off handed comment that makes you want to retreat back and close off from others even further. Through APOPS, I continue to gain the strength to recognize this health condition for what it is - a part of me, but not all of me. I am more accepting of myself because I know I am not alone. I am forever grateful to Sherrie Palm, for building and nurturing this bridge of compassion, awareness, and advocacy to be listened to and heard.

Karen L. Campbell
Ohio/USA

Through her own heroic efforts and the support of APOPS and Sherrie, I have watched my beautiful wife, Karen, battle from “victim” to “champion” of her own health. As her loving companion, I actively needed to create the safe space to listen to her concerns, learn the language by which we could meaningfully communicate and develop the patience that there are no easy answers. Too few health care providers can truly contribute positive guidance. From watching and supporting Karen, I know that progress can be made and a return to positive health is possible. This comes about through commitment and optimism, a caring community of support, and determined health care professionals who not only have expertise in the field, but the ability to listen to and acknowledge the wide-reaching negative impacts this condition can make in the lives of their patients and those who surround them. Through all the resources and dialogue of the outstanding APOPS organization, led brilliantly by Sherrie Palm, together, we have built capacity and skills to overcome. Sherrie is a true blessing to our community.

John S. Campbell, husband of Karen Campbell
President Clippard Instrument Laboratories
Ohio/USA

Read Sherrie Palm’s book, 3rd edition, which will completely explain pelvic organ prolapse. What it is, what to do, where to go, how to repair it, how to be you again. It is a common condition which many women face and are totally embarrassed to discuss. I don’t want other women to suffer, as I did, and neither do you. Bless you, warrior for women!

Ceil LaPorta
Retired social worker
Illinois/USA

I wish to express my sincere appreciation for all that Sherrie Palm has done for women all over the world, but me especially, in my search for answers to POP prior to my surgery Jan 2011. I found her by accident while searching the Internet for answers. Her first edition, “Pelvic Organ Prolapse: The Silent Epidemic” was a godsend. Everything I needed to know before and after my surgery was there at my fingertips with each turn of the page. I consider it my POP Bible and eagerly anticipate the next edition. I feel confident enough now to call myself the “POP Diva” thanks to Sherrie.” I consider her my POP angel.

Margaret Forrest, Retired DOD
Supervisory Program Management Analyst
MEDIA AND MORE:

I cannot overstate how important bringing attention to this issue is. Pelvic organ prolapse is something I know has affected so many women close to me, yet it's something we almost never discuss. We need to educate, agitate, and mobilize people on this issue, because women, especially women of color, are most likely not to have adequate healthcare coverage, and therefore less likely to seek medical treatment. Women affected by POP are entitled to their healing, and I'm so glad Sherrie is empowering women with her work. I was so happy to participate in APOPS Stigma Stride Walkathon in 2015, and I look forward to the day when we women can speak loud and proud about our bodies.

Senator Lena C. Taylor
4th Senate District of Wisconsin
Wisconsin/USA

Sherrie Palm brings to light a "hidden" problem that all women and their men should know about. She is warm and engaging and speaks frankly and clearly about this Silent Epidemic. A number of my other medical guests know and respect her work.

Mike Schikman
WSVA Radio
Virginia/USA

Despite progression in women's breast health, little has shifted in vaginal health awareness. Why after all these years does the central source of life remain absurdly stigmatized? Now more than ever we must shine a light on this most significant aspect of women's health, to enable common conditions such as pelvic organ prolapse to become screened for, diagnosed, treated, and most importantly, de-stigmatized. No woman should suffer needlessly. We must demand the right to healthy vaginas as it is equivalent to the demand for a healthy life.

Eve Ensler
The Vagina Monologues

Pelvic Organ Prolapse is a serious problem that I've learned many women are dealing with in silence. With symptoms comparable to puberty or menopause combined with internal injuries, we need to not only be there to support women around us, but to help others become aware of the stigma surrounding pelvic organ prolapse. Tragically few are even aware that this condition exists, or that it causes so much fear and struggle. This is where patients, relatives, activists,

neighbors, donors, doctors, and community leaders can come together in agreement and purpose, to ensure that we're doing what we each can to promote awareness of pelvic organ prolapse.

Deanna Alexander
Milwaukee County Supervisor DA
Wisconsin/USA

'Pelvic Organ Prolapse: The Silent Epidemic' is the defining masterpiece of Sherrie Palm's educational mission regarding the origins and concerns surrounding pelvic organ prolapse. Her passion and commitment towards informing women of all ages about this condition is second to none. Being a woman who experienced the symptoms firsthand, Sher has dedicated her life to raising awareness for this often misunderstood and stigmatizing condition, and this book is the number one most informative piece on the market for anyone looking to learn more about this disorder.

Brendan Lee McAvoy, Attorney
McAvoy & Murphy Law Firm LLC
Wisconsin/USA

From personal experience and numerous consultations with experts, Sherrie Palm is committed to help women to improve their quality of life for a stigmatized condition. Her book about pelvic organ prolapse (POP) and related complications addresses the causes, the diagnostic process, treatment options, and preventive strategies. She speaks passionately and advocates to build bridges with diverse stakeholders in addressing POP more openly and effectively.

John Meurer, MD, MBA
Professor and Director of the Institute for Health & Equity
Medical College of Wisconsin, Milwaukee
Wisconsin/USA

DEDICATION

I dedicate this book to women around the world who have suffered with the physical, emotional, social, sexual, fitness, or employment quality of life impact of pelvic organ prolapse, and yet freely share their journey via the APOPS website, support forum, social media, and campaign structures. Patient voice and energy fuel the future of POP awareness, research, and treatment evolution.

“Together we share support; united we manifest strength.”

~Sherrie Palm

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ACKNOWLEDGEMENTS

CONTRIBUTIONS

In warm appreciation for members of the healthcare, advocacy, and academic sectors who so very generously contributed their voices to the third edition, and my heartfelt gratitude to APOPS patient following who contributed to this book and continue to contribute daily within our patient support spaces.

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Benjamin Weed, PhD/USA *Biomechanical Engineer*
Jill Wohlfeil, MD/USA *Gynecologist*

PERSONAL

Health evolution and societal change often shift forward slowly and with great difficulty,

particularly when thousands of years of stigma shroud the reality of a medical condition such as pelvic organ prolapse. My eternal gratitude to:

- ❖ The enlightened, empowered members of the POPS patient support community who recognize the significance of APOPS vision and daily share their very personal information. Every Voice Matters!
- ❖ Gram, my guiding light and source of inspiration.
- ❖ My son Erik for his continual, unconditional encouragement, and whose faith in my vision has never wavered.
- ❖ The DBC for the whispers and guidance they provide.
- ❖ The dedication of APOPS volunteers who see beyond events and projects to the bigger picture.
- ❖ Mary, who's positive energy continually lifts me up.
- ❖ APOPS dedicated Forum Administrative Team who generously volunteer time to keep the ship running smoothly behind the curtain.
 - ~Larissa Bossaer/USA
 - ~Iseult de Burca/Ireland
 - ~Cathy Carlin/USA
 - ~Patrizia Clark/USA
 - ~Brynn Cruz/USA
 - ~Valerie Mahon/UK
 - ~Angela Pans/USA
 - ~Mary Pippen/USA

PRO-BONO SERVICES

With warm appreciation to the generous individuals and companies who provided guidance, pro-bono services, and product donations to assist forward evolution of APOPS energy.

~3rd Edition book editing

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~Radio-frequency treatments

Reneu Health & MediSpa

Jill P. Wohlfeil, MD, owner

www.reneuhealth.com

~Diagnostic, hormone, PT and MFR treatments

Balance Within Physical Therapy
Sarah Trunk, PT, DPT, co-owner
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Serenity Health Care Center

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Additional heartfelt gratitude to those individuals who have provided services to APOPS and prefer to remain anonymous.

FOREWORD

By Roger Dmochowski, MD, MMHC, FACS

January 3, 2017

Pelvic organ prolapse (POP) is truly a condition that is disruptive to quality of life, bothersome to women in their most active years as well as later in life. POP is a health concern which connotes almost a “taboo-like” quality related to both interpersonal as well as professional communication, and one that is surrounded by substantial gaps of knowledge and inherently wrong information, much of it imparted by well-meaning but incompletely informed sources.

This book is a sentinel accomplishment, an effort to improve knowledge empowerment and patient awareness of pelvic organ prolapse including the condition’s impact on the overall woman, as well as the multi-faceted symptoms associated with this disorder. It has been said previously that “knowledge is power”. This tome provides core knowledge which allows women to most importantly, understand POP, as well as consider reasonable options for management of this entity.

I have had the singular pleasure to have professionally worked with and observe Ms. Palm over the last five years. She is an energetic and powerful voice for women with pelvic organ prolapse. Sherrie has traveled the world, understanding cultural adaptations to this condition (given that it affects women of all cultures and geographies). Sherrie’s willingness to give of herself to assist her sisters in the management of this condition is exemplary of her commitment and concern for women who experience POP. She has taken a publicly relatively obscure topic and conveyed it in a straight-forward and easy to understand method. Most importantly, she has provided women with the insights to seek intervention and care when appropriate, and to understand the options and choices that are involved in the management of this condition.

Pelvic organ prolapse is a condition that the remedy often offered is surgery. It is important that women understand there are multiple options aside from surgery for the management of this condition and its attendant symptoms, inclusive of a cohesive and global management strategy that includes attention to the urinary, bowel, sexual function, and potential pain components that POP can cause for women.

This is a “must read” for those women who wish to be fully informed in a balanced and reasonable way, and who wish to obtain critical understanding of their condition for purposes of making informed choices.

Sherrie Palm should be recognized for her unwavering commitment to women who suffer with pelvic organ prolapse, and her willingness to give of herself to improve the status of those women.

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INTRODUCTION

THE VAGINA: THE MOST STIGMATIZED HEALTH FRONTIER

The subliminal message women receive from early childhood on is we should not look at, talk about, or explore our vagina or vulva. It's no wonder we have such a difficult time understanding vaginal health. By definition, stigma is a mark of disgrace associated with a particular circumstance or quality. Feeling labeled or defined by a health condition can be devastating.

Women typically have never heard of pelvic organ prolapse (POP) prior to the fateful examination which indicates they are experiencing the condition. Discovery upon diagnosis is unfortunately the end-result of months, sometimes years, with no clue what is causing the painful, awkward, or embarrassing symptoms occurring. Physically incapacitating to varying degrees based on type and grade of severity, POP makes a mess out of nearly every aspect of women's lives. Pelvic organ prolapse stigma often generates feelings of shame, distress, helplessness, anxiety, blame, hopelessness, isolation, embarrassment, and fear. Frequently these stigma symptoms are coupled with shock.

Too often we are reluctant to discuss some of the most intimate of details about our bodies with a physician. Somehow, we think we have done something wrong or have failed somehow to keep our bodies under our control. We self-stigmatize ... and as a result we often miss out on allowing our physicians to help us find a resolution to our problems. We need to realize we have not done something "wrong" and that we have every right to speak up and out about every symptom we have and seek a physician who is willing to listen and find solutions.

~ Elizabeth A. LaGro, MLIS, The Simon Foundation for Continence

My pelvic health was never optimal, no menstrual flow prior to my 17th year, adenomyosis, fibroids, and polycystic ovaries clearly indicated my female reproductive system had issues. Despite efforts to remain pro-active to maintain my pelvic health throughout my 30s, I was absolutely stunned to be diagnosed with pelvic organ prolapse, a condition that is quite common and yet at the point of my diagnosis, I had never heard of. I had no idea what symptoms the condition displayed. I had no idea what my options for treatment were. I'd always done "the right thing" regarding routine maintenance, and kept up with routine pelvic exams, mammograms, and hormone supplementation. I found it quite unnerving to be told I had a condition that is quite common and yet I knew nothing about.

Even though I had always been pro-active regarding health, I didn't realize that symptoms I started having around the time of my hysterectomy at 40 were cause for concern. Loss of pubococcygeus (PC) muscle strength, inability to keep a tampon in, inability to start my urine stream, feeling of "fullness" in the abdominal area, chronic constipation, and the lump of tissue

bulging out of my vagina were all symptoms that, if recognized, might have led me to earlier diagnosis and less aggressive treatment.

I asked multiple clinicians whose paths I crossed during my course of treatment why I'd never heard of POP. I wanted to know why the topic had never come up. I continually received the same response to my query: *women won't talk about it*. I found this both unsettling and unacceptable.

In the course of scouting for answers to address my own needs, I became determined to find a path to enable women to become informed about pelvic organ prolapse prior to diagnosis-not only women seeking treatment, but in essence, all women. The conversation should begin during the first pelvic exam a woman experiences. Women need to be informed and educated about the significance of the PC muscle for pelvic floor health, childbirth health, sexual health, and continence health. This would enable young women to recognize commonly occurring female pelvic health concerns such as POP or incontinence.

It seems absurd that there is so little conversation about pelvic organ prolapse at this stage of women's health evolution. My sin-cere hope is that this book will generate open dialogue to enable women to recognize symptoms indicating POP, as well as stimulate conversations with clinicians who currently seldom screen for POP during routine pelvic exams. Knowledge of pelvic organ prolapse is a pivotal piece of women's health awareness, whether in modernized societies or in developing zones.

Throughout the developing world birthrates remain high and obstetric care suboptimal. Although improvements in health care are reducing the most severe obstetric injuries - maternal death and obstetric fistula - we are starting to see a substantial increase in women presenting with advanced pelvic organ prolapse. This may well become an epidemic over the next decade. There is already a great need for education and training in this area. We and others are broadening our mission to include the care of these women. Prevention, however, will require access to quality obstetric care for all women and broad acceptance of equal rights for women and girls. We have a very long way to go in this regard.

~Christopher Payne, MD

While the statistics behind pelvic organ prolapse are staggering, the reality is we have no accurate data capture on POP prevalence at the current time. Current research often estimates that up to 50% of the female population will experience pelvic organ prolapse, or that half of parous women have POP, or that half of menopausal women have POP. According to a 2009 study, the number of women with at least one pelvic floor disorder will increase significantly between 2010 to 2050, shifting from 28.1 million in 2010 to between 43.8 and 58.2 million in 2050. These figures are inclusive of breakdowns of an increase in prevalence for urinary incontinence by 55%, fecal incontinence by 59%, and pelvic organ prolapse by 46%. Both urinary and fecal incontinence frequently occur with POP. The current number of women in the US estimated in this study to have POP is 3.3 million. Considering lack of POP screening that currently exists, I ponder what

accurate POP prevalence figures are at the current time and will become when we add routine POP screening into the mix.

Considering many women do not disclose or discuss embarrassing POP symptoms with their physicians, and standardized POP screening currently does not occur, it is not surprising that accurate figures for pelvic organ prolapse prevalence do not exist. As recognition of pelvic organ prolapse goes mainstream and global POP initiatives shift, women will take comfort in the knowledge that they are not alone. Currently women shy away from disclosing signs and symptoms of POP to others because of the stigma attached to vaginal tissue bulge, urinary or fecal incontinence, and sexual dysfunction. Awareness is key to reduce stigma and generate comfortable open dialogue.

Along my journey, I have been incredibly fortunate to meet many progressive healthcare professionals, individuals who recognize change is coming in the pelvic organ prolapse arena.

Biomedical engineering has revolutionized medicine from the implantation of artificial organs to the optimization of complex surgeries in many fields but has only begun to scratch the surface in women's health. Pelvic organ prolapse is a disorder that encompasses the entire field of biomedical engineering including mechanics, physiology, and clinical treatment. Every aspect of understanding, treating, and managing POP from the birth trauma (mechanics) to the progressive weakening (physiology) to the reconstructive mesh surgeries (clinical treatment) can benefit from the unique, interdisciplinary insights biomedical engineering provides.

A small number of exceptionally dedicated researchers have made incredible progress in POP and incontinence research, but they can only do so much. Because of the code of silence surrounding POP, few researchers and fewer research dollars are applied to solving these far-reaching problems. It is absolutely imperative that our society breaks from this trend.

~Benjamin Weed, PhD

~Ali Borazjani, PhD

I encourage all women to take control of their pelvic health and to recognize that each of us has the power to search for the answers. Pelvic organ prolapse is one of the most significant challenges women will address in the on-going struggle to attain health balance for our gender, no matter what barriers we face. For a female health condition to be shrouded in silence because of embarrassment at this point in history, after all we have achieved as women, is unacceptable. Women need to recognize that POP is a health concern, not a roadblock. As we push forward to raise POP awareness for the betterment of women's collective health, individual women will become familiar with this common, cryptic health concern, recognize the symptoms, and seek appropriate medical intervention.

Life teaches us that the lessons that cause the greatest pain, whether physical or emotional, are the lessons that remain most firmly planted in our brains. I've had the great fortune to watch countless women come into the support structures Association for Pelvic Organ Prolapse Support (APOPS) provides. Devastated by what was occurring in their bodies, these women slowly morph, strong, empowered, and in control, upon securing the information and guidance needed in their unique and very individual journeys to recapture health balance. I can't begin to express the pride in womanhood I feel each and every time I see the transformation occur. Equally uplifting is watching women continue on in our space after finding info to help themselves, choosing to stay in order to pay the support forward to additional women.

As we continue to advance pelvic organ prolapse directives, generating awareness, providing patient support and guidance, defining patient needs, clarifying misconceptions, and sharing insights within medical, academic, research, policy, and industry sectors to enable evolution in POP treatment, we will spawn a new era in women's vaginal health, speaking out loud unabashedly about this last forbidden health frontier. The vagina is after all, far more than a vessel of intimacy- it is a vessel of life.

PELVIC ORGAN PROLAPSE: THE BASICS

POPS Patient Perspective: *“It is amazing to watch women enter APOPS ‘POPS’ support forum scared, angry, powerless, and lost, and over time as they gain support and knowledge, they become strong, confident, empowered women. Priceless.”*

~MP, Kentucky/USA

In this time of enlightened self-help, it is hard to imagine a health condition that is widespread, yet for the most part unheard of. Today’s women are educated, self-reliant, pro-active individuals who seek answers. When a health concern of any nature arises, we immediately jump online, searching for answers. I find it frustrating that an extremely common female condition exists that has been documented in medical records for nearly 4000 years and causes significant physical, emotional, social, sexual, fitness, and employment quality of life impact, can be corrected, and yet the majority of women have no knowledge of the condition prior to diagnosis.

Being told at the age of 54 that I had pelvic organ prolapse was a shock. I wasn’t concerned about the need to address a health condition; that was clear from my symptoms. To learn that I had a common condition that *I’d never heard of*, the progression of which I possibly could have prevented or reduced severity of with awareness, screening, and routine maintenance had I known about it earlier, infuriated me. We frequently see pharmaceutical television ads for erectile dysfunction (ED), a condition where erection of the penis is difficult or impossible to achieve, obviously very personal, and potentially embarrassing. The breast health movement is robust; despite the stigma attached to this campaign in infancy, the indignity has all but disappeared. Yet meaningful discussion about or reference to pelvic organ prolapse remains nearly nonexistent. Vaginal health is without a doubt currently the most stigmatized health frontier.

Many of the factors that contribute to POP occurrence were as prevalent in the days of early man as they are now. Pelvic organ prolapse documentation goes back to the Kahun Papyrus in Egyptian times circa 1835 BC. The word prolapse is Latin in origin, meaning “to fall”. Hippocrates wrote about inserting a pomegranate into the vagina as a treatment for prolapse (hmmm, fruit in the vagina, that’s a conversation starter...).

In general, pelvic organ prolapse in its entirety is not openly discussed. This needs to change. POP needs to be brought out into the open to enable women suffering in embarrassed silence with symptoms they don’t understand access to diagnosis and treatment. If the importance of Kegel exercises was emphasized to young women during routine pelvic exams - and repeated on a regular basis to all women during those routine exams as well as during childbirth classes - recognition of pelvic floor issues and the reason for pelvic health maintenance would become common knowledge. Pelvic health education could enable women to recognize POP at an earlier, more treatable stage. As POP awareness becomes mainstream, the field will continue to evolve, and the most beneficial management tools and treatments clarified.

Pelvic organ prolapse is a highly viable condition and includes 5 types and 4 grades of severity. When pelvic organ prolapse occurs, an organ or organs in the pelvic cavity shift downward out of their normal position (multiple organs are often involved). The uterus, bladder, vagina, urethra, rectum, or intestines bulge out of their normal position, pushing down into the vaginal canal and/or outside of the vagina.

The complex support structure within a woman's pelvic cavity includes ligaments, muscles, fascia, and soft connective tissues, enabling the organs to maintain their positions within the pelvic cavity. The two most important structures that provide support for pelvic organs are ligaments and the pubococcygeus muscle (PC) or pelvic floor muscle, which is a trampoline like band of muscle which sits below the pelvic organs. When any part of the pelvic organ support system is torn, damaged, or weakened, the structural integrity of the system as a whole is reduced, enabling organs to shift position. Pelvic organ prolapse typically worsens over time. Eventually many women choose surgical repair to reduce symptoms and restore quality of life.

Displaced pelvic organs can create a wide variety of symptoms. When in supine position during a pelvic exam with speculum inserted (lying down on your back), POP may not be recognized. POP is typically more pronounced when standing or straining, as occurs with heavy lifting. Unless tissues are clearly bulging from the vaginal canal during examination, pelvic organ prolapse may go misdiagnosed or undiagnosed.

Woman's bodies are as unique on the inside as they are on the outside. This individuality makes it difficult to wrap a single set of boundaries around woman's treatment options, which include both surgical and non-surgical choices. Undoubtedly POP is one of the most awkward health concerns women will address. As POP awareness increases, the field will continue to evolve and the most beneficial tools will become evident.

Accurate statistics for pelvic organ prolapse are sorely lacking. Additional figures I find eye opening include:

- 13-57% of women suffer from some level of incontinence (stats vary by study).
- There are more than 300,000 surgeries for POP annually in the U.S. alone.
- Childbearing and menopause are the leading causes of POP, but multiple additional causes increase risk factor for women of all ages.
- Up to 35% of women suffer sphincter damage during childbirth.
- 21% of patients who have POP have some loss of bowel control.
- 30% of women with urinary leakage suffer from loss of bowel control.
- 30% of women will undergo multiple surgeries for pelvic floor disorders.
- In 2001, the estimated annual cost of surgical treatment for pelvic organ prolapse in the U.S. surpassed \$1 billion.
- The number of women who will undergo surgery for POP is predicted to increase by 46% by 2050.

- POP is a common, global women's health concern.

While pelvic organ prolapse is seldom life-threatening, it is nearly always life altering. POP ultimately causes considerable distress, impacting multiple facets of a woman's life - physical, emotional, social, sexual, financial, fitness, and employment. When you don't feel well, it is difficult to enjoy any aspect of life. When health concerns impact a woman's capacity to care for her family, it creates an emotional burden. Continuing to generate income becomes a serious challenge when you are in pain at work, especially if your job involves heavy lifting or standing for long periods of time. At times, pelvic organ prolapse can generate significant difficulty fulfilling employment responsibilities and generate conflict in the workplace. Knowledge of pelvic organ prolapse is a pivotal piece of women's health awareness, whether in modernized societies or in developing zones.

If we are truly going to advance the treatment for women with pelvic organ prolapse, we need to better understand the experiences, feelings, emotions and goals of the women suffering from this condition. Research using patient-centered outcomes is the key.

~Matthew Barber, MD

Many assume that POP is a "little old lady" syndrome, but POP does not discriminate by age, race, nationality, country, employment, or socio-economic status. It is unfortunate that many women live their lives tolerating symptoms they don't understand.

CAUSES OF PELVIC ORGAN PROLAPSE

POPS Patient Perspective: *“Finding POPS was like finding thousands of other women who understood everything I was going through, their stories, voices, and support shining light through some of my darkest nights.”*

~AMK, Florida/USA

If there was only a single cause of POP, it would be considerably easier to diagnose and treat; unfortunately, there are many potential causes. Each case of POP is as unique as the woman experiencing it, and every woman with POP will have her own distinct set of causal factors. Some of the symptoms of POP overlap with other health conditions. By its very multifaceted nature, POP often goes unrecognized or misdiagnosed. Multiple factors or an isolated incident (such as a difficult vaginal delivery) may initiate POP.

The lifestyle and childbirth decisions of today’s thirty-year-old may impact key aspects of her physical function at age forty, fifty, or sixty; and incontinence, prolapse, or sexual dysfunction in a fifty-year-old may relate to childbirth and lifestyle decisions she made years before. Knowledge is the most powerful compass with which to navigate your health most wisely.

~Roger Goldberg, MD

Many different types of clinicians including gynecologists, physical therapists, urologic and women’s health nurse practitioners, myofascial release therapists, and biofeedback therapists, provide POP evaluation and treatment.

The primary causes of POP are:

- Childbirth
- Menopause and other causes of estrogen loss
- Genetics
- Chronic constipation
- Chronic coughing
- Heavy lifting
- Hysterectomy

In addition, there are other factors which may contribute to POP such as neuromuscular conditions, tissue damage from prior surgeries, obesity, high impact athletic activities (marathon running, jogging, aerobics, gymnastics), and diastasis rectus abdominus (DRA), a split in the abdominal muscle related to pregnancy. Most women will have one significant causal factor along with additional less pronounced risk factors.

CHILDBIRTH

Childbirth is the leading cause of POP. Childbirth can be stressful and potentially damaging to the pelvic floor muscles, nerves, and surrounding support tissues. Hormone levels fluctuate radically throughout pregnancy as well as post-partum, impacting tissue integrity. Carrying extra weight and bulk stretches soft tissues that support the organs in the pelvic cavity. Each additional pregnancy magnifies the tissue stress and damage of the previous pregnancies.

Tissues that are damaged during delivery seldom completely recapture original elasticity. The nature of childbirth is pushing to deliver the baby. When a woman has two or more pregnancies close together and tissues haven't healed completely or properly from a prior delivery, additional damage may be sustained. Studies indicate the risk of POP increases with every vaginal delivery. Despite a period of rest between deliveries, additional vaginal deliveries may cause further tissue damage whether stretching structural tissues or tearing them.

Cesarean section (C-section) deliveries come with risk of POP as well. Research indicates elective C-section (no labor) results in less POP; however emergency C-section carries similar risk of POP related to labor trauma that has already occurred. Surgical procedures that involve cutting into core tissues of the body may impact the structural integrity of those tissues.

Delivery factors that impact the likelihood of damage are prolonged labor and/or a large birth weight baby. Use of instruments to assist a difficult delivery (forceps, vacuum) may compound damage. When a woman gives birth, damage may occur to the levator ani muscle group (PC or pelvic floor muscle). This trampoline shaped muscle layer supports the uterus, bladder, and rectum. Sustained pressure from the baby's head on delicate tissues and nerve fibers in the vaginal canal during a lengthy 2nd stage labor may cause long term damage. Vacuum or suction delivery may also injure soft tissue structures. Damage may be obvious a short time after delivery; other times the impact might not be recognized for years, sometimes decades. Damage to the tissues and nerves in this area impact the ability of the PC to contract making it difficult to sustain support for the organs and the structural tissues that surround them. Additionally, nerve damage may contribute to urinary or fecal incontinence.

One study indicated the likelihood of developing POP may increase eight-fold after two vaginal deliveries, and increased by twelve times after the delivery of four or more vaginal deliveries. Women who experience vaginal childbirth have an increased risk of developing POP over women who have not delivered babies. However, women who have never been pregnant may also develop POP since there are multiple causes.

MENOPAUSE AND AGE-RELATED MUSCLE LOSS

A decrease in women's estrogen levels from the onset of menopause can contribute to further loss of muscle tissue strength, elasticity, and density. HRT (hormone replacement therapy), whether traditional or bio-identical hormone replacement, can be helpful in maintaining balance. However, women who have experienced cancer are unlikely to be able to use this kind of therapy. Hormone levels should be evaluated to assist diagnosis regarding estrogen loss impact to pelvic floor tissues.

All muscles (both internal and external) weaken as we age, pelvic floor and core muscles are no exception. It is extremely important to have good structural support in the core and pelvic floor to support the organs within the pelvic cavity. When muscles, ligaments, and tendons have lost density or strength, they can no longer effectively support the organs within the abdominal cavity.

Exercising the abdominal and PC muscles helps build and sustain core and pelvic floor support structures. Both muscle groups can be strengthened to some degree any time or place by randomly contracting them repetitively or contracting and holding for a count of 10. Of greater benefit is engaging in a core and pelvic floor muscle training program. Refer to chapter 16, *Prevention and Maintenance*, for additional information.

GENETICS

As with other medical conditions, a genetic link may impact your risk of developing POP. Research indicates the possibility of a gene that predisposes women to POP. Discussing POP with your mother, grandmothers, sisters, aunts, and cousins may provide insights into whether you have a predisposition to POP. If one or more of your relatives has experienced pelvic organ prolapse or related surgery, there is a chance you may have inherited a structural or genetic predisposition to POP. Recognition of POP symptoms is pivotal to early diagnosis and less aggressive treatment.

If someone in your family has had POP or incontinence surgery, it would be beneficial to inquire what kind of repair they required. It is quite possible that someone you are related to has had a POP procedure, but as is common with prolapse issues, it simply wasn't talked about. All information you gather is helpful to finding answers for yourself, particularly if you may require surgery.

Additional genetic factors that may come into play are specific hereditary diseases that impact muscle, soft tissue, or nerve tissue integrity. Hypermobility, a condition more commonly known as double-jointed as occurs in Ehlers Danlos Syndrome (EDS), increases the risk of POP occurring. Women with more flexible bodies experience additional risk of structural tissues not being able to support organs properly. Women who are "double-jointed" should pay attention to their pelvic floor whether or not they have given birth.

Marfan Syndrome is another genetic disease evidenced by collagen deficiency. Collagen is a protein that contributes to the elasticity and integrity of tissues; without sufficient levels of this protein, the pelvic floor muscles may become weak. Women with EDS or Marfan will find it valuable to seek counsel with genetic specialists as well as female pelvic medicine reconstructive surgeons (FPMRS) prior to surgery to discuss potential complications regarding lack of tissue integrity, which increases risk of surgical failure.

CHRONIC CONSTIPATION

Constipation is both a cause and symptom of pelvic organ prolapse. Chronic constipation can have a significant impact on general health balance as well as pelvic organ and soft tissue placement within the pelvic cavity. When you repetitively bear down to have a bowel movement, recurring downward pressure on the organs in your pelvic cavity may cause POP or may compound

other POP risk factors. While pushing to have a bowel movement, you not only put pressure on your rectum (which can cause hemorrhoids), you also generate pressure on other organs in the pelvic cavity.

Irritable bowel syndrome (IBS) is a relatively common condition related to stress. IBS often bounces back and forth between constipation and diarrhea. For those who suffer more from IBS constipation (or even those that do not have IBS but simply have constipation issues because of poor diet), it is important to recognize that this can have a major impact on the state of your abdominal organs.

IBS constipation may contribute to POP. Considering the hectic lifestyle and chronic stress most people experience, it is not surprising how common IBS is in the general population. We no longer eat properly, we are often sleep deprived, we don't take the time to exercise, we have little free time to relax after we take care of the family and household concerns, all on top of punching out forty plus hour work weeks.

CHRONIC COUGHING

Smoking can lead to multiple health issues. Smoking or living in a house with a smoker can lead to chronic coughing. Coughing can also be the result of allergies, emphysema, bronchitis or other lung diseases, poor air ventilation, or a poor working environment. Chronic coughing causes repetitive pressure on the abdominal and pelvic organs. The strain from chronic coughing may weaken support structures in the pelvic area. The repetitive jerking and downward displacement of organs may lead to POP.

HEAVY LIFTING

Everyone needs to lift heavy objects occasionally, but for some people, heavy lifting is continual or repetitive. Many occupations require heavy manual lifting; nursing, some factory jobs, daycare workers, retirement home and rehabilitation facility staff, and farm workers are prime examples. Nearly all women who have children also subject themselves to heavy lifting over and over. When our children hurt themselves and need comforting, we lift them. When we are rushed and the kids are taking too long to walk to where we want them to go, we lift them. When they are in trouble and we want to remove them from the scene of their activity, we lift them. When we put them into their car seats, in shopping carts, or bathtubs, we lift them. For women who have more than one small child, the motion is repeated continuously. Every time a woman lifts something heavy, downward pressure is exerted on everything within the pelvic cavity. Typically, women do not contract their pelvic floor or abdominal muscles when lifting children, so the pressure directly impacts internal pelvic organs and tissues.

This is also true for women who weight train, whether for health, muscle strength, or professional reasons. The repetitive motion of lifting heavy handheld weights creates that same downward pressure on the pelvic region. Women who are competitive weight training athletes are particularly prone to POP issues because of the substantial weight they lift repetitively.

OBESITY

Obesity has hit epidemic proportions in our country and can significantly impact POP. Excess weight may compound POP issues because of the constant additional pressure exerted on abdominal and pelvic tissues, including the pelvic floor muscles. Maintaining a healthy weight may help slow progression of POP.

HYSTERECTOMY

Hysterectomy is a procedure that at times cannot be avoided. There are approximately 600,000 hysterectomies annually in the US. Some women feel a strong emotional attachment to their uterus; others have so much pain and dysfunction with their reproductive anatomy that they are thrilled to explore surgical removal. I had a hysterectomy on my 40th birthday. I suffered a great deal of pain and looked 5 months pregnant the entire year prior to my hysterectomy. I had several large fibroids on my uterus, one ovary covered with cysts, and aggressive adenomyosis (benign growth of tissue that embeds into the uterus). Despite an abdominal incision, I felt better 2 weeks' post-surgery than I'd felt the entire year prior. To say I was delighted to have my uterus and one ovary removed is a bit of an understatement.

Women need to know however that hysterectomy may result in vaginal vault prolapse if the apex (top) of vagina is not properly secured. As is true of all surgery, technique utilized during hysterectomy plays a role as does the skill of the physician performing the procedure. But for women who are suffering and want to recapture quality of life, a hysterectomy can often provide a path to health balance.

The "cave in" effect can occur after a centrally located organ like the uterus is removed. Since organs in the core and pelvic cavity are all in close proximity, it stands to reason that when you remove one, the others will shift around the empty pocket to some degree. If the organs in the pelvic cavity collapse into each other, this can increase the risk for POP. If the uterus is removed, it is not uncommon for the small intestine to become displaced into that space, despite efforts by surgeons to establish structural attachment points. This herniation of small intestine through the apex of the vagina at the site formerly occupied by the uterus is called an enterocele. The potential for an enterocele occurring post hysterectomy is a concern of significance worth discussing with your surgeon.

Hysterectomy can also lead to vaginal vault prolapse, a condition in which the top of the vagina caves in on itself if the apex (top) of the vagina is not secured properly. I had asked my gynecologist prior to my hysterectomy "what stops stuff from falling out?" Although I had no idea that POP existed at this point in my life, I did not experience vaginal vault prolapse but did have an enterocele. There is increased risk of both vaginal vault prolapse and enterocele after a hysterectomy. It would have been great if after I opened the door to prolapse concerns with my gynecologist (albeit blindly), my physician would have taken the initiative to have a conversation explaining potential POP concerns. If I had known pelvic organ prolapse was a common condition, I'd have started digging right away for more information.

I experienced a symptom of POP prior to my hysterectomy at the age of 40; I had difficulty keeping a tampon in. I did not mention it to my gynecologist prior to my hysterectomy; perhaps if I had, our conversation would have gone in an additional direction. It is important to ask the right questions when discussing pelvic health with your physician.

COMPOUNDING HEALTH CONDITIONS

Neuromuscular diseases like multiple sclerosis increase risk of POP. MS (multiple sclerosis) can contribute to muscle weakness. When nerves can't fire properly, muscles tissues won't fully engage. Diabetes may be a factor as well since diabetics often suffer from neuropathy, which impacts how well nerves fire to initiate muscle contraction. 60 to 70% of diabetics have some level of neuropathy. When diseases cause paralysis or restriction of muscle or nerve tissue, the muscle tissue can waste away. The pelvic floor is deeply innervated muscle tissue; deterioration will prevent it from supporting the pelvic organs properly.

ADHESIONS AND TISSUE DAMAGE

Pelvic or abdominal surgery, whether hysterectomy, tubal ligation, removal of one or both ovaries, rectal surgery, or any other surgery in the pelvic vicinity, may compound POP risk. Scar tissue restricts organ and structural tissue movement. Failure to repair structural support during childbirth or gynecologic surgery can lead to tissue defects that may later contribute to POP.

Tissues torn during childbirth might not get repaired because the damage is not visible, and Inadequate support of organs or scar tissue and adhesions may contribute to POP. Damage may also occur to the nerves during long 2nd stage labor, which may cause improper function of the muscle tissues, compounding the risk of POP. It is important to remember that there is seldom one cause only for POP, more typically a combination of factors coming into play.

DIASTASIS RECTUS ABDOMINUS

Another potential POP risk factor is diastasis rectus abdominus (DRA), a widening or separation between the 2 bellies of the long abdominal muscle during pregnancy. While few studies validate that DRA increases risk of urinary or fecal incontinence, myofascial pelvic pain, and pelvic organ prolapse, anecdotal feedback from women experiencing pelvic organ prolapse indicates this is an area in need of additional research exploration.

FITNESS ACTIVITIES

There is notable potential for women who are joggers or marathon runners, or who participate in aggressive aerobics or gymnastics which 'stick the landing', to experience POP. 30-40% of women experience urinary leakage while exercising; the main complaint of female marathon runners is not joint pain, it is incontinence. According to Running USA, in 2015 57% of runners were women, and 9,755,500 females finished road races.

Utilizing internal support while engaging in any aggressive exercise regimen is a valuable proactive step women need to utilize. Inserting an internal support device such as a pessary prior

to high impact athletic activities may provide internal structural support and decrease impact of repetitive downward jerking of pelvic structural tissues and organs. It should also eliminate incontinence concerns while participating in athletic activities. Millions of women participate in fitness and sport activities; it is crucial that POP awareness is addressed in this pocket of women. Exercise is key to maintaining health balance. It is pivotal women recognize the need for internal support when participating in fitness activities to avoid trading one health concern for another. Jogging for heart health resulting in POP issues is not a desired direction.

TYPES OF PELVIC ORGAN PROLAPSE

POPS Patient Perspective: “*APOPS taught me that having POP is a journey, a process that often begins with anger, grief and disbelief, followed by acceptance, discovery of knowledge, and ultimately advocacy and empowerment to make surgical and/or nonsurgical decisions uniquely suited to me.*”

~AP, New Jersey/USA

There are many combinations of pelvic organ prolapse. Since the organs and tissues in the pelvic cavity are tightly grouped, and since the functions of these organs and tissues are interrelated, it makes sense that women may experience multiple types of POP at the same time. It is important that the physician you choose to treat pelvic organ prolapse is thorough and take each kind of prolapse into consideration when guiding treatment; clearly a POP specialist is the best choice.

It is imperative that docs, nurses, patients, trainees all work together to understand the impact of these disorders on women and help to optimize treatment outcomes in an individualized manner.

~Holly Richter, MD

POP does not occur because of a defect in pelvic organs, it occurs because there is a weakness in the organ supportive tissues such as ligaments, muscles, and tendons. There are five types of pelvic organ prolapse.

- Cystocele
- Rectocele
- Uterine Prolapse
- Vaginal vault prolapse
- Enterocele

CYSTOCELE

A cystocele occurs when the bladder bulges into the front vaginal wall, pushing through the vagina to the outside of the body. The bladder and urethra prolapse together. (The urethra is the tube that urine flows through from the bladder to the outside of the body.) Cystocele symptoms are frequent or urgent need to urinate, general urinary leakage, urinary leakage during sexual activity (coital incontinence), pressure, and discomfort. In advanced grades of cystocele, it will become difficult to urinate. Incomplete emptying of the bladder may result, and the potential for urinary tract infections (UTI) increases.

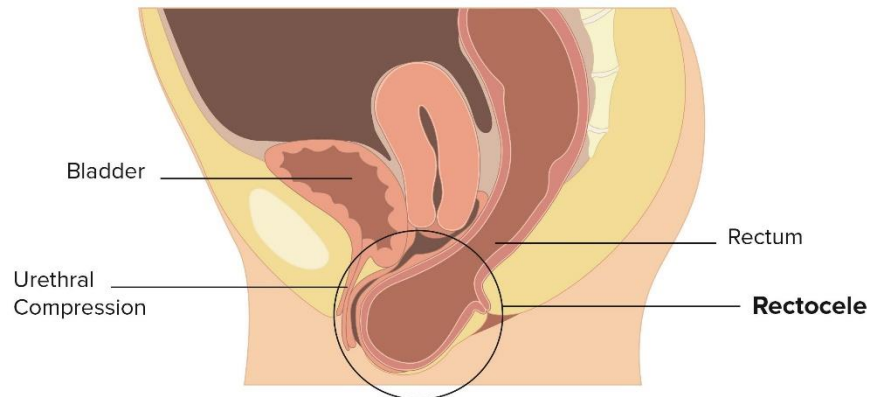
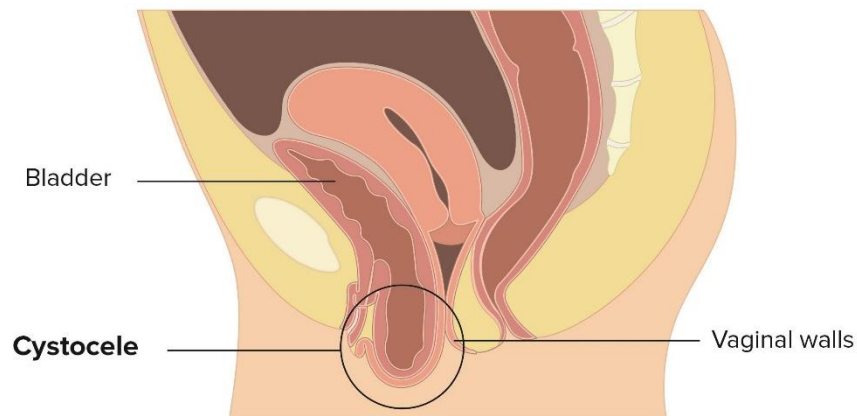
RECTOCELE

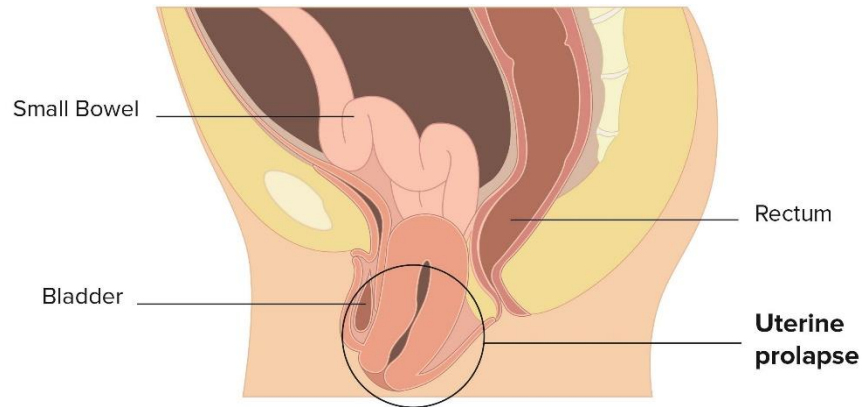
Rectocele occurs when the rectum pushes into the rear vaginal wall. A hernia or bulge may occur in the large bowel; stool typically gets trapped in the bulge, resulting in chronic constipation.

Along with constipation, hemorrhoids, incomplete stool emptying, rectal pressure, general pelvic discomfort, or impacted stool may occur. Splinting, inserting a finger/fingers into their vagina to push the bulge back into place, may be necessary to assist bowel emptying.

UTERINE

Uterine prolapse occurs when the uterus pushes downward through the vaginal canal toward or to the outside of the vagina. The uterus may rest partially inside of the vagina, completely with-in the vaginal walls, or push out of the vagina far enough for the cervix to be viewed outside of the vaginal opening. The most severe level of uterine prolapse occurs when the uterus has pushed completely through the vaginal opening to the outside of the body, a condition called procidentia.





Cystocele (top), Rectocele (center), Uterine prolapse (bottom).

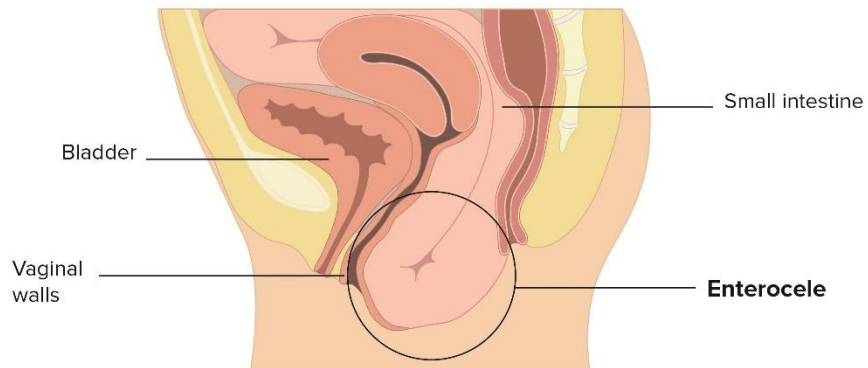
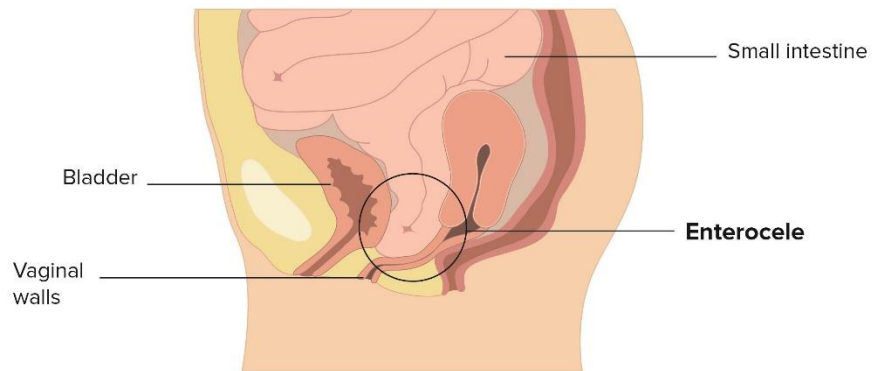
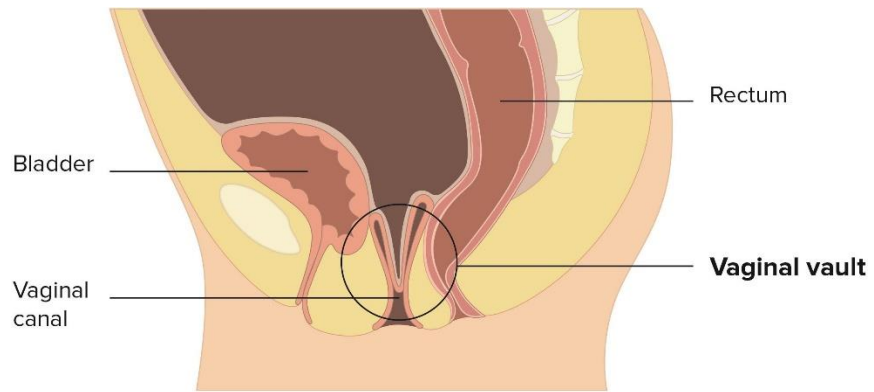
VAGINAL VAULT

The vaginal vault area is located at the apex or top of the vagina. If the top of the vagina is not properly secured during hysterectomy, the vaginal walls may cave in on themselves and the vagina may invert like a pants pocket turned inside out. Vaginal tissue bulge and pressure are the most common symptoms. Studies indicate vaginal vault prolapse prevalence as a result of hysterectomy vary between 15-43%, however techniques have evolved considerably and although accurate data is scarce, this risk factor likely falls somewhere in the middle of those 2 figures.

ENTEROCELE

An enterocele is a prolapse of the small intestine. An enterocele characteristically occurs following a hysterectomy. The intestine can push through any area of weakness, most commonly in the apex (top of the vagina) where the uterus was formerly positioned. Intestines may push down between the rectum and the back wall of the vagina but may also push down along the front vaginal wall as well. An enterocele often occurs simultaneously with a rectocele or vaginal vault prolapse.

As POP progresses and the organs and tissues shift and push against each other, the severity or complexity may be compounded. Early POP diagnosis is advantageous to contain the degree of severity and enable less aggressive treatment. Paying close attention to your body and knowing what is normal for you is normal is key to early awareness, diagnosis, and treatment.



Vaginal vault (top), Enterocele front (center), Enterocele back (bottom).