

GLOSSARY

Cystocele: Condition in which weakened pelvic muscles cause the base of the bladder to drop from its usual position down into the vagina.

Enterocoele: When intestines bulge downward into the vagina.

Pelvic Floor: the muscles and ligaments at the base of the abdomen that support the uterus, bladder, urethra, and rectum.

Pelvic Floor Reconstruction: The surgical correction, or improving, of prolapse and incontinence.

Pessary: Device for women that is placed in the vagina to provide support for pelvic descent or prolapse of pelvic organs.

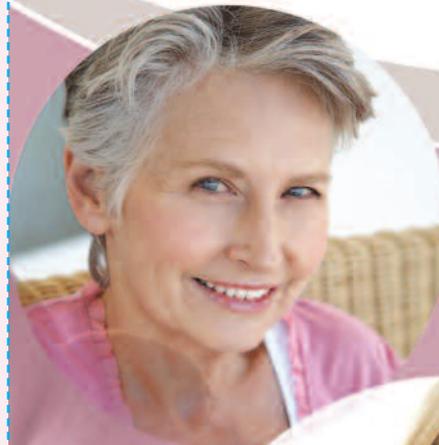
Prolapse: When one of the pelvic organs descends abnormally. Types of prolapse include: cystocele, enterocoele, and rectocele.

Rectocele: Bulging of the rectum into the space normally occupied by the vagina.

Vault: the roof, or top, of the vagina.

Pelvic Prolapse

A Patient Guide to
Pelvic Floor Reconstruction



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MVU6410 5M 7/07-7/09

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*Goldberg, Roger, M.D., M.P.H. "Ever Since I Had My Baby" (2003): 12-14

Pelvic Prolapse

When an organ becomes displaced, or slips down in the body, it is referred to as a prolapse. Your physician has diagnosed you with a pelvic organ prolapse if part of the vagina has become weakened or displaced.

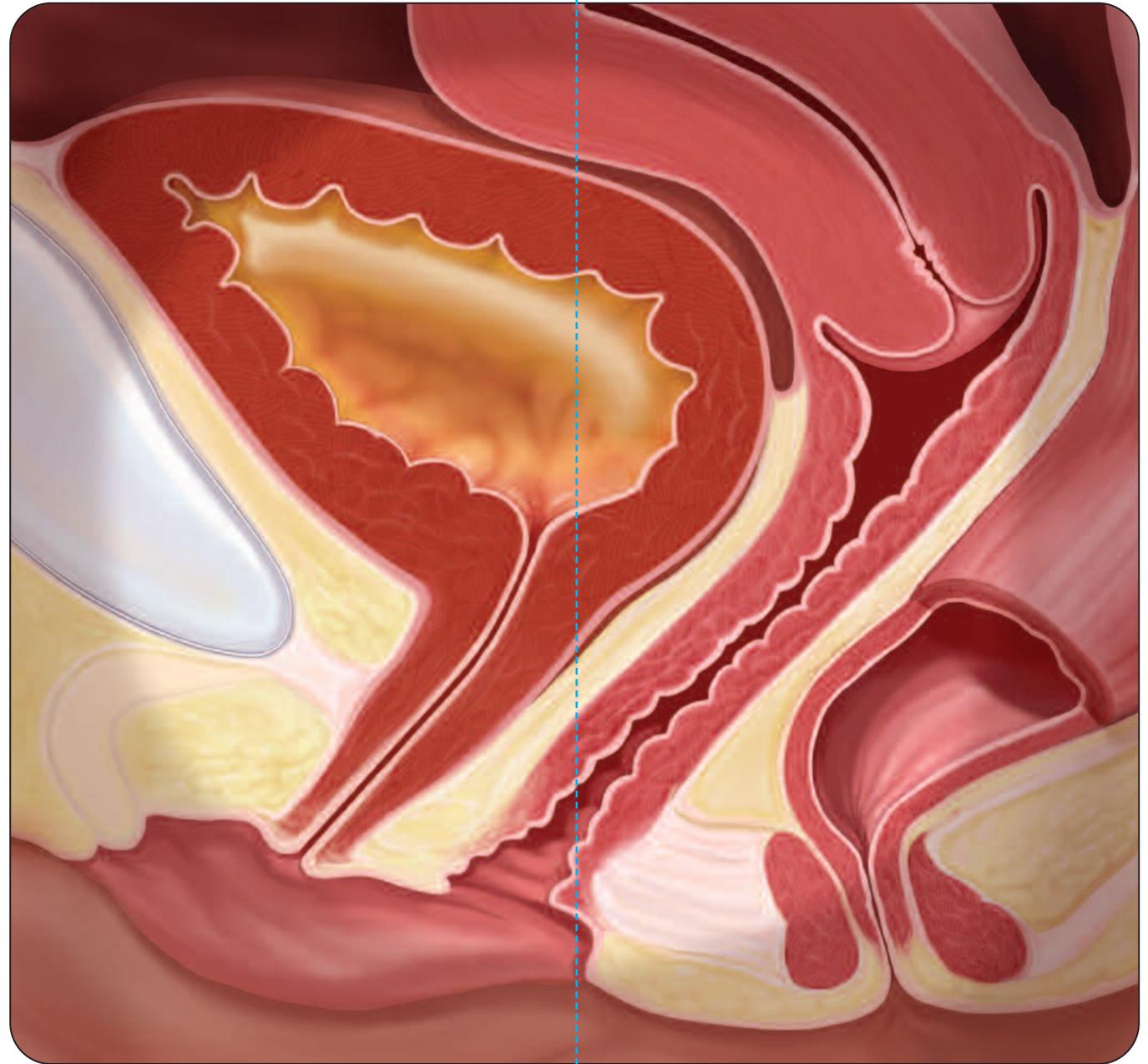
Women affected by pelvic prolapse sometimes refer to their “dropped bladder” or “fallen uterus.” In the medical profession, these conditions are referred to in more technical terms – such as “cystocele”, “uterine prolapse” or “rectocele”, which will be explained in this brochure.

Symptoms of pelvic prolapse can include pressure or discomfort in the vaginal or pelvic area, often made worse with physical activities such as prolonged standing, jogging or bicycling. For other women, diminished comfort and control in the bladder and/or the bowels can be an indicator of a worsening prolapse condition.

Vaginal prolapse can be treated in several ways, depending on the exact nature of the prolapse and its severity. You and your physician may discuss:

- Changes to your diet and fitness routine
- Considering a “pessary” – a rubber or plastic device, inserted vaginally and designed to relieve symptoms when in place
- Surgical procedures to improve the prolapse. In recent years, dramatic advances have been made in the surgical treatment of this common gynecological condition

This patient guide will help discuss the various types of prolapse, and the surgical procedures that may help to improve your prolapse.



Types of *P*ROLAPSE



Cystocele: The Bulging Bladder...

is often referred to as a dropped bladder, and it is one of the most common prolapses within the vagina among women following pregnancy and childbirth. A cystocele

forms when the normally flat upper vaginal wall loses its support and sinks downward. This allows the bladder, which is located right above the upper vaginal wall, to drop right along with it. When a cystocele becomes advanced, the bulge may become visible outside the vaginal opening. The visible tissue is the weakened vaginal wall; the bladder is right behind the skin but cannot be seen. The symptoms caused by cystoceles can include vaginal bulging or pressure, slowing of the urinary stream, overactive bladder symptoms, and an inability to fully empty the bladder.



Enterocele The Female Hernia...

When the intestines bulge downward into the upper vagina, then you have an enterocele. It's the last of the pelvic bulges you should know about, and the most difficult to

conceptualize. Among all types of female prolapse, enteroceles share the most similarities with hernias that can develop in the abdominal and groin areas of both women and men: both involve bulging of the intestines into weakened supports nearby. In a man, hernias bulge through the abdominal wall; in a woman, enteroceles bulge into the top of the vagina. The symptoms are often vague, including a bearing down pressure in the pelvis and vagina, and perhaps a lower backache. They often exist alongside vaginal vault prolapse in women who have had a hysterectomy.



Rectocele The Bulging Rectum...

is the mirror image of a cystocele. Cystoceles result from a weak upper vaginal wall, allowing the bladder to bulge downward, while rectoceles result from a weak lower vaginal wall,

allowing the rectum to bulge upward. This creates an extra pouch in the normally straight rectal tube.

Rectoceles cause symptoms related to incomplete emptying of the rectum, just like the cystoceles cause incomplete emptying of the bladder. But unlike cystoceles, which tend to cause few symptoms until they become quite large, rectoceles often cause symptoms in their early stages. Even a rectocele bulge that cannot be visualized at the vaginal opening may cause difficulty with bowel movements – including the need to strain more forcefully, a feeling of rectal fullness even after a bowel movement, increased fecal soiling, and in some cases incontinence of stool or gas. Those symptoms result from stool and air remaining within the rectocele pouch even after defecation, in contrast to the normal rectum, which fully empties. Larger rectoceles can bulge right through the vaginal opening and look like a cystocele, although this time it is the lower vaginal wall accounting for the bulge.



Vaginal Vault Prolapse...

If you have already had a hysterectomy, the top of the vagina (called the vault or apex) should be attached to supportive ligaments on either side of the pelvis. These attachments prevent the top of the vagina from

bulging outward beneath the constant pressure of the abdominal contents. However if these attachments weaken and the vaginal apex drops, a bulge may form near the vaginal opening. This is called vaginal vault prolapse, a condition that only happens to women who have had a hysterectomy, and one that can cause severe pressure and bulging symptoms. Similar to cystoceles, rectoceles and uterine prolapse, some case of vaginal vault prolapse can be managed with simple devices. Surgical repair is also common and can be performed by a number of vaginal, abdominal, and even laparoscopic techniques.