CLINICAL GUIDELINE

Pelvic organ prolapse management, Gynaecology

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

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Approval Group:	Gynaecology Clinical Governance Group

Important Note:

The Intranet version of this document is the only version that is maintained.
Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

Pelvic Organ prolapse management, Gynaecology

Aim/Objectives of the guideline:
To provide guidance for the management of patients presenting with pelvic organ prolapse

Scope:
Patients with symptomatic prolapse wishing treatment (primary and recurrent)

Audience: Healthcare workers in Primary, secondary, and tertiary care, and allied health care professionals in women's health

Guideline:
Pelvic organ prolapse (POP) is characterised by the descent of one or more pelvic organs from their normal position into the vagina. It is estimated that POP affects up to 1 in 10 women over 50 years of age. The aetiology is often multifactorial.

POP can be asymptomatic and may not require treatment. However, women can experience symptoms which can have a significant impact upon quality of life, including discomfort, a dragging sensation, with effects on bladder and bowel symptoms and sexual function.

The following guideline outlines management options available to women wishing treatment to help control symptoms.

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Authorised by: Dr Vanessa Mackay, Clinical Director, Gynaecology GG&C
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PRIMARY CARE

Woman identified with Pelvic Organ Prolapse (POP) (primary or recurrent, symptomatic or incidental finding),

- History should be taken to ascertain symptoms and impact on quality of life
- Patient should be examined to assess 1. Classification of POP using POP-Q (Pelvic Organ Prolapse Quantification) system POP-Q Tool - Healthcare Providers | AUGS or Baden-Walker system (stage 1-4) and 2. Exclude concerning features contributing to prolapse, eg pelvic mass, presence of ascites.
- Women with associated functional bladder and /or bowel dysfunction should be addressed in parallel - see other pathways covering Overactive Bladder (OAB) and Stress Urinary Incontinence (SUI).

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Non-Surgical treatment

- Women with a BMI >30 kg/m2 should aim to lose weight
- Consider the use of topical vaginal oestrogens in women where symptoms could be attributed to atrophy (do not offer systemic HRT to treat POP)
- ***Stage 1-2 POP*** (Baden-Walker) should be offered physiotherapy with a programme of supervised Pelvic Floor Muscle training (PFMT) for a minimum of 4 months- PFMT is available via GGC Pelvic Floor Physiotherapy Team's or SPHERE Bowel & Bladder Service (SCI gateway referral)
- ***Stage 3-4 POP*** *(Baden-Walker) can be considered for Pelvic Floor Physiotherapy although evidence is less supportive for POP benefit but can still be of benefit in supporting functional symptoms*

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SECONDARY CARE

Vaginal Pessary

- All women should be offered a trial of vaginal pessary (ideally in conjunction with supervised PFMT)

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Surgery for Pelvic Organ Prolapse

- If the patient declines any of the above, it should be clearly documented
- Surgery can be considered in women whose symptoms have not improved with the above or who have declined non-surgical treatment

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Surgery for Pelvic Organ Prolapse

- Discuss all surgical options for POP with the patient including the option not to have treatment and continued non-surgical treatment. - see flow chart below.
- Ensure accurate documentation of discussion of procedures offered and leaflets given to patient.
- Use a decision aid (NICE patient decision aids) to promote informed preference and shared decision making.
- Advise patient that case details will be discussed via the local urogynaecology multidisciplinary team
- Provide information leaflets British society of Urogynaecology (BSUG) booklet on all procedures

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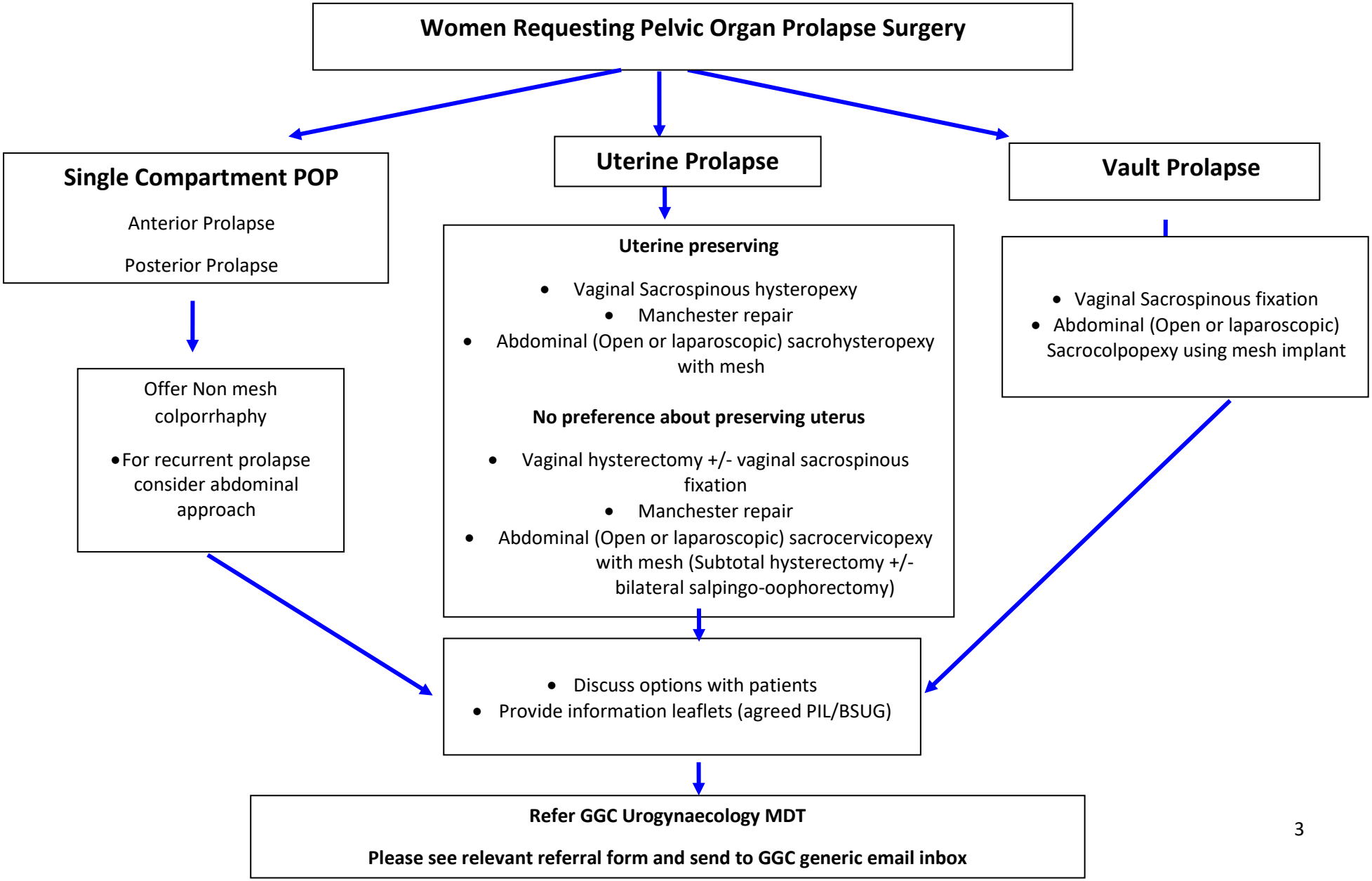
Discuss all cases at Urogynaecology MDT prior to going on surgical waiting list


Women Requesting Pelvic Organ Prolapse Surgery
Single Compartment POP
Anterior Prolapse
Posterior Prolapse
Offer Non mesh colporrhaphy
• For recurrent prolapse consider abdominal approach
Uterine Prolapse
Uterine preserving
• Vaginal Sacrospinous hysteropexy
• Manchester repair
• Abdominal (Open or laparoscopic) sacrohysteropexy with mesh
No preference about preserving uterus
• Vaginal hysterectomy +/- vaginal sacrospinous fixation
• Manchester repair
• Abdominal (Open or laparoscopic) sacrocervicopexy with mesh (Subtotal hysterectomy +/- bilateral salpingo-oophorectomy)
Vault Prolapse
• Vaginal Sacrospinous fixation
• Abdominal (Open or laparoscopic) Sacrocolpopexy using mesh implant
• Discuss options with patients
• Provide information leaflets (agreed PIL/BSUG)
Refer GGC Urogynaecology MDT
Please see relevant referral form and send to GGC generic email inbox

References:

Urinary incontinence and pelvic organ prolapse in women: management NICE guideline Published: 2 April 2019 www.nice.org.uk/guidance/ng123

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