

PESSARY USE AS TREATMENT OF CHOICE IN PELVIC ORGAN PROLAPSE IN GERIATRIC PATIENTS

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Abstract

Pelvic organ prolapse is the descent of one or more of the pelvic structures such as bladder, uterus and vagina from the normal anatomic location toward or through the vaginal opening. Although pelvic organ prolapse is a prevalent condition in the older population, effective treatment options are available to improve or manage it. The exact prevalence is unknown; however, according the recent studies it is the most common reason for gynecologic surgery in women aged 65 and over. The cause is a loss of pelvic support from numerous factors, including direct injury to the levator ani, as well as neurologic injury from stretching of the pudendal nerves that may occur with vaginal childbirth. Previous hysterectomy for pelvic organ prolapse; ethnicity; and an increase in intra-abdominal pressure from chronic coughing, straining with constipation, or repeated heavy lifting may contribute. Most patients with pelvic organ prolapse are asymptomatic. A sense of bulging or protrusion in the vagina is the most specific symptom. Evaluation includes bimanual pelvic examination. Management options for women with symptomatic prolapse include observation, pelvic floor muscle training, mechanical support with pessary, and surgery. Pessary use should be considered before surgery in women who have symptomatic prolapse. In conclusion, most women can be fitted with a pessary regardless of the stage or site of predominant prolapse. Surgical procedures are obliterative or reconstructive. There is resurgence in conservative therapy using pessary, as the older population grows and the imperfection of long-term surgical results becomes more evident.

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