



KAISER PERMANENTE®

URO-GYNECOLOGY PATIENT INFORMATION SHEET

VAGINAL VAULT PROLAPSE

You have what is known as vaginal vault prolapse... your vagina has completely dropped. The tissues, which are supposed to hold the top of the vagina have been severely damaged and are no longer doing their jobs!

This problem can be quite uncomfortable and can sometimes lead to bigger problems. For instance, sometimes when the vagina drops, it drags down some bowel with it. This "bowel hernia" is also called an enterocele (pronounced: enter-oh-seal). It can be quite uncomfortable, causing a sense of lower abdominal aching or vaginal pressure or discomfort when sitting or standing for prolonged periods of time.

When the vagina drops, it can sometimes also pull the bladder or even the rectum down with it.

The importance of all of this is to know exactly what is coming down! This knowledge will help us determine the best treatment for you.

If the vagina has dropped, it may be causing a "kinking" effect on the urethra (the tube that drains the urine out of the bladder) The urethra lies right above the vagina and has a very important sphincter muscle which helps to maintain continence. If the dropped vagina is indeed "kinking" the urethra, it can cause a few problems. For instance:

1. The "kinking" effect can make it very difficult for you to empty the bladder, because its outlet is partially obstructed.
2. If the urethra is kinked and you cannot empty your bladder completely, you may sense that feeling of still being full or you may notice increased urinary frequency, and occasionally you may be incontinent of urine. You may have "overflow" incontinence. This means that the bladder gets so full of urine because it cannot empty, due to the kinking effect, that eventually the urine just spills out.
3. If the sphincter muscle that lies in the urethra is severely weakened, ***we may not know it***, because urinary incontinence does not occur, or only occurs a few times if the urethra is kinked. If the vagina is pushed back up (either with a pessary or with surgery), and the sphincter muscle is indeed weak, you may end up with severe incontinence (not what we want ...) because the only thing keeping you continent was that kink!

Therefore, it becomes quite important that we know exactly what is going on with that sphincter muscle. If it is normal, fine. If it is damaged or weakened, then we need to address that problem when we do surgery to repair the dropped vagina. If the sphincter muscle is damaged and all we do is lift up the vagina, there is a good chance you will

be terribly incontinent postoperatively. As long as we recognize the fact that the sphincter muscle is indeed weak, then we will not only lift up the bladder, but we will also do a surgical procedure to address the weak sphincter muscle.

Options to treat vaginal prolapse (a dropped vagina):

1. **Pessary:** A rubber ring (or other shaped device) that is worn in the vagina to "hold things up." You must be fitted to the proper size. If it is too small, it will pop out (painlessly). If it is too big, you will feel the pressure in the vagina. When it is the proper size, you will not feel it in place. You will no longer notice the vaginal pressure or the "bulge" that you had before the pessary was inserted.

As mentioned before, if your sphincter muscle in the urethra is weak, and it is now kinked because the pessary is pushing everything back up, then there is a chance that you will become incontinent (no control over the urine). Obviously, if this happens, then wearing a pessary may not be the best option for you.

2. **Surgery:** While surgery is never 100% perfect, we can get fairly close depending on the type of procedure you have done.
 - One type can be done completely through the vagina (called a sacrospinous ligament fixation). Basically, we reattach the top of the vagina to a ligament that passes along the pelvic bones.
 - Another type of surgical approach is through an abdominal incision. This is called an abdominal-sacro-colpopexy. Basically, we reattach the top of the vagina with a permanent piece of mesh to a strong ligament covering the backbone. This procedure is more difficult and the recovery is a little harder than the vaginal approach.

Depending on your clinical history, your medical condition, and your lifestyle, you and your surgeon will decide which is the best treatment option for you.