Baden Family Center for Pelvic Floor Dysfunction
Planning Surgery for Pelvic Organ Prolapse

Vaginal Reconstructive Surgery Workshop

The Chinese University of Hong Kong

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Learning Objectives

At the completion of this session, the participant should:

1. Recognize the need for accurate assessment of the specific pelvic support defects.
2. Understand how to evaluate 5 specific vaginal sites
   - Urethra
   - Bladder
   - Cervix or cuff
   - Cul-de-sac
   - Rectum
3. Understand how to plan the surgical approach for pelvic reconstruction
Language of Pelvic Support Defects

- Subjective
- Inaccurate
- Non-specific
Requirements for Improvement

- Define
  - Normal
  - Sites to be described
  - Conditions of examination
Goals

• Assessment of specific sites
• Description of support loss with maximum stress
• Anatomic abnormalities contributing to support loss
• Reproducible
• Understandable
• Usable
• Improves patient care
Staging

- Oncology
  - Clinical
  - Surgical

- Infertility
  - Surgical
Physical Findings
Normal Physical Exam

Genital hiatus
Closed

Urethral meatus
parallel to the floor
no evidence of urethral prolapse/caruncle

Anterior compartment
Cervix/Cuff

Posterior compartment
Neuromuscular assessment of pelvic floor
Gynecologic pelvimetry
Cuff and uterosacral ligaments
Gynecologic pelvimetry
Abnormal Pelvic Exam

At Rest

Straining
Open genital hiatus
Anterior Compartment Defects

Transverse Cystocele
Anterior Compartment & Apical Defect
Posterior Compartment Defects
Posterior Compartment and Apical Defects
Perineal Descent
Rectal Prolapse
Results

• Office Evaluation
  • Document symptoms
  • Objectively describe physical findings
Objective Clinical Evaluation

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<th>SITE</th>
<th>GRADE</th>
<th>COMMENTS</th>
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<td>1</td>
</tr>
<tr>
<td>URETHRA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BLADDER</td>
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<tr>
<td>CERVIX/CUFF</td>
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<tr>
<td>CUL-DE-SAC</td>
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<tr>
<td>RECTUM</td>
<td></td>
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<tr>
<td>PERINEUM</td>
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<table>
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<tr>
<th>Q-tip ° deviation from horizontal</th>
<th>Subpubic arch</th>
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<tbody>
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<tr>
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<tr>
<td></td>
<td>= 3-4 finger breadths</td>
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<tr>
<td>Vaginal Atrophy</td>
<td>&gt; finger breadths</td>
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# Visceral and Sexual Function

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<tbody>
<tr>
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<tr>
<td>Genuine incontinence</td>
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<td></td>
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</tr>
<tr>
<td>Detrusor instability</td>
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<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Anal Incontinence</td>
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<tr>
<td>Anal sphincter intact</td>
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<td>Constipation requiring splinting</td>
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<tr>
<td>Sexually active</td>
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<tr>
<td>Desires to maintain or enhance sexual function</td>
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Results

Management Options

• Observation or medical therapy
  • Longitudinal change in symptoms or physical findings

• Surgical management
  • Plan approach based on objective physical findings
  • Integrate intraoperative findings
  • Design repair specifically for defects
Results

Long Term Follow-up Comparing Site-specific Physical Findings

- Prognosis for success or failure
- Modification of technique
- Accurate communication with others
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