

POP QUIZ

with Dr. Charles Lasky
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In private practice as an obstetrician gynecologist since 1976, Dr. Charles Lasky (who “stopped counting” after delivering his 3,000th baby several years ago) is a longtime advocate of POP-prevention awareness. In the interest of educating women about this pelvic wellness issue, Dr. Lasky recently took time to provide answers to a POP quiz prepared by writer Ann Hauprich. To learn more about Dr. Lasky, please visit www.saratogaobgyn.com.

What is POP?

POP refers to a hernia resulting from weakness in pelvic floor muscles or tears in supportive connective tissue. There are three main types of this feminine disorder: **CYSTOCELE** (anterior wall prolapse occurs when the bladder drops from its normal position in the vagina); **RECTOCELE** (posterior wall prolapse occurs when the rectum protrudes into or out of the vagina); and **APICAL – OR UTERINE – PROLAPSE** (the uterus or upper vaginal vault slips down into or protrudes out of the vagina.)

What are the most common POP symptoms?

There is typically a sense of pelvic heaviness, often accompanied by a bulge at the vaginal opening, especially after being on one’s feet for a long time. Other common symptoms include urine loss, urinary frequency or retention (cystocele), a need to “splint” – or place fingers in the vagina— in order to have a bowel movement (rectocele) and/or the inability to have sex because something is in the way (uterine prolapse).

Are there risk factors that contribute to the development of POP?

Yes, the leading risk factors include genetic predisposition, high parity (lots of babies), aging (loss of estrogen), connective tissue disorders (lupus, rheumatoid arthritis, etc.), prior pelvic surgery and factors associated with increased intraabdominal pressure (chronic cough, chronic constipation, obesity).

What are the top POP treatment principles?

Lifestyle modifications that have proven helpful include Kegel exercises and other physical therapy/pelvic floor strengthening exercises. Pelvic Floor PT with a trained therapist has shown modest but significant anatomic and symptomatic



Obstetrician-gynecologist Dr. Charles Lasky

improvement. Pelvic floor exercises can become part of an overall fitness program, leading to significant improvement in multiple areas, including physical activity, sexual function and symptom improvement. Other beneficial modifications may include weight loss and/or smoking cessation and/or treatment of constipation. In some cases, however, no treatment is necessary as not all POP progresses. Many women seek only reassurance of a better understanding of their condition.

Could you share some insights into pessaries and other possible non-surgical POP treatments?

A pessary is a removable device (ring, cube or disc) made of medical grade silicone that is inserted into the vagina to reduce the prolapse. Pessaries – which come in two main types (supportive and space filling) are utilized by 75 per cent of urogynecologists as first-line POP therapy and can be fitted in most women wanting non-surgical management. Their use should be considered before surgery in females with symptomatic prolapse as the satisfaction rate linked to their usage is high. Another newer product to consider discussing with your pelvic wellness health care provider is the Poise Impress Patch. Conservative measures do not preclude surgery, which remains an option for most women. However, as we age, medical comorbidities may develop making surgery too risky. As a result, conservative measures then become the best option.