

Robotic surgery and other treatments for pelvic organ prolapse



Pelvic organ prolapse is a condition caused by the failure of weakened muscles and connective tissue in a woman's pelvis. As the muscles and tissues in the pelvic floor stretch or tear, pelvic organs — including the uterus, cervix, bladder, rectum and small bowel — lose their support and fall from their normal position to the vaginal canal.

Women can experience pelvic organ prolapse due to a wide variety of reasons. Some women are genetically predisposed, with family history being a risk factor. While the natural aging process, including menopause, makes women over the age of 60 more susceptible, among younger women prolapse is often associated with trauma from vaginal childbirth. It can be a complication of systemic illness such as lupus, or chronic conditions like coughing and constipation. Smoking, obesity or excessive exercise are also risk factors.

Promoting awareness and encouraging treatment

Many women do not seek treatment for pelvic prolapse. Although approximately one-fourth of all women in the U.S. will suffer some type of prolapse during their lifetime, they may bear it silently.

Often women feel shame and decide to live with the symptoms, says Ja-Hong Kim, MD, assistant professor in the Division of Pelvic Medicine and Reconstructive Surgery in the Department of Urology. "It may not be life threatening," Dr. Kim says. "But it comes down to an overall quality-of-life issue. Patients who receive treatment can be more active and may live longer."

While patients may initially be embarrassed about revealing their condition or fear having surgery, Dr. Kim says that after treatment most patients not only experience relief from symptoms, but also from the condition's emotional and psychological effects.

Innovative use of MRI in diagnosis

Pelvic organ prolapse is categorized in four stages, ranging from mild to severe. In mild cases, women may be totally unaware that something has shifted until their gynecologist discovers it during a routine pelvic exam. A more specific diagnosis may be made using a POP-Q (pelvic organ prolapse quantitative) exam, which is used to describe and stage pelvic support by measuring the distance between various points and the hymen.

UCLA surgeons do not generally recommend surgical repair for mild cases, diagnosed as Stage I and Stage II. Instead, treatment may include diet modification and exercises such as Kegels, which are designed to strengthen pelvic floor muscles. Medication may be prescribed, or the insertion of a small device in the vagina called a pessary may be recommended to provide support to drooping organs.

In more advanced cases, women may feel or see a protrusion at the vaginal opening. Symptoms can include urinary leakage, constipation, lower backache, spotting and painful intercourse. In the most severe cases, the uterus or another pelvic organ can drop outside the vagina. At UCLA, MRI has become the preferred diagnostic tool for evaluating pelvic anatomy. Using static and dynamic MRI, UCLA has developed innovative imaging techniques that consistently identify complex forms of pelvic organ prolapse.

Robotically assisted laparoscopic surgery

In severe cases of pelvic organ prolapse, diagnosed as Stage III and Stage IV, surgery is often recommended. UCLA urology specialists offer a full range of surgical options for patients, providing the least invasive treatment to match the patient's specific diagnosis and needs. The operation may be done through the vagina or an incision may be made in the abdominal wall.

UCLA pioneered many of the innovations now considered the standards of care worldwide for such conditions as vaginal and uterine prolapse, as well as other pelvic floor disorders. More than 12,000 pelvic reconstruction procedures have been conducted at UCLA in the past 25 years. Today, UCLA is a leader in laparoscopic abdominal pelvic floor reconstruction, including robotically assisted laparoscopic techniques, which have been shown to be among the most advanced, safest and most durable methods of correcting pelvic organ prolapse with quick recovery.

Robotically assisted laparoscopic surgery is a state-of-the-art approach that is rapidly gaining popularity among gynecologists and urologists. At UCLA, doctors use the latest model of the da Vinci Robot to correct uterine or vaginal vault prolapse. The da Vinci Robot provides high resolution, 3-D visualization with enhanced wrist movement to provide superior precision.

Advantages of robotically assisted surgery include smaller incisions, less post-operative pain, better cosmetic results and quicker recovery. Patients are routinely discharged after one night.

UCLA also offers open surgery for pelvic organ prolapse. Advantages include greater visualization and dexterity for delicate and complex reconstructive procedures.

Participating Physicians

Shlomo Raz, MD

Professor of Urology
Chief of Pelvic Medicine and Reconstructive Surgery (PMRS)

Z. Chad Baxter, MD

Assistant Professor of Urology

Ja-Hong Kim, MD

Assistant Professor of Urology

Larissa Rodriguez, MD

Professor of Urology and Obstetrics & Gynecology
Director of Fellowship in Pelvic Medicine and Reconstructive Surgery (PMRS)
Director of Pelvic Medicine and Reconstructive Surgery (PMRS) Research

Christopher Tarnay, MD

Associate Professor of Obstetrics & Gynecology and Urology

Contact Information

Clark Urology Center, Westwood
200 UCLA Medical Plaza, Suite 140
Los Angeles, CA 90095

Frank Clark Urology Center,
Santa Monica
1260 Fifteenth St., Suite 1200
Santa Monica, CA 90404

Appointment and Information:
(310) 794-7700

Email: urologyhelp@mednet.ucla.edu
Website: urology.ucla.edu