

UNIT THREE: GYNECOLOGY

EDUCATIONAL TOPIC 37: PELVIC ORGAN PROLAPSE AND URINARY INCONTINENCE

Rationale: Pelvic organ prolapse and urinary incontinence are increasingly common with the aging of the US population. These conditions have a major impact on a woman's quality of life.

Intended Learning Outcomes:

The student will demonstrate the ability to:

- Describe normal pelvic anatomy and pelvic support
- Describe screening questions to elicit signs and symptoms of urinary incontinence
- Differentiate the types of urinary incontinence
- Describe the evaluation and diagnosis of incontinence
- Describe the anatomic changes associated with urinary incontinence and pelvic organ prolapse
- Describe medical and surgical management options for urinary incontinence and pelvic organ prolapse

TEACHING CASE

CASE: A 75-year-old woman G₅P₅ presents for an annual exam and reports a "fullness" in the vaginal area. The symptom is more noticeable when she is standing for a long time. She does not complain of urinary or fecal incontinence. She has no other urinary or gastrointestinal symptoms. There has been no vaginal bleeding. Her past medical history is significant for well-controlled hypertension and chronic bronchitis. She has never had surgery.

Pelvic exam reveals normal appearing external genitalia except for generalized atrophic changes. The vagina and cervix are without lesions. A cystocele and rectocele are noted. The cervix descends to the introitus with the patient in an upright position. Uterus is normal size. Ovaries are not palpable. No rectal masses are noted. Rectal sphincter tone is slightly decreased. The patient wishes to discuss options for treatment.

COMPETENCY-BASED DISCUSSION & KEY TEACHING POINTS:

Competencies Addressed:

- Patient Care
- Medical Knowledge
- Interpersonal and Communication Skills
- Systems-based Practice

1. What increases this patient's risk for pelvic organ prolapse?
2. What are the symptoms of pelvic organ prolapse?
3. What are the different types of pelvic organ prolapse?
4. What are the different types of urinary incontinence?
5. What is the role of vaginal estrogen in patients with pelvic relaxation?

6. When is surgery indicated?
7. What are nonsurgical treatments?

REFERENCES

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