

The Importance of a Multidisciplinary Approach for Women with Pelvic Organ Prolapse and Cystocele

Salvatore Giovanni Vitale¹, Valentina Lucia La Rosa^{2*}, Agnese Maria Chiara Rapisarda³ and Antonio Simone Laganà¹

¹Unit of Gynecology and Obstetrics, Department of Human Pathology in Adulthood and Childhood "G. Barresi", University of Messina, Messina, Italy

²Unit of Psychodiagnosics and Clinical Psychology, University of Catania, Catania, Italy

³Department of General Surgery and Medical Surgical Specialties, University of Catania, Catania, Italy

ARTICLE INFO

Article history:

Received: 31 December 2016

Accepted: 17 January 2017

ONLINE:

DOI 10.5001/omj.2017.52

Pelvic organ prolapse (POP) is a very common clinical condition affecting about 40% of women aged over 45 and 50% of parous women.^{1,2} It is defined as the descent of one or more of the anterior or posterior vaginal wall, the uterus (cervix), or the vaginal vault (after hysterectomy).^{3,4} Age, pregnancy, delivery, and previous pelvic surgery, in addition to some high-risk factors that increase intra-abdominal pressure, such as chronic pulmonary disease, obesity, and heavy manual labor, are the main causes of POP.^{1,2}

Cystocele is the most commonly affected compartment in POP, and it is one of the most common indications for gynecologic surgery. Cystocele is the anterior vaginal wall prolapse accompanied by prolapse of the bladder wall. It is defined as the descent of the anterior vagina such that the urethro-vesical junction or any anterior point proximal to this is < 3 cm above the plane of the hymen.^{1,2,5}

Management of POP and cystocele includes nonsurgical and surgical treatments.² In the last few years, new surgical techniques have been developed with a reduction of postoperative pain and a shorter period of hospitalization.^{1,5–8}

POP impairs quality of life (QoL) of women affected because of vaginal bulge symptoms and changes in sexual function.^{1,5,6,9} Many studies about this topic have underlined that POP can seriously compromise QoL and limit physical, psychological, and sexual function.^{1,4,5}

Sexual wellbeing is an important aspect of women's health, and the presence of sexual disorders can adversely affect QoL and couple relationships.

POP and cystocele are frequently associated with sexual dysfunctions that usually include disorders of sexual desire, arousal, orgasm, and pain.^{1,5}

The assessment of QoL and sexual function of women with POP and cystocele is important to choose the most suitable treatment for the patient. Indeed, in most cases, impairment of QoL is an indication for surgical treatment of POP.⁴

According to recent studies about this topic, surgical management of POP significantly improves QoL and sexual function in the patients, and these results remain stable in the long term with further improvement.^{1,5}

In the light of these considerations, a multidisciplinary approach in the management of patients with POP and cystocele is strongly suggested. Specifically, it would be appropriate to evaluate the QoL and sexual dysfunctions of patients through validated questionnaires to improve the treatment decision-making process. For example, the Short Form-36⁹ and Pelvic Organ Prolapse/Urinary Incontinence Sexual Questionnaire¹⁰ are useful instruments to assess QoL and the effects of POP on sexual function.

We recommend that the assessment of QoL and sexual dysfunction using validated questionnaires becomes an integral part of the therapeutic process of women affected from POP and cystocele.

Disclosure

The authors declared no conflicts of interest.

REFERENCES

1. Caruso S, Bandiera S, Cavallaro A, Cianci S, Vitale SG, Rugolo S. Quality of life and sexual changes after

- double transobturator tension-free approach to treat severe cystocele. *Eur J Obstet Gynecol Reprod Biol* 2010 Jul;151(1):106-109.
2. Choi KH, Hong JY. Management of pelvic organ prolapse. *Korean J Urol* 2014 Nov;55(11):693-702.
 3. Haylen BT, Maher CF, Barber MD, Camargo S, Dandolu V, Digesu A, et al. An International Urogynecological Association (IUGA)/International Continence Society (ICS) joint report on the terminology for female pelvic organ prolapse (POP). *Int Urogynecol J* 2016 Apr;27(4):655-684.
 4. Hefni M, Barry JA, Koukoura O, Meredith J, Mossa M, Edmonds S. Long-term quality of life and patient satisfaction following anterior vaginal mesh repair for cystocele. *Arch Gynecol Obstet* 2013 Mar;287(3):441-446.
 5. Vitale SG, Caruso S, Rapisarda AM, Valenti G, Rossetti D, Cianci S, et al. Biocompatible porcine dermis graft to treat severe cystocele: impact on quality of life and sexuality. *Arch Gynecol Obstet* 2016 Jan;293(1):125-131.
 6. Vitale SG, Laganà AS, Gulino FA, Tropea A, Tarda S. Prosthetic surgery versus native tissue repair of cystocele: literature review. *Updates Surg* 2016 Dec;68(4):325-329.
 7. Laganà AS, Sapia F, Butticiè S, Valenti G, Vitale SG. Comment on "efficacy and safety of skeletonized mesh implants for advanced pelvic organ prolapse: 12 month follow up". *World J Urol* 2016 Oct;34(10):1499-1500.
 8. Vitale SG, Laganà AS, Rapisarda AM. Letter to the editor: Comment on "Simultaneous treatment of anterior vaginal wall prolapse and stress urinary incontinence by using transobturator four arms polypropylene mesh". *Investig Clin Urol* 2016;57(2):150-151.
 9. Ware JE Jr, Kosinski M, Gandek B, Aaronson NK, Apolone G, Bech P, et al. The factor structure of the SF-36 Health Survey in 10 countries: results from the IQOLA Project. International Quality of Life Assessment. *J Clin Epidemiol* 1998 Nov;51(11):1159-1165.
 10. Rogers RG, Coates KW, Kammerer-Doak D, Khalsa S, Qualls C. A short form of the Pelvic Organ Prolapse/Urinary Incontinence Sexual Questionnaire (PISQ-12). *Int Urogynecol J Pelvic Floor Dysfunct* 2003 Aug;14(3):164-168.