POP Culture 101: It's ***not*** what you think!

Pelvic Organ Prolapse education crucial to ending ignorance and shame which often delay treatment needed to prevent "out-of-body" experiences

One might think a disorder that impacts millions of females from every hop, skip, jump and walk of life across North America would be a household word by now. Instead ignorance and shame top the long list of reasons why POP can needlessly progress to an advanced stage where it becomes disabling — or even life-threatening. Little wonder the Bucket List of Ann Hauprich, whose first-person wellness story follows, now includes dreams of organizing a STOP POP movement. Those who join the campaign wouldn't need to don pussy caps or march in rallies – although doing so might be a fun way to call attention to a serious health matter where the potential collateral damage spans far and wide.

Ann Hauprich awaiting arrival of her third baby shortly before Labor Day 1993 and awaiting POP surgery in 2018. Inset photos show OB-GYN Dr. Charles Lasky and urogynecologists Dr. Alexis Tran and Dr. David Kimble.

My introduction to POP Culture 101 came the day before I was to undergo an operation commonly performed to silence the moans and groans of kidney stones.

Believing the rounded mass I'd discovered bulging in my pelvic region was a sign the pesky pebble slated for surgical removal had inflamed surrounding tissues and was struggling to pass on its own, I called my urologist's office. Perhaps I wouldn't need to be wheeled into an operating room after all.

The relief that initially washed over me upon hearing the next day's procedure would indeed be cancelled quickly turned to shock as the nurse announced: "What you've just described doesn't sound like a kidney stone is passing. You need to contact a gynecologist. TODAY."

Nothing could have prepared me for the reason. The protrusion — combined with an escalating sensation of heaviness in my groin when upright — were indications of POP: Pelvic Organ Prolapse. In other words, at least one of my pelvic floor organs was having an "out-of-body" experience. And as I was soon to learn, the exit ramp was none other than the passageway through which the last of my three babies had entered the world a quarter of a century earlier.

My 65-year-old hands trembled as I searched for the phone number of the practice where I had ceased booking annual pelvic exams after recovering from a turn-of-the millennium hysterectomy. Why bother taking time out from my jam-packed "sandwich generation" schedule to book an examination that necessitated the use of gynecological stirrups when a uterus and ovary were no longer to be found within?

Why indeed! As my preliminary examination by obstetrician-gynecologist Dr. Charles Lasky and a second opinion by pioneering urogynecologist Dr. David Kimble would confirm, I had joined the ranks of a much misunderstood "POP Culture" that impacts millions of females representing all ethnic, racial and socio-economic groups across the nation.

Like the majority of the one in four women who will experience some degree of POP in her lifetime, mine had gone undiagnosed and untreated for several years before I was referred to Dr. Kimble, who distinguished himself as Chief of Urogynecology, Female Pelvic Reconstructive Surgery and Robotics at Albany Medical Center prior to co-founding the Women's Center for Pelvic Wellness in Pasadena, CA with Dr. Alexis Tran. (www.womenspelvicwellness.com.)

And while ignorance and shame top the long list of reasons why females procrastinate in securing pelvic floor examinations, Dr. Kimble is adamant the disorder need not progress to the point where a portion of her bladder, uterus, bowel or rectum is bulging from her vagina. Warning signs of POP, which can begin to develop as early as adolescence or as late as in postmenopausal years, run the gamut from stress incontinence to excruciating pain during sexual intimacy. And although childbirth and hysterectomies are common risk factors, even celibate nuns are not immune from developing the potentially physically, emotionally and spiritually debilitating condition.

Indeed Dr. Kimble believes boosting POP prevention awareness today could spare future generations the trauma of obliterative surgeries (where the vagina is narrowed or closed off to provide support for prolapsed organs) and/or complex pelvic reconstructive surgeries designed to restore normal organ functions.

In my case the latter became necessary after my POP progressed to multi-compartmental Stage 3 of 4 – way too far gone for first-line non-surgical interventions. Foolish "Super Mom" heavy-lifting following two abdominal hernia repair surgeries and a major weight gain in the aftermath of myY2K hysterectomy and "no time" to do the recommended daily pelvic floor strengthening exercises ultimately necessitated a five-hour robot-assisted "sacrocolpopexy" that entailed repairing and creating durable support of the bladder (cystocele), rectum (rectocele) and the region that had once housed my uterus (apical prolapse).

The scope of the surgery (try to visualize 60-plus internal stitches in addition to several small external abdominal incisions) was necessary, according to Dr. Kimble, because leaving a single compartment unaddressed dramatically increases the risk of recurrent prolapse.

Although it had been common in the past to only address the symptomatic compartment and leave all others in the original prolapsed state, it has since become evident this allows the untreated "weak link" to further prolapse and destroy the repair over time. Had I not undergone surgical intervention when I did, Dr. Kimble believes "the severity of the prolapse would have worsened to the point of complete protrusion of these organs permanently on the outside of the body. This condition, thereby, would eventually have caused obstructed constipation and obstructed urination with resultant renal failure."

I shudder to think how close I might have come to having a different sort of "out-of-body" experience had Dr. Lasky not promptly referred me to Dr. Kimble. The importance of "hands on" pelvic examinations in addition to medical imaging cannot be overstated since my own advanced POP failed to show up on the CT scan, ultrasound and X-ray. All three images that were done in the weeks prior to my POP diagnosis revealed a suspected kidney stone but failed to show my bladder was falling out of my body. (I never did end up having the operation that had been deemed necessary by my urologist. But that's a whole other story!)

And while I still blush when talking about my POP surgery, my Bucket List includes dreams of organizing a STOP POP movement. Those who join the campaign wouldn't need to don pussy caps or march in rallies – though doing so might be a fun way to call attention to a serious health matter where as Dr. Kimble puts it "the potential collateral damage spans far and wide."

Even medical professionals with patients who joke about "bashful bladders" and other urinary incontinence issues ("It was so funny, I peed my pants") may benefit from reviewing the notes as a refresher course of sorts, says Dr. Kimble, who has operated on thousands of women with quality of life restoring outcomes. (POP is not to be confused with OAB, medical acronym for overactive bladder. To learn more about these and other urogynecological conditions treated by Dr. Kimble, please visit https://www.womenspelvicwellness.com/contents/urogyn-con.)

The fact that legions of females -- many still in young adulthood -- are now sporting incontinence protection products is no laughing matter. However, the creators of modern feminine products are to be applauded for making even the most absorbent pads and disposable undies available in sleek designer styles that can pass skinny Jeggings detection tests. I like to think readers who are drawn to related ads in magazines will pass the advertising messages along to friends and loved ones. Doing so might well become starting points for discussions with health care practitioners that could, in turn, lead to earlier detection of POP and other pelvic floor disorders.

Parting reflections plus a POP Quiz & POP Culture 101 Homework

Ignorance and shame ultimately cost me the better part of a year of my life during which I was largely "UP-side down for the count" as my body, mind and spirit prepared for – and then healed from – a major reconstructive surgery to correct my advanced Pelvic Organ Prolapse. But the knowledge that further delays linked to ignorance and shame might ultimately have cost me my very life due to renal failure is downright sobering. The decision to "bare all" in this first-person essay was not an easy one. However, the possibility that sharing my story might prevent even one female (be she someone's daughter, mother, grandmother, aunt, cousin, niece, sister, spouse, neighborette, roommate, you-name-it!) from enduring a similar ordeal inspired me to press on. In the meantime, please scroll to the next page to tackle a POP Quiz developed by Dr. Charles Lasky, followed by a Culture 101 Homework Assignment prepared by Dr. Kimble and Dr. Tran to help females better understand and manage their pelvic health from adolescence to late post-menopausal years.

POP QUIZ

with Dr. Charles Lasky

Saratoga OB/GYN at Myrtle Street

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****.*

Obstetrician-gynecologist Dr. Charles Lasky

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 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 sensation 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, medial co-morbidities may develop making surgery too risky. As a result, conservative measures then become the best option.

Urogynecologists Dr. Alexis Tran and Dr. David Kimble.

POP Prevention Homework

The following POP Culture 101 home study guidelines were prepared by Dr. David Kimble and Dr. Alexis Tran www.womenspelvicwellness.com

Women's Center for Pelvic Wellness

The Expert Pelvic Surgeons

Dr. David Kimble and Dr. Alexis Tran are on a quest to boost awareness of female pelvic floor disorders — including dispelling myths about treatment options, risks and benefits. The co-founders of the Women's Center for Pelvic Wellness in Pasadena, CA insist "the world has been presented with censored and sensationalized information regarding the treatment of POP and incontinence which plague millions of women. It is our goal and charge in life to offer evidence-based information about POP and to empower women to seek the appropriate treatments with trained and skillful surgeons."

Partners in parenting as well as in pelvic wellness, the pioneering urogynecologists hope the POP Prevention Homework that follows may help readers better understand and manage their pelvic health from adolescence to late post-menopausal years. Instructions on how to properly perform Kegel exercises may be accessed via www.mayoclinic.org/healthy-lifestyle/womens-health/in-depth/kegel-exercises/art-20045283.

Late teens – 25 years old

1. Maintain a healthy lifestyle.
2. Quit tobacco.
3. Achieve and maintain an ideal body weight.
4. Learn your vulvar and vaginal anatomy.
5. Examine yourself with a hand-held mirror.
6. Contact your local gyn or a specialist if you have any concerns.

26 – 35 years old

1. Continue the healthy lifestyle and ideal body weight.
2. Exercise regularly.
3. Perform Kegel exercises daily.
4. Examine yourself several times yearly.
5. Be honest with yourself in your sexual experience. (Visit womenspelvicwellness.com for added guidance.)
6. Contact your local gynecologist or a specialist if you have any concerns.

ASSIGNMENT CONTINUES ON THE NEXT PAGE

36 – 45 years old

1. Maintain a healthy lifestyle.
2. Perform daily Kegel exercises.
3. Examine yourself several times yearly.
4. Be honest about your sexual experience.
5. Consult womenspelvicwellness.com or connect with a board certified pelvic floor specialist closer to your home if you feel any different.
6. Now is the best time to intervene for pelvic floor rejuvenation.

46 – 55 years old

1. The most significant changes occur in this age group.
2. It is imperative to initiate treatment for any sexual dysfunction in this age group as it sets the template for sex the remainder of your life.
3. Be honest with yourself, examine your sexuality and even solicit the feelings of your partner.
4. If you feel less desire for sex, experience pain with intercourse, feel diminished sensations during sexual intimacy, etc. contact us for an expert opinion.
5. Call with any signs of POP or symptoms of bulging/pelvic pressure.
6. Always maintain a healthy lifestyle, diet and workout routine.
7. Kegels are still recommended, but far less effective.

56 – 75 years old

1. Maintain a healthy lifestyle and weight.
2. Kegel exercises are of less benefit, but certainly can never hurt.
3. Sexuality is a vital component of the health of women in this age group; it doesn't change from years before.
4. Honestly examine yourself, listen to your gyn provider. If you have any incontinence or prolapse, seek an expert evaluation to determine treatment options for you.
5. Year to year assess your sexual experience and seek advice if any changes occur.
6. POP is very common in this age group and should never be ignored.

75 – 100+ years old

1. You are still a sexual being and intimacy should be a part of your life.
2. If you experience pain with intimacy, diminished desire, or other changes then please contact us for advice.
3. Maintain an active lifestyle both physically and cognitively.
4. Talk to your partner about his desire for intimacy.
5. Examine yourself for POP or incontinence.

ADDITIONAL STUDY NOTES FROM DR. KIMBLE AND DR. TRAN

While we highly recommend Kegel exercises in the early stages of POP, it has been well established that significant POP, Stage 2 and beyond, cannot be treated by physical therapy alone as this has now become a connective tissue issue, no longer muscular and requires more definitive intervention**.** Should any of the above symptoms ring true for you or a loved one, don't delay. Seek evaluation by a board certified pelvic floor surgeon today. Do not let the POP drop any further than it has, highly successful treatments await you or your loved one. Let our expertise be your solution. To learn more about our wellness mission, please visit www.womenspelvicwellness.com or call 626.225.0890.