

A New Standard for Pelvic Organ Prolapse Surgery

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Pelvic organ prolapse is a very common condition, particularly among older women and has been estimated that half of all women who have children will eventually experience some form of prolapse. Prolapse is a major health issue, but many women do not want to talk about it. Prolapse refers to the condition where an organ has slipped out of its proper place. Pelvic organ prolapse is the falling of any pelvic organs (such as uterus, bladder, bowels, or rectum) into the vagina.

Pelvic organ prolapse is caused by weakening or damage to the normal supportive structures of the pelvis, and many experts believe that these injuries are sustained during childbirth, but manifest later in life. These supportive structures (ligaments, muscles, and normally strong tissue called fascia) may become weak and unable to hold the pelvis in its natural orientation. It occurs with:

- Aging
- Strenuous physical labor
- Menopause
- Previous pelvic surgery
- Smoking
- Overweight
- Childbirth
- Genetics

SYMPTOMS:

The symptoms of pelvic organ prolapse can range from mild to severe, depending on the prolapsed organ. Mild prolapse may not cause any symptoms. Moderate prolapse may cause a feeling of pressure and bulge in the vagina, discomfort or pain in the lower abdomen and/or lower back.

Severe prolapse causes the same types of symptoms, but the pelvic organ has dropped so far that it is visible or protruding through the vaginal opening. In most cases, standing for a long period of time causes the discomfort to worsen. Prolapse can also cause urinary symptoms including incontinence and a feeling of being unable to empty the bladder completely. Women also experience vaginal ulceration, sexual dysfunction, and diminished quality of life.

Treatments Options:

There are both surgical and nonsurgical ways to manage and correct the prolapse. Treatment should take into consideration which organs are affected, the patient's age, severity of symptoms, sexual activity, and whether other medical conditions are present. Approximately 200,000 women undergo surgery each year for prolapse.

Nonsurgical Options:

1. PESSARY. A small silicone device that is placed into the vagina to help support the pelvic organs.
2. KEGEL Exercises. Special exercises to strengthen the muscles of the pelvic floor.

Surgery is for those women in whom nonsurgical options have failed or in those women who are unwilling or unable to utilize the nonsurgical approaches.

Surgical Options:

1. The VAGINAL approach, including the new Trans-vaginal kits. The surgery performed through the vagina is less invasive, but has higher complications and a lower success rate. Following are common problems with this surgery:
 - Buttocks pain
 - Pain with intercourse
 - Higher failure rate
 - Higher rate of mesh erosion and infection
 - FDA issued recent warnings with the Transvaginal mesh approach.
2. ABDOMINAL Sacrocolpopexy: is the traditional surgery to fix this problem and requires a large incision across the abdomen. It is the Gold Standard surgical repair with a success rate of 90%-98%.
3. DA VINCI Sacrocolpopexy surgery for uterine and vaginal vault prolapse: This procedure is setting a new standard of care with minimal invasive surgery which requires 5 tiny incisions on the abdomen. Da Vinci Sacrocolpopexy offers numerous potential benefits over vaginal and traditional abdominal surgery:

- Less pain
- Less blood loss
- Less risk of infection
- Less scarring
- Shorter hospital stay
- Shorter recovery time
- Quicker return to normal activities

Dr SAMIR HAMATI is the most experienced robotic surgeon in West Michigan having performed over 500 da Vinci gynecologic surgeries. He also has extensive experience with Sacrocolpopexy having performed over 600 cases in the past 20 years. This is the gold standard treatment in minimally invasive option for pelvic floor reconstructive surgery.

Dr. Hamati was recently recognized as the top physician in Michigan and top five in the country utilizing the da Vinci (Robotic Sacrocolpopexy).

Dr. Hamati's experience in robotic sacrocolpopexy has been recognized with his publication at the Society of Gynecologic Surgeons 2010 annual meeting and he presented at the Minimally Invasive Robotic Association conference in Rome, 2008. He is so highly qualified in the use of the da Vinci Surgical System, he has been designated as a proctor to teach others surgeons throughout the country, in its use.

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