

Advancing Health

A CASE STUDY from MedStar Washington Hospital Center

*Treating Pelvic Organ Prolapse with
Urinary and Fecal Incontinence:*

Minimally Invasive Laparoscopic and Vaginal Surgery

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Abstract

A 45-year old woman with a history of three vaginal deliveries, including a 4th degree laceration and repair, was experiencing symptoms of urinary and fecal incontinence, plus asymptomatic uterovaginal prolapse. After two years of successful conservative management, the symptoms and prolapse progressed to the point where surgical intervention was deemed necessary. A combination of laparoscopic and vaginal techniques repaired the pelvic floor issues involving urethral and vaginal support plus a large anal sphincter defect in a single procedure. The patient experienced an immediate cessation of the symptoms and resumed normal activity within three weeks.



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CASE STUDY

Minimally Invasive Laparoscopic and Vaginal Surgery

Presentation

- At the initiation of treatment, patient was a 43-year-old woman with a history of three vaginal deliveries, including a 4th degree laceration and repair.
- The patient was originally experiencing a combination of stress and urgency urinary incontinence, as well as fecal incontinence.

Assessment

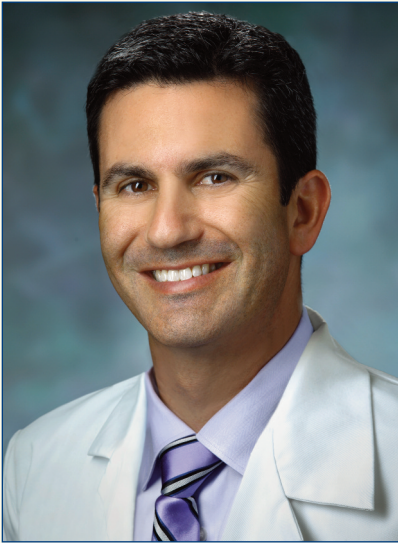
- Pelvic examination identified asymptomatic Stage 2 uterovaginal prolapse plus large external anal sphincter defect and pelvic floor muscle weakness. She was prescribed pelvic floor physical therapy, behavioral therapy, and overactive bladder medication, with follow-up evaluations every six months.
- Examinations at three months and nine months after the initial presentation found that the patient's urinary and fecal incontinence had been reduced to only occasional mild episodes. The prolapse remained stable and asymptomatic. Because of the patient's satisfaction with her overall improvement, conservative measures were continued for another year.
- Two years after the initial presentation, she began experiencing increasing urinary and fecal incontinence, and the sensation of vaginal bulging. A pelvic examination confirmed Stage 3 uterovaginal prolapse.
- Urodynamic testing revealed stress urinary incontinence, but otherwise

normal bladder capacity and compliance, no detrusor overactivity and normal bladder emptying.

- Endoanal ultrasound revealed a 150 degree disruption of the internal and external anal sphincter.
- Pelvic ultrasound verified a normal uterus with no fibroids.

Treatment

- During surgical planning consultation, the patient's goals included reductions in prolapse pressure, and urinary and fecal leakage. Given her age, the patient wanted a more durable repair that would allow her to retain her current level of activity. Preservation of her cervix was recommended to minimize mesh risk associated with laparoscopic sacrocolpopexy at the time of concomitant vaginal anal sphincter repair.
- The patient was made aware of the FDA warning regarding electronic power morcellation and a special MedStar consent was signed allowing use of this device in a low-risk population with a normal pelvic ultrasound. Alternative options of vaginal hysterectomy, hysteropexy, and open morcellation using a bag were reviewed.
- The complete procedure consisted of robotically assisted laparoscopic supracervical hysterectomy with bilateral salpingectomy, laparoscopic sacrocolpopexy, rectocele repair with overlapping anal sphincteroplasty, retropubic midurethral sling and cystoscopy.



Robert E. Gutman, MD

“Even complicated and complex pelvic floor disorders typically have multiple treatment options. What’s important is that the patients have a say in shaping a strategy for their immediate and long-term concerns, giving them both confidence and peace of mind. A collaborative approach across multiple medical disciplines, and the use of minimally invasive surgical procedures, give us even greater flexibility in addressing those needs, resulting in outcomes that are safe, effective, and supportive of the patient’s lifestyle choices.”

Outcomes

- Pathology returned benign. The patient was discharged on post-op day one.
- At the three-week post-op evaluation, the patient reported complete resolution of all symptoms, and requested physician’s approval to return to work.
- Two-months post-op, she presented fully healed with excellent support, and post-op restrictions were removed.

Conclusion

- Minimally invasive laparoscopic and vaginal procedures can successfully treat multiple, complex pelvic floor conditions. Patients can resume normal activities, with the potential for shorter recovery time and less pain.

To refer a patient, or to schedule an informational interview with Dr. Gutman, please call **202-877-6526**.

To learn more about advanced pelvic surgery at MedStar Washington Hospital Center, visit **MedStarWashington.org/Urogynecology**.

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Urogynecology and Advanced Pelvic Surgery at MedStar Washington Hospital Center

Our board-certified providers and multidisciplinary team of specialists perform comprehensive evaluations and match medical and surgical treatments to each patient's unique goals. Our specialists use the latest techniques, including minimally invasive vaginal, robotic and laparoscopic surgery.

Our expertise includes:

- Urinary and fecal incontinence
- Pelvic floor disorders
- Overactive bladder
- Urinary tract infections
- Abnormal menstruation
- Vaginal mesh related complications
- Voiding dysfunction
- Pelvic organ prolapse
- Fistula repairs
- Sexual dysfunction

