

## Questions to ask your surgeon or physician about treatment for pelvic organ prolapse

Before undergoing surgery to treat pelvic organ prolapse, you will likely have many questions for your surgeon or physician. Below are some recommended questions to ask – and background information to help you weigh the answers:

### How do you perform pelvic organ prolapse repair?

The choice of the procedure depends on the degree/grade and location of prolapse.

**Cystocele repair** refers to the repair of the bladder prolapse. This can be done through a vaginal surgery and involves the reconstruction of the vaginal wall and tissue between the bladder and the vagina. This can be done with and without the use of transvaginal synthetic mesh.

**Rectocele repair** refers to the repair of rectum prolapse. This repair can be performed through a vaginal surgery and involves the reconstruction of the vaginal wall and tissue between the rectum and the vagina. This can be done with and without the use of transvaginal synthetic mesh.

**Apical repair** refers to the repair of uterine prolapse or prolapse of the top (apex) of the vagina. This involves much more complex techniques to repair the prolapse. There are two common techniques, which involve fixating the top of the vagina to two different ligaments in the lower pelvic region.

### Do you recommend open surgery?

Open surgery for pelvic organ prolapse is never required. Minimally invasive techniques, such as DualPortGYN, can be used to repair all types of pelvic organ prolapse with fewer complications, less pain and faster recovery times.

### How many times have you performed this procedure?

When it comes to any form of surgery, training, skill and practice matter, which is why GYN surgeons who specialize in minimally invasive surgery are the most qualified. The reality is that OB-GYNs are highly skilled obstetric practitioners, but very few perform GYN surgeries often enough to be surgical specialists. This is borne out by studies, which find that GYN surgery is commonly a secondary component of what an OB-GYN does.

### What have your other patients experienced after this procedure?

Robotic, open and conventional laparoscopic GYN surgeries can lead to longer recovery times, increased blood loss and larger scars than newer procedures. Make sure your surgeon is trained in the latest minimally invasive techniques, such as [The Center for Innovative GYN Care's DualPortGYN](#), that prevent injury to the pelvic structures and minimize blood loss – resulting in reduced complication rates and improved recovery times.

### **Have you had fellowship training in minimally invasive GYN surgery?**

While most OB-GYNs are highly trusted generalists, they spent most of their time focusing on obstetrics and basic GYN care and therefore, perform specialized GYN surgeries rarely. Be sure to choose a surgeon who has received comprehensive training and is an expert in prolapse repair.

### **Will you use transvaginal synthetic mesh?**

The FDA has issued several documents on the use of reconstructive materials for pelvic floor surgery. The conclusions to date have been that transvaginal placement of these materials are of uncertain effectiveness and are associated with safety risks. In contrast, use of synthetic mesh for sacral colpopexy (for apical prolapse repair) or for full-length retropubic or transobturator midurethral slings (for incontinence treatment) was considered safe and effective.

Make sure to ask your surgeon plans to use transvaginal mesh and in what way. This way you can weigh the benefits against the risks.

### **Will you use robotics to assist with the surgery?**

Although the American Medical Association and other leading medical societies have issued statements discouraging robotic techniques due to dramatically higher costs to patients without any medical advantages, robotics continue to be used in GYN surgeries. This is because robotic procedures “enable” an OB-GYN not well trained in laparoscopic GYN surgical techniques to complete GYN surgeries through a “minimally invasive” approach. This is why women need to ask if robotics will be used during a GYN surgery and to seek a specially trained surgeon able to perform the latest minimally invasive surgical techniques, such as DualPortGYN and retroperitoneal dissection that do not use robotics.

### **What is my anticipated recovery time?**

New minimally invasive techniques require, on average, only a week to recover. Other procedures such as open abdominal surgery can take up to 8 weeks. [This chart explains more.](#)

### **What are my other surgical options?**

Ask your physician if he or she is aware of new, minimally invasive procedures. [Here's a reference guide for you.](#)

Women need to be their own best advocate, which is why getting a second opinion is always good practice. Since there are different surgical options for treating pelvic organ prolapse, getting a second opinion is a way you can ask questions about how the surgery will be performed, the recovery time, and possible complications so they make the best decision for their situation.