.ejaypee.com, for detailed information on obstetrics & gynecology books, visit our website www.ejaypee.com, for detailed information on obstetrics & gynecology books

68th All India Congress of Obstetrics & Gynaecology
aicog Delhi 2026
Advocate Innovate Challenge Optimise Globalise

Conference Theme
68th AICOG 2026 DELHI
All India Congress of Obstetrics & Gynaecology
Inspire, Include, Invent: Improving Women's Health in India

Manual on Urogynecology in Limited-Resource Setup

Series Editors
Ashok Kumar
Madhavi M Gupta
K Aparna Sharma

Editors
Kavita Barnwal
Amita Jain
Richa Vatsa
Nita Thakre
Rajesh Kumari

JAYPEE

Contents

1. **Urinary Incontinence: Evaluation and Initial Workup..... 1**
   Rajesh Kumari, Manasi Deoghare
2. **Management of Uterine Prolapse: Knowledge versus Action..... 6**
   Kavita Barnwal
3. **Surgical Management of Nulliparous Prolapse..... 12**
   Kavita Barnwal
4. **High Uterosacral Ligament Suspension..... 16**
   Manidip Pal, Soma Bandyopadhyay
5. **Sacrospinous Ligament Fixation 25**
   Richa Vatsa
6. **LeFort's Partial Colpocleisis 30**
   Sandhya Jain
7. **Retrieval of Fascia Lata and Rectus Fascia Sling and Autologous Sling Placement for Stress Urinary Incontinence..... 35**
   Richa Vatsa
8. **Tips and Tricks of Retropubic and Transobturator Routes of Sling Placement 41**
   Jai Bhagwan Sharma, Richa Vatsa
9. **Tips and Tricks of Vesicovaginal Fistula Repair 46**
   Amita Jain
10. **Tackling Complications in Urogynecological Surgery: Prevention, Recognition, and Management..... 52**
    Karishma Thariani

CHAPTER 2

Management of Uterine Prolapse: Knowledge versus Action

Kavita Barnwal

INTRODUCTION

- Pelvic organ prolapse (POP) is a heterogenous condition in which weakness of pelvic floor musculature and connective tissue occurs resulting in descent or bulging of pelvic organs into the vaginal canal **(Fig. 1)**. POP is considered as one of the most common cause of reproductive health morbidity which influences the women's quality of life. This is found more commonly among elderly women.
- The exact prevalence is not available as majority of them do not seek medical help because of social stigma.
- Though prolapse is not life-threatening condition, but it affects women physically, psychologically, sexually and leads to social and occupational limitations. It also increases risk of UTI and reproductive infection.
- UNFPA 2011 describes uterine prolapse as debilitating condition in which supportive pelvic muscles, ligaments and tissue give away and uterus drops into vagina.

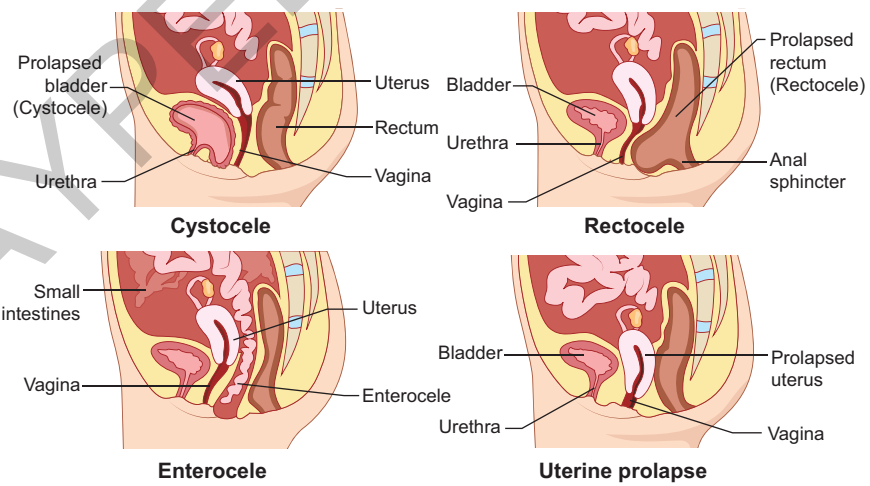


Fig. 1: Types of pelvic organ prolapse.

JAYPEE BROTHERS

Anterior wall **Aa**	Anterior wall **Ba**	Cervix or cuff **C**
Genital hiatus **GH**	Perineal body **PB**	Total vaginal length **TVL**
Posterior wall **Ap**	Posterior wall **Bp**	Posterior fornix **D**

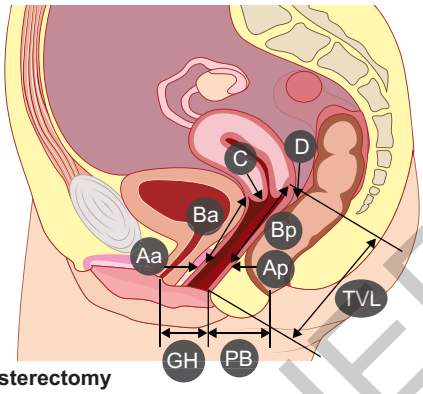


Fig. 2: Pelvic organ prolapse quantification (POP-Q).

CLASSIFICATION OF PROLAPSE

- *Anterior vaginal wall prolapse*: Cystocele and urethrocele
- *Apical prolapse*: Uterine or vault prolapse
- *Post vaginal wall prolapse*: Rectocele and enterocele

Most precise classification is POP-Q quantification **(Fig. 2)**.

Stage 0: No prolapse.

Stage I: The most distal part of the prolapse is >1 cm above the hymen.

Stage II: The most distal part of the prolapse is between 1 cm above and 1 cm below the hymen.

Stage III: The most distal part of the prolapse is >1 cm below the hymen but not past the hymen by 2 cm.

Stage IV: Complete eversion (prolapse) of the vagina.

ETIOLOGY

There are several factors which contribute to weakening of pelvic floor muscles and lead to prolapse:

- Mismanagement or improper care during delivery
- Loss of muscle tone as the result of aging
- Injury during childbirth, especially among multipara
- Delivery of macrosomic fetus
- Obesity
- Chronic cough
- Chronic constipation

All of these factors put added tension on the pelvic muscles, and may contribute to the development of uterine prolapse.

JAYPEE BROTHERS

SYMPTOMS AND SIGNS

- *Most common presenting complaint:* Vaginal bulge, pressure, and discomfort, sensation of heaviness in the pelvis, vaginal bleeding, increased vaginal discharge, dyspareunia, low backache, feeling like a tampon is falling out, difficult bowel movements, sexual dysfunction, and lack of vaginal sensation.
- *Associated symptoms:* Relating to voiding, defecation, and sexual dysfunction.
- Uterine prolapse can be prevented and treated depending on the severity of the condition. Management depends on the woman's general health, age, and desire to have children. There are different ways to treat uterine prolapse. First and second degree prolapse can be treated with ring pessaries, which stretches the vaginal walls, often in combination with pelvic floor exercises. Third degree prolapse requires surgical interference.

KNOWLEDGE VERSUS ACTION IN MANAGEMENT OF PROLAPSE

Refers to a common theme in medical and public health literature that there is significant gap between women's knowledge of pelvic organ prolapse and their actual adoption of preventive or management practices.

Studies find that many women have poor knowledge of risk factors, preventive measures, and available treatment options. Some of them do not translate this knowledge into practice due to economic, social, and psychological barriers. Asymptomatic prolapse is common. Many women have some degree of POP that is not bothersome and does not require invasive treatment. Education and reassurance are appropriate.

Conservative options are first-line treatment. Lifestyle modifications and PFMT can alleviate symptoms and prevent progression in mild to moderate cases.

Vaginal pessaries are durable and effective nonsurgical option with satisfactory results in selected cases of POP.

For symptomatic cases, surgery is advised if conservative measures fail. Decision must be based on discussion of risks, benefits, and patient preferences for preservation of uterus.

During surgical management, ensuring proper apical support is cornerstone of success and helps in preventing recurrence.

THE KNOWLEDGE ACTION GAP

The challenge lies in consistently applying this knowledge.

- *Poor awareness:* Majority of women have little knowledge about the disease, risk factors, symptoms, and complications of uterine prolapse.
- *Inadequate knowledge:* In a study group of women, 93% had no idea about regular Kegel exercises, taking a balanced diet, having regular

JAYPEE BROTHERS

bowel habits, avoiding lifting heavy objects, and seeking medical advice for prolonged coughing. Some women think that lifting heavy objects are risk but cannot avoid due to lifestyle or work demands.

- *Mismatch of symptoms and treatment:* Many women think that uterine prolapse is common phenomenon after menopause. There can be disconnect between anatomical severity of prolapse and actual symptoms a woman experiences.
- *Low healthcare seeking behavior:* Some women who develop symptoms, care seeking behavior is often low due to embarrassment, social stigma, lack of time, financial constraints, or a preference for traditional treatment.

MANAGEMENT AND ACTIONABLE STEPS

Effective knowledge for management centers on a comprehensive understanding of the condition and available evidence based treatment. It relies on both preventive and therapeutic aspects.

Preventive Measures (Knowledge to Action)

A key action gap is the insufficient management of underlying modifiable risk factors which are essential for long-term management and prevention.

- *Conservative management*:
  - Lifestyle modification
  - Weight reduction
  - Following a high fiber diet and adequate fluid intake to prevent constipation and straining
  - Avoid heavy lifting
  - Treatment of chronic constipation
  - Consult physician for chronic cough
  - Quit smoking
- *Physical therapy*: Pelvic floor muscle training (PFMT): Kegel exercises during and after pregnancy to strengthen levator ani and supportive muscles.

  If done under guidance of physiotherapist, can improve symptoms and, in some cases, the objective severity of the prolapse.

Ensure Skilled Birth Attendance during Labor

Regular antenatal and postnatal checkups with Kegel exercise and proper postnatal rest.

- *Pessaries*: These are highly effective, durable silicone devices inserted into the vagina to provide mechanical support to the pelvic organs. They are good option for women who prefer to avoid surgery or are not fit for surgery with high success rates.
- *Surgery*: Surgical intervention is an option when conservative methods fail or symptoms significantly affect quality of life. The choice of surgery is

JAYPEE BROTHERS

highly individualized, considering the patient's age, desire for future pregnancy/sexual function, and overall health. Uterine sparing surgery like sacrohysteropexy and hysterectomy with pelvic floor repair are two options.

- *Action gap*: Converting knowledge into effective practice

The difference between simply knowing the facts and effective management lies in targeted actions by both patients and healthcare providers. While clinicians understand the options, effectively communicating in a way that empowers patient self-management and informed decision making remains a challenge.

Patient Actions

- *Seek care early*: Women should not consider POP a normal part of aging. They should not feel shame or embarrassed. Early consultation allows for more conservative and less invasive management options.
- *Adhere to lifestyle changes*: Actively managing weight, treating constipation with high-fiber diets and fluids, avoiding heavy lifting, and quitting smoking are crucial actions to reduce intra-abdominal pressure.
- *Consistency with PFMT and pessary care*: Regular adherence to prescribed pelvic floor exercises and routine cleaning/follow-up for pessaries are vital for long-term success and to prevent complications.
- Healthcare provider actions
- *Promote education and awareness*: Clinicians need to ensure women are fully informed about conservative treatment options as first-line measures. Prolapse-related knowledge is often low among women seeking care.
- *Implement shared decision-making (SDM)*: Management requires an individualized, patient-centric approach that considers the woman's goals and expectations. Health personnel have a role to help women to express their needs without fear and explain the importance for appropriate preventive measures and treatment in early stage.

  Ultimately, bridging the gap between clinical knowledge of management options active, informed patient engagement, and timely intervention is essential for improving quality of life for women with prolapse.
- *Factors influencing knowledge/practice*: Educational status, family income, and access to antenatal/postnatal care visits are often significantly associated with better knowledge and practices.
- *Physician knowledge and attitudes*: Studies also show that while most doctors are aware of the role of physiotherapy and other treatments, postgraduate doctors tend to advise surgical options more frequently than graduates.

Management Actions versus Information

Management of uterine prolapse involves both conservative (nonsurgical) and surgical options, tailored to the individual patient's symptoms and

JAYPEE BROTHERS

lifestyle. Knowledge empowers patients to discuss these options and participate actively in their care.

Message: Women have poor knowledge regarding uterine prolapse. Therefore, health education programs regarding uterine prolapse should target women at all places, age groups, and educational levels at rural and urban areas. In addition, health workers should be provided with training to be able to detect cases of uterine prolapse in early stages.

KEY POINTS

Pelvic organ prolapse is a common yet underreported condition resulting from weakening of pelvic floor muscles and connective tissue, leading to descent of pelvic organs into the vaginal canal. Although not life-threatening, POP significantly impacts women's physical comfort, psychological well-being, sexual health, social functioning, and increases the risk of urinary and reproductive tract infections. Its prevalence is higher among elderly and multiparous women, but social stigma and low health-seeking behavior contribute to underdiagnosis. POP is classified anatomically into anterior, apical, and posterior compartment defects, with POP-Q being the most precise staging system. Risk factors include childbirth-related trauma, aging, obesity, chronic cough, constipation, and heavy lifting. Management requires bridging the gap between knowledge and action through patient education, early recognition, and individualized care. Conservative measures such as lifestyle modification, pelvic floor muscle training, and pessaries are first-line options, while surgery is reserved for symptomatic or advanced cases. Effective management relies on shared decision-making, preventive strategies, and timely intervention to improve quality of life.

SUGGESTED READING

1. Aki O, Ibrahim H, Mamdouh H. Perceived Reproductive Morbidity and Treatment Seeking Behavior among ever Married Women in Siwa Oasis, Egypt. J Am Sci. 2011;7(6):749.
2. Detollenaere RJ, den Boon J, Stekelenburg J, Alhafidh AH, Hakvoort RA, Vierhout ME, et al. Treatment of uterine prolapse stage 2 or higher: a randomized multicenter trial comparing sacrospinous fixation with vaginal hysterectomy (SAVE U trial). BMC Womens Health. 2011;11:4.
3. Roos AM, Thakar R, Sultan AH, Burger CW, Paulus AT. Pelvic floor dysfunction: women's sexual concerns unraveled. J Sex Med. 2014;11(3):743-52.
4. Segesten K. Nepales Women Suffering from Uterine Prolapse. A participant Observational Study in A maternity Hospital in Nepal. Sweden: Institute of Medicine, University of Gothenburg; 2012.
5. Shrestha B. Challenges in prevention and timely care of uterine prolapse in Nepal. Sweden: Institute of Medicine, University of Gothenburg; 2015.
6. Tamrakar A. Prevalence of Uterine Prolapse and its Associated Factors in Kaski District of Nepal. JHAS. 2012;2(1):38-41.
7. Thapa B, Rana G, Gurung S. Contributing factors of utero-vaginal prolapse among women attended in Bharatpur Hospital. J Chitwan Med Coll. 2014;4(9):38-42.
8. United Nations Population Fund. Maternal Morbidity Statistics by Region and by Country. New York: United Nations Population Fund; 2011.

JAYPEE BROTHERS

for detailed information on obstetrics & gynecology books, visit our website www.ejaypee.com, for detailed information on obstetrics & gynecology books, visit our web

Manual on

Urogynecology in Limited-Resource Setup

Shelving Recommendation
OBSTETRICS & GYNECOLOGY
ISBN 978-93-7545-652-0

Buy from ejaypee

JAYPEE BROTHERS