

The President of the Board of Directors Loutradis Dimitris Professor, Director of 1st Department of Obstetrics and Gynecology School of Medicine National and Kapodistrian University of Athens

The burden of Pelvic Organ Prolapse

he ancient issue of pelvic organ prolapse appears to be the price of childbearing. The Egyptians had described "a woman whose belly and branching of her thighs were painful as a result of a falling womb", while Hippocrates treated the prolapsed with fumigation, in which pleasant fumes were placed at a woman's head and vile ones near her prolapsed womb, in order to stimulate the uterus to retract. In the sixteenth century, the management incorporated the use of pessaries.

As the centuries passed, the lifespan was gradually extended and women's enrollment in the social network became more complicated. The modern woman, beside her desire for motherhood, became a hard worker seeking a professional career and spending more years in the menopause status; therefore, the pelvic organ prolapse came to be a serious disability and this drove the urogynecology field to develop new perspectives on the pelvic reconstructive approaches to treat uterine and vaginal vault prolapse. Pelvic reconstruction is certainly a relief, however it is not enough.

Today, over 50% of childbearing women suffer from a various degree of pelvic relaxation. Many of them are asymptomatic, but women with modest or severe prolapse have serious emotional and physical problems which lead to a poor quality of life.

They feel embarrassed to talk about their problem and the associated urine incontinence and sexual withdrawal. The feeling of not having control over basic functions of the bladder and bowel voiding is at least intimidating and quite frustrating. Practically, this fear limits outdoor physical activity and triggers insecurity, vulnerability and depression. The woman feels aged, have low self-esteem and negative impact on her self-image and feminity.

The emotional effects of experiencing pelvic organ prolapse can be very far-reaching and surgical intervention can heal the flesh but not the soul. Urogynecologists should encourage these women to talk openly and seek help and besides applying successful surgeries, help women to recover the loss of their own feminity and self respect.

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