

25th Sept 2019

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الجامعة الإسلامية العالمية ماليزيا
INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA
يُونَيْتِي سَلَامٌ، إِنْتَارَا بَعْشَا مَلَيْسِيَا

44th AUGS/IUGA Meeting Nashville USA

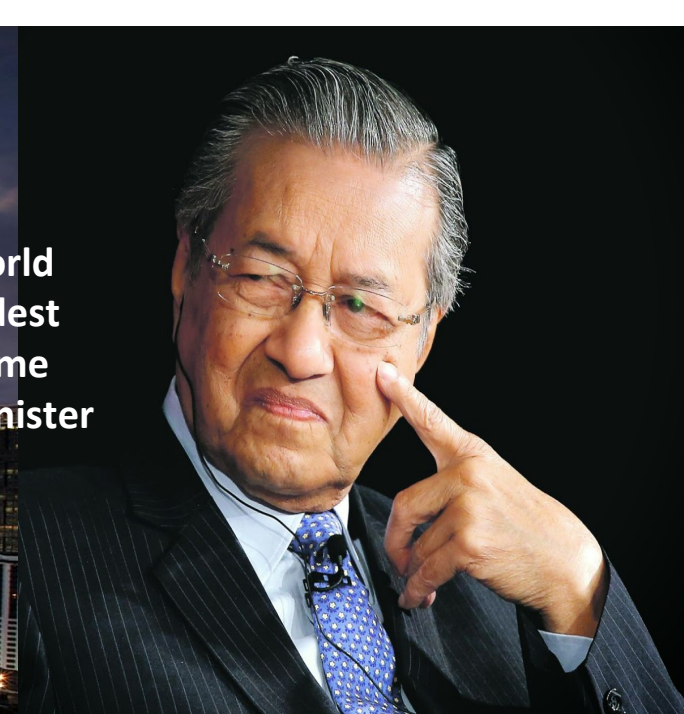
Disclosure

Nothing to declare

“ I have no relevant financial relationships
to disclose”



Kuala Lumpur



**World
Oldest
Prime
Minister**



IIUM Main Campus



IIUM Faculty of Medicine



IIUM Medical Center

BIODATA

Madam CTM

62 year old

Chinese

Para 5

LCB 30 years

Post menopause > 5 years

First clinic visit August 2016

HISTORY

- **Per vaginal mass x 20 years**
Gradually increasing in size
Irreducible on lying position
- **Urinary symptoms**
Frequency,
Nocturia 4-5 times
+ incomplete voiding
No SUI
- **Bowel symptoms**
No constipation / digital splinting

Precipitating Factors

- Parity 5
- Uncomplicated SVD
- BW 2.5-3kg
- Heavy lifting work (rubber tapper)



- **Social history**

Married

Not sexually active

Non smoker

PHYSICAL EXAMINATION

- BMI 25.5kg/m²
- Vaginal Examination
 - Atrophy vulva
 - No decubitus ulcer
 - Smooth atrophic, dry vaginal wall
 - Loss of rugae
- Other systems : normal



September 2016 – 1st surgery

- **Surgery**

VH + PFR + SSF

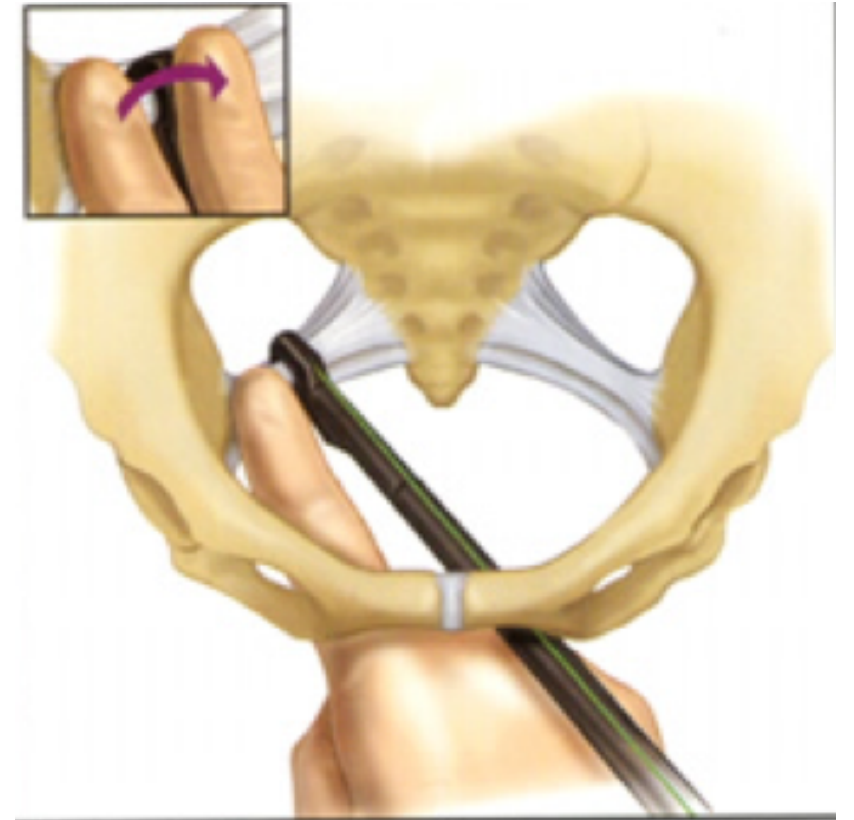
- **Intraoperative findings :**

atrophic vaginal epithelium
thickened vaginal wall

- **POP Q;**

Pre op : 3/5/9//5/2/10//0/1/6

Post op : -3/-3/-7// 3.5/4/7//-3/-3/-



Dec 2016

3 months post VH + PFR + SSF

- No urinary/bowel symptoms
- Assessment :

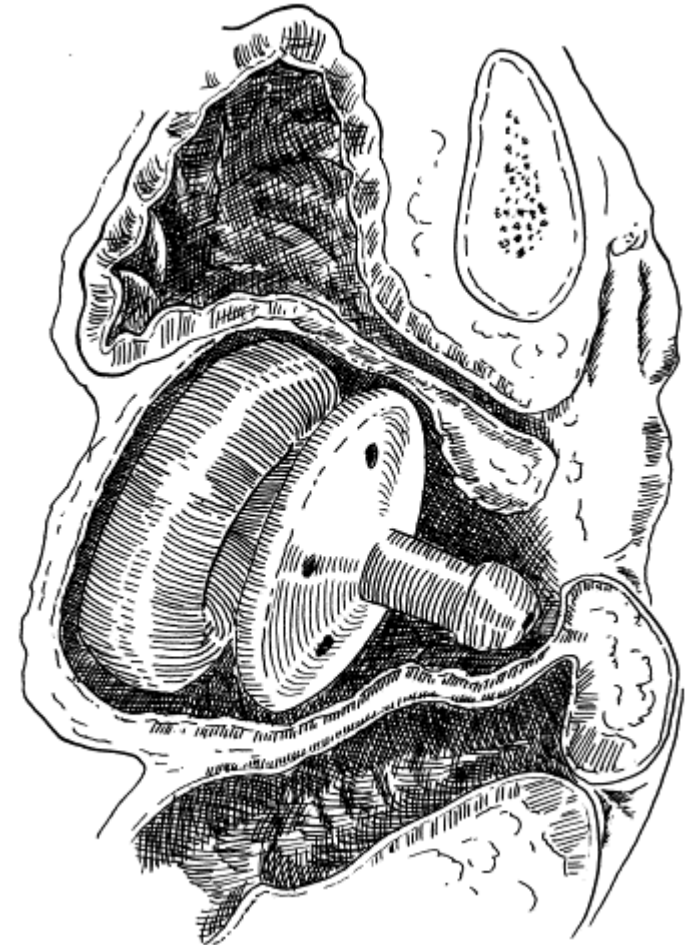
Wound healed

Cystocele stage 2

No vault prolapse or rectocele

January 2017

- Recurrent prolapse
- Still had weight bearing activity since post op
- **Conservative treatment**
 - Gellhorn and ring pessary (double pessary)
- **Regular follow up 3-5 monthly**
 - Vaginal infection (Foul smelly discharge)
 - Intermittent rest from pessary



November 2017

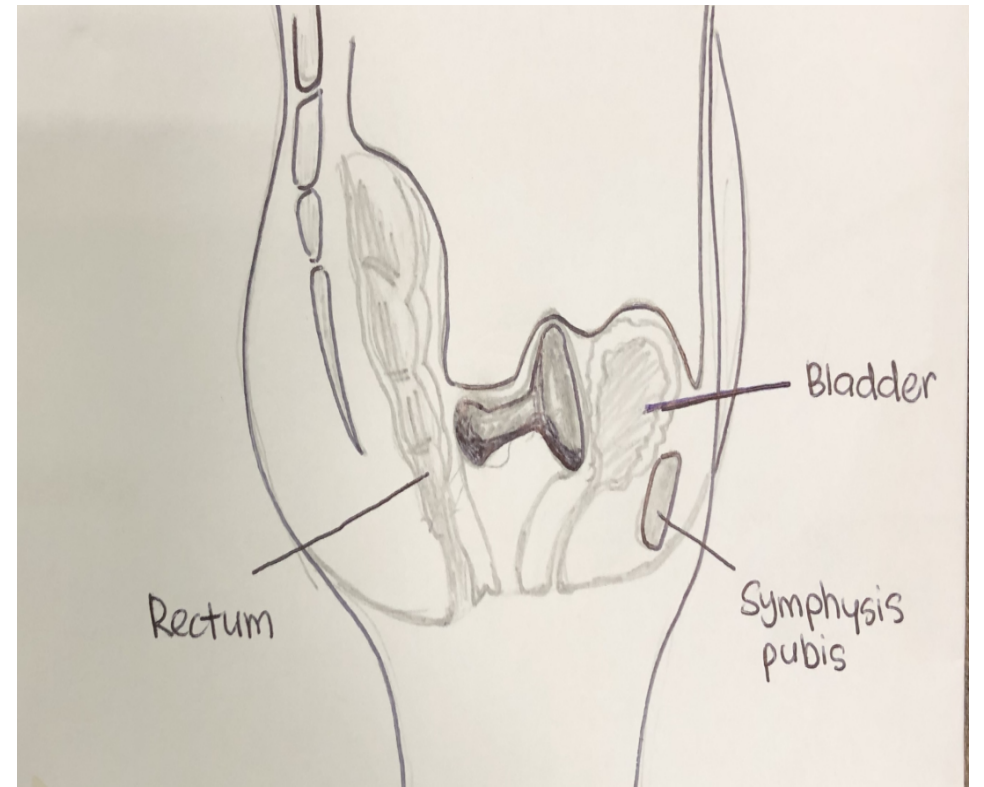
- Impacted Gellhorn pessary
- Diagnosed Diabetes Mellitus, started on metformin

- ***EUA & removal of pessary***

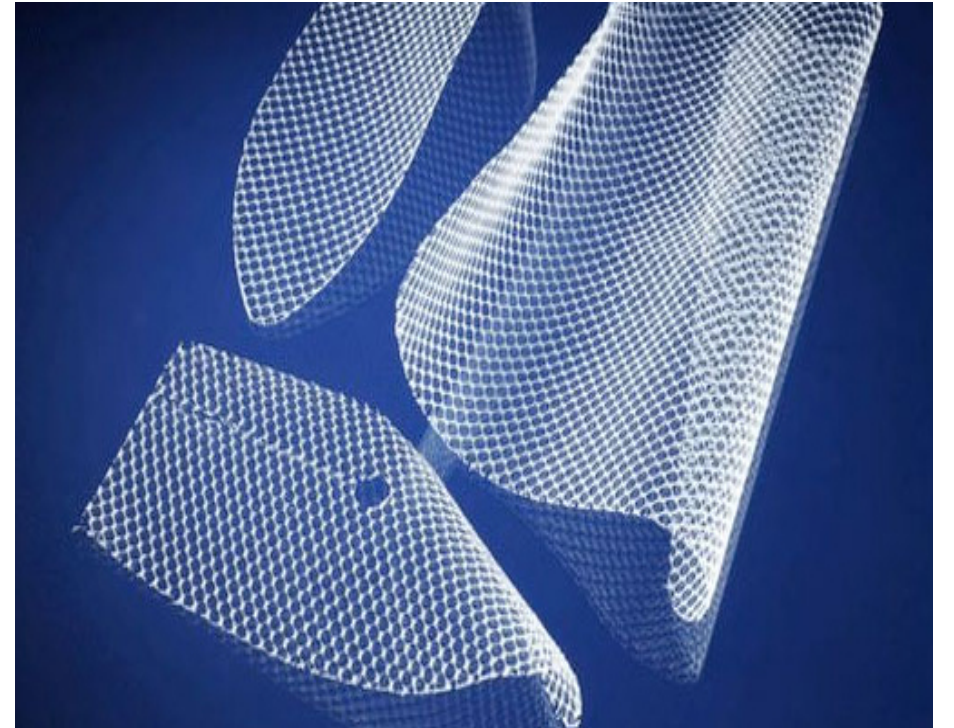
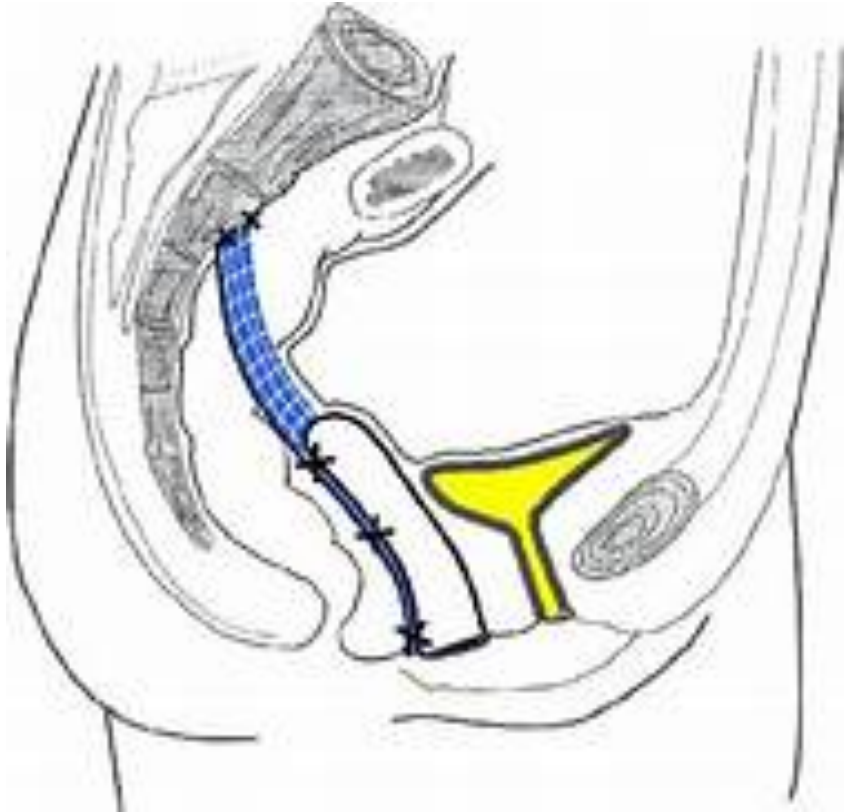
Intraoperative findings :

+ foul smelly whitish discharge
pessary stem embedded 0.5cm
depth at 7 o'clock of vaginal wall.

PR : intact rectal mucosa



December 2017 – 2nd surgery (ASC)



Tilloop: Titanium mesh

Jan 2018 – 1 month post ASC

- **Well**
- **Findings**
 - Cystocele stage 2
 - No vault prolapse or rectocele
- **Management**
 - PFMT

May 2018 – 5 months post ASC

- No more heavy lifting
- Occasional SUI
- Assessment
 - vault prolapse stage 3
 - predominantly cystocele
- Management
 - Ring pessary size 65mm



July 2018 – 7 months post ASC

- Occasional constipation
- Assessment
 - vault prolapse stage 3
 - Per vaginal discharge +++
 - Erosion seen at posterior fornix
- Management
 - pessary removed
 - premarin cream
 - antibiotic pessary



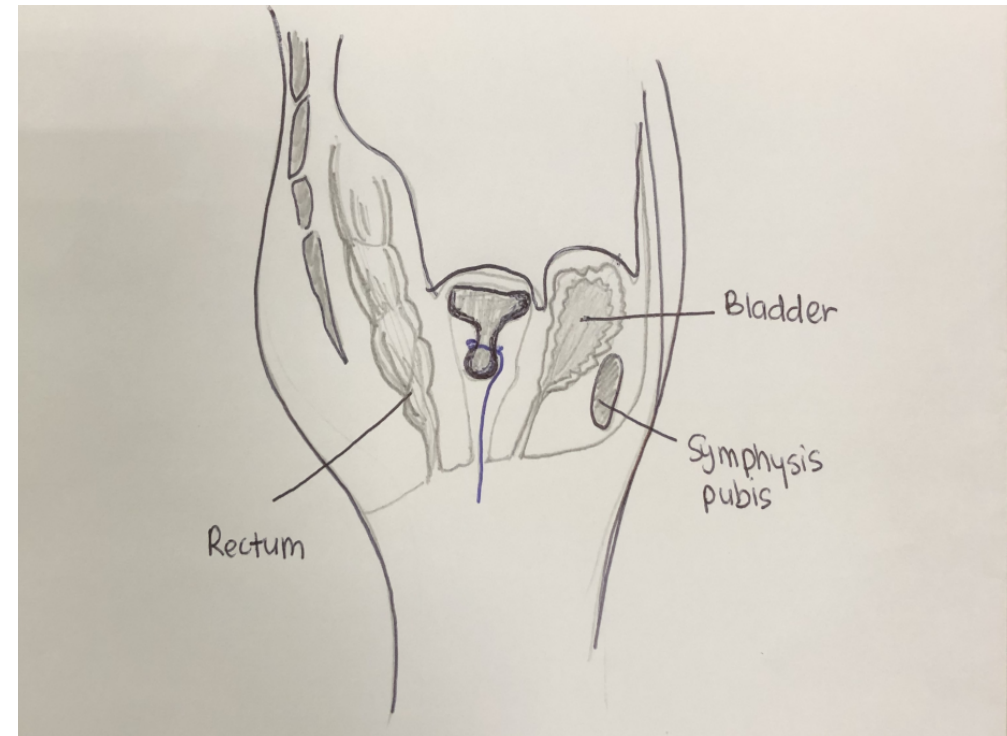
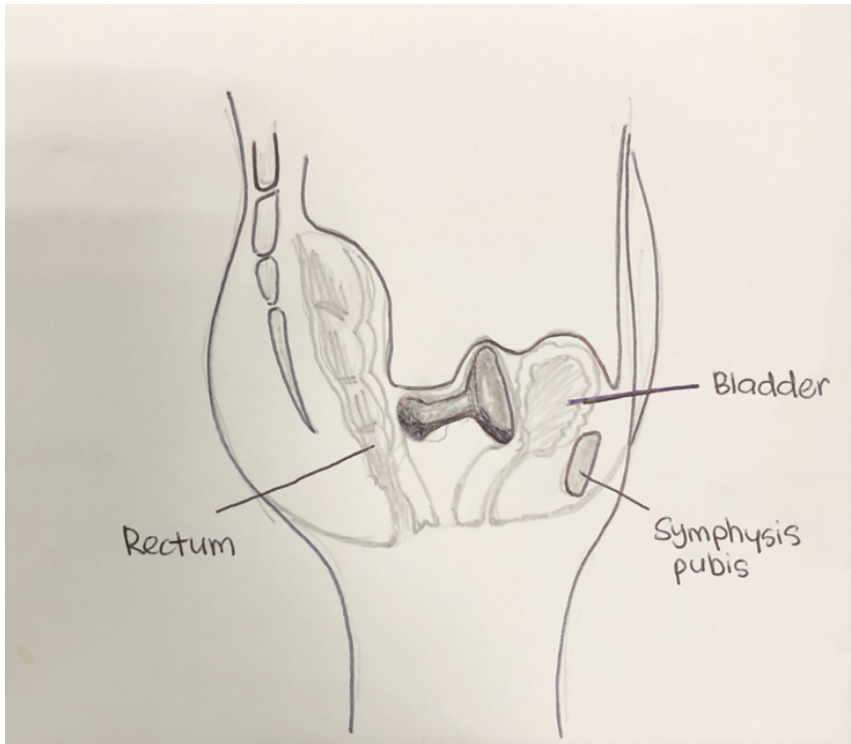
August 2018 – 8 months post ASC

- Worsening prolapse
- Stage 3
- Required Gellhorn pessary



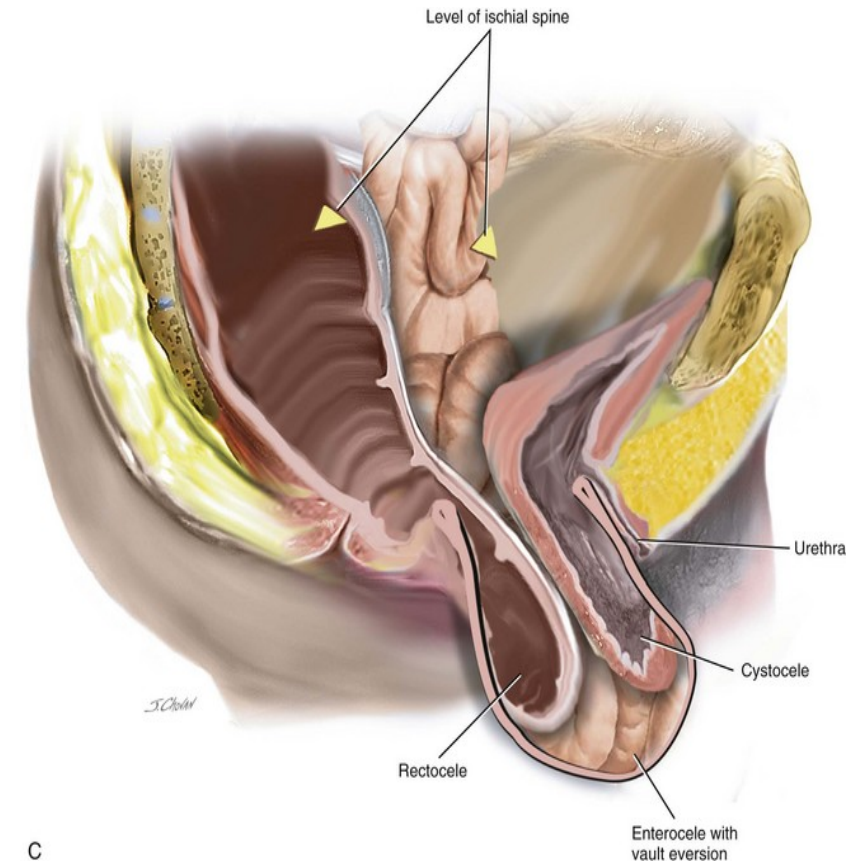
Aug – Sept 2018

- Difficulty in maintaining Gellhorn pessary in correct position
- Stem tied with dafilon for daily adjustment (reposition of gellhorn pessary): failed



Dec 2018 - 1 year post ASC

- Worsening of vault prolapse
- Incomplete voiding with SUI
- Transabdominal Ultrasound
Bilateral hydronephrosis
No pelvic mass / stone
- **Failed conservative management**



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**What's
NEXT?????**

January 2019 – 3rd surgery

Procedure

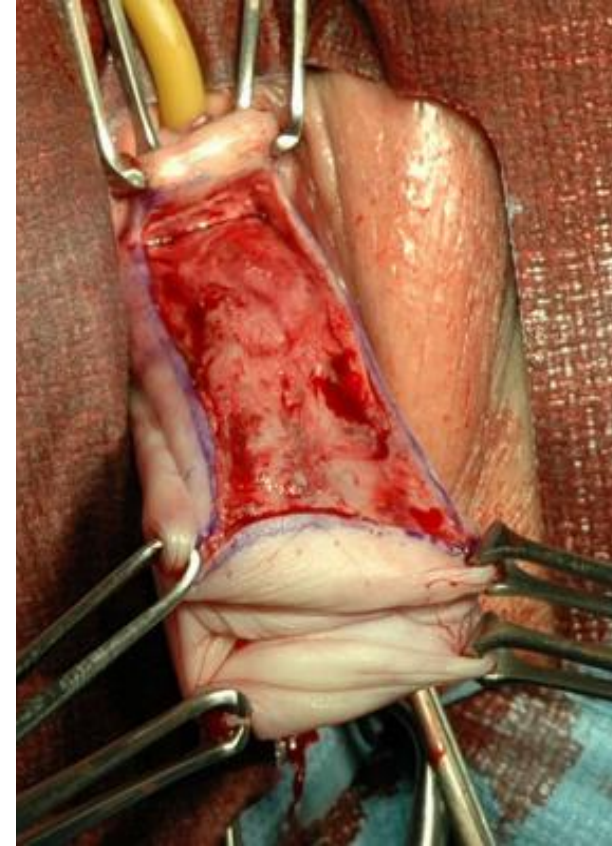
Cystoscopy

- Bilateral retrograde pyelogram
- ureteric stenting

Le Fort colpocleisis,

Mid urethral sling (TOT)

High perineorrhaphy



- Pre operative



POP Q :3/5/6//5/3/8//-1/0/-

Post operative



POP Q : -//3/5.5/2//-

July 2019 - 7 months post OP

❖ No urinary symptoms

no SUI / OAB

❖ Assessment

Vaginal length 3 cm

Cough stress test negative

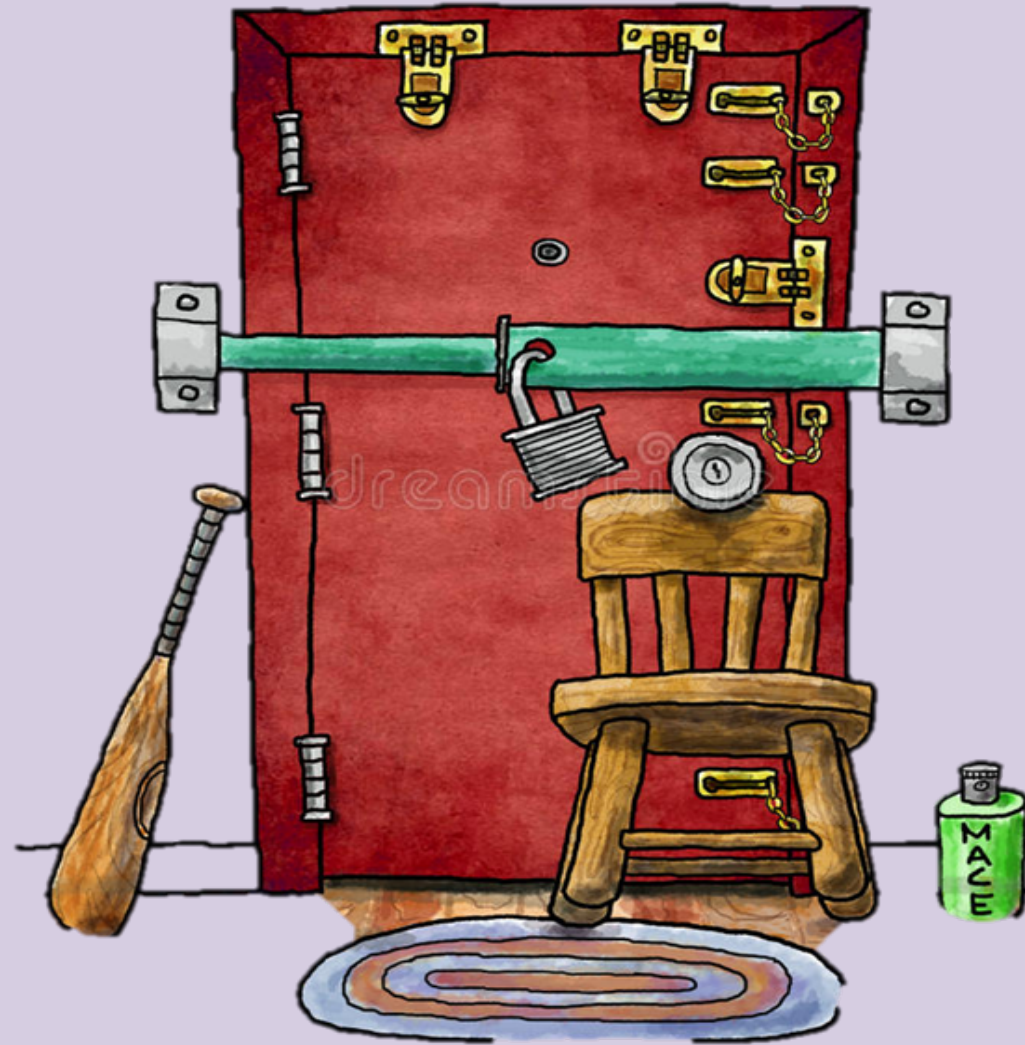
Pelvic floor muscle power, grade 2

❖ PFMT



TAKE HOME MESSAGE

Recurrent vault prolapse is complicated and difficult, yet it can be managed with a simple procedure



THANK YOU

