

## Case Study #2: Gynecologic Abnormalities

Gladys, a 75-year-old woman, G5P5, presents for an annual exam and reports a “fullness” in her vagina. She notices her symptoms more when she is standing for a long time. This feeling is bothersome and is affecting her daily activities. She does not complain of urinary or fecal incontinence. She has not experienced any vaginal bleeding. Her past medical history is significant for well-controlled hypertension and chronic bronchitis. She has never had surgery.

Pelvic exam reveals normal appearing external genitalia except for generalized atrophic changes. The vagina and cervix are without lesions. Relaxation of the anterior and posterior vaginal wall is noted to approximately one centimeter beyond the vaginal opening when she is asked to Valsalva. The cervix also descends to that level with Valsalva. The uterus is normal size. The ovaries are not palpable. No rectal masses are noted. Rectal sphincter tone is slightly decreased.

1. What are the most important support mechanisms for the pelvic organs?
2. What increases this patient’s risk for pelvic organ prolapse?
3. What are the different types of pelvic organ prolapse?
4. What are the steps in evaluating someone with prolapse?
5. What are treatment options you should discuss with this patient?
6. When is surgery indicated for prolapse?