

# The Importance of a Multidisciplinary Approach for Women with Pelvic Organ Prolapse and Cystocele

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**P**elvic organ prolapse (POP) is a very common clinical condition affecting about 40% of women aged over 45 and 50% of parous women.<sup>1,2</sup> It is defined as the descent of one or more of the anterior or posterior vaginal wall, the uterus (cervix), or the vaginal vault (after hysterectomy).<sup>3,4</sup> Age, pregnancy, delivery, and previous pelvic surgery, in addition to some high-risk factors that increase intra-abdominal pressure, such as chronic pulmonary disease, obesity, and heavy manual labor, are the main causes of POP.<sup>1,2</sup>

Cystocele is the most commonly affected compartment in POP, and it is one of the most common indications for gynecologic surgery. Cystocele is the anterior vaginal wall prolapse accompanied by prolapse of the bladder wall. It is defined as the descent of the anterior vagina such that the urethro-vesical junction or any anterior point proximal to this is < 3 cm above the plane of the hymen.<sup>1,2,5</sup>

Management of POP and cystocele includes nonsurgical and surgical treatments.<sup>2</sup> In the last few years, new surgical techniques have been developed with a reduction of postoperative pain and a shorter period of hospitalization.<sup>1,5-8</sup>

POP impairs quality of life (QoL) of women affected because of vaginal bulge symptoms and changes in sexual function.<sup>1,5,6,9</sup> Many studies about this topic have underlined that POP can seriously compromise QoL and limit physical, psychological, and sexual function.<sup>1,4,5</sup>

Sexual wellbeing is an important aspect of women's health, and the presence of sexual disorders can adversely affect QoL and couple relationships.

POP and cystocele are frequently associated with sexual dysfunctions that usually include disorders of sexual desire, arousal, orgasm, and pain.<sup>1,5</sup>

The assessment of QoL and sexual function of women with POP and cystocele is important to choose the most suitable treatment for the patient. Indeed, in most cases, impairment of QoL is an indication for surgical treatment of POP.<sup>4</sup>

According to recent studies about this topic, surgical management of POP significantly improves QoL and sexual function in the patients, and these results remain stable in the long term with further improvement.<sup>1,5</sup>

In the light of these considerations, a multidisciplinary approach in the management of patients with POP and cystocele is strongly suggested. Specifically, it would be appropriate to evaluate the QoL and sexual dysfunctions of patients through validated questionnaires to improve the treatment decision-making process. For example, the Short Form-36<sup>9</sup> and Pelvic Organ Prolapse/Urinary Incontinence Sexual Questionnaire<sup>10</sup> are useful instruments to assess QoL and the effects of POP on sexual function.

We recommend that the assessment of QoL and sexual dysfunction using validated questionnaires becomes an integral part of the therapeutic process of women affected from POP and cystocele.

## Disclosure

The authors declared no conflicts of interest.

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