

PELVIC ORGAN PROLAPSE

It's a problem most women never discuss, even when the symptoms interfere with their work, intimate relationships or ability to travel.

Pelvic floor prolapse occurs when the network of muscles and ligaments supporting the female pelvic organs weakens and sags. As a result, the vagina, bladder, uterus or rectum can slip out of position, sometimes protruding into or outside of the vagina. Symptoms range from urine leakage and bowel problems to discomfort during intercourse, difficulty emptying the bladder, and pressure or pain in the pelvic area and lower back. The condition sometimes develops in women who have had hysterectomies, with the top portion of the vagina falling into the vaginal opening.

“Many women don't mention prolapse-related symptoms to their doctors because they're embarrassed or believe these problems are a normal part of aging,” says **Dr. Regina Hovey**, a urologist with University of California, Irvine Healthcare. “But in some cases, physical therapy and support devices can make the situation more tolerable. In others, however, surgery may be the best option.” Hovey was among the first physicians in Southern California to use the da Vinci robotic surgical system to restore support to pelvic organs. In Orange County, she is among the few physicians—the others are UC Irvine specialists in urogynecology and gynecologic oncology—offering this approach.

A new treatment approach. Depending on the type of prolapse and the organs involved, Hovey employs various surgical strategies. But the goal is always the same: to restore the organs to their original position. This is sometimes done by securing them to ligaments or bones. Another option is to reinforce or replace weakened tissue with mesh made from biomolecules or synthetic products, creating a support to shore up drooping organs. “Some of the

new materials function as a bioactive framework, encouraging the development of strong, healthy tissue that's capable of supporting the prolapsed organs,” says Hovey.

Because the female pelvis is so complex, it takes a great deal of skill and experience to do this type of surgery. Today, there are several different methods of surgical repair, including procedures that access prolapsed organs through the abdomen, the vagina, or both. But the introduction of the da Vinci robotic surgical system has revolutionized the treatment of uterine and vaginal prolapse—and the urinary incontinence that often accompanies it.

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“The machine allows surgeons to operate with unprecedented accuracy and precision,” says Hovey. Much like laparoscopic surgery, an older method of doing minimally invasive procedures, the da Vinci method requires a few small abdominal incisions through which a miniature video camera and tiny surgical instruments are inserted.

Mini-maneuvers. But that's where the similarities end. During surgery, the physician sits at a console several feet away from the patient, manipulating two joystick-like grippers, which control the surgical instruments, camera and robotic arms. The technology scales down each movement of the surgeon into a mini-maneuver by surgical instruments in the patient. This makes the robotic system ideal for working in spaces such as the female pelvis. Furthermore, the robot's “hands” are perfectly steady and can rotate 360 degrees, allowing doctors to operate on difficult-to-access areas. The machine's “eyes” are also much sharper than a

human's, with the camera magnifying the surgical field up to 15 times. This enables the physician to see defects in pelvic muscles, ligaments and connective tissue more clearly than ever before—and to place stitches more precisely than other surgical methods allow. Because incisions are only one-half inch compared with six inches for conventional surgery, the da Vinci approach typically results in less blood



loss, reduced pain and shorter hospital stays. For referral to a physician specializing in pelvic organ prolapse or female urinary incontinence, call 714.456.7005.

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