Disclaimer

This movie is an educational resource only and should not be used to manage urinary health. All decisions about the management of cystocele must be made in conjunction with your Physician or a licensed healthcare provider.
MULTIMEDIA HEALTH EDUCATION MANUAL

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INTRODUCTION

A cystocele, also referred to as prolapsed bladder or fallen bladder, occurs when the fibrous tissue wall between the bladder and vagina weakens allowing the bladder to fall out of its normal anatomical position and into the vagina.

In order to learn more about Cystoceles, it is important to understand normal anatomy of the urinary system.
Urinary System Anatomy

The organs, tubes, muscles, and nerves that work together to create, store, and carry urine are the urinary system. The urinary system includes two kidneys, two ureters, the bladder, two sphincter muscles, and the urethra.

The urinary system removes a type of waste called urea from your blood. Urea is produced when foods containing protein, such as meat, poultry, and certain vegetables, are broken down in the body. Urea is carried in the bloodstream to the kidneys.

(Kef figure 1)

Kidneys

The kidneys are bean-shaped organs about the size of your fists. They are near the middle of the back, just below the rib cage. The kidneys remove urea from the blood through tiny filtering units called nephrons.

(Kef figure 2)

Ureters

From the kidneys, urine travels down two thin tubes called ureters to the bladder. The ureters are about 8 to 10 inches long.

Muscles in the ureter walls constantly tighten and relax to force urine downward away from the kidneys.

If urine is allowed to stand still, or back up, a kidney infection can develop. Small amounts of urine are emptied into the bladder from the ureters about every 10 to 15 seconds.

(Refer figure 3)
Bladder

The bladder is a hollow muscular organ shaped like a balloon. It sits in your pelvis and is held in place by ligaments attached to other organs and the pelvic bones. The bladder stores urine until you are ready to go to the bathroom to empty it.

It swells into a round shape when it is full and gets smaller when empty. If the urinary system is healthy, the bladder can hold up to 16 ounces (2 cups) of urine comfortably for 2 to 5 hours.

(Refer fig. 4)

Sphincter Muscles

Circular muscles called sphincters help keep urine from leaking. The sphincter muscles close tightly like a rubber band around the opening of the bladder into the urethra.

(Refer fig. 5)

Urethra

The tube that allows urine to pass outside the body.

(Refer fig. 6)

Nerves in the bladder tell you when it is time to urinate, or empty your bladder. As the bladder first fills with urine, you may notice a feeling that you need to urinate. The sensation to urinate becomes stronger as the bladder continues to fill and reaches its limit. At that point, nerves from the bladder send a message to the brain that the bladder is full, and your urge to empty your bladder intensifies.

When you urinate, the brain signals the bladder muscles to tighten, squeezing urine out of the bladder. At the same time, the brain signals the sphincter muscles to relax. As these muscles relax, urine exits the bladder through the urethra. When all the signals occur in the correct order, normal urination occurs.
What is a Cystocele?

A cystocele or fallen bladder occurs when the wall between a woman’s bladder and her vagina weakens and allows the bladder to drop down into the vagina. This condition may cause discomfort and problems with emptying the bladder.

A cystocele is mild (grade I or II) when the bladder droops only a short way into the vagina. With a more severe (grade III) cystocele, the bladder sinks far enough to reach the opening of the vagina. The most advanced (grade IV) cystocele occurs when the bladder bulges out through the opening of the vagina.

(Refer fig. 7)

Symptoms

A bladder that has dropped from its normal position may cause two kinds of problems—unwanted urine leakage and incomplete emptying of the bladder. In some women, a fallen bladder stretches the opening into the urethra, causing urine leakage when the woman coughs, sneezes, laughs, or moves in any way that puts pressure on the bladder. This is called stress incontinence.

Common symptoms of Cystocele include:

- Stress incontinence
- Urinary frequency
- Difficulty urinating
- Vaginal pressure
- Vaginal pain
- Painful intercourse
- Low back pain
- Bulging from the vagina

(Refer fig. 8)

What Causes a Cystocele?

There are various causes of a cystocele. A cystocele may result from muscle straining while giving birth. Other kinds of straining—such as heavy lifting or repeated straining during bowel movements—may also cause the bladder to fall. The hormone estrogen helps keep the muscles around the vagina strong. When women go through menopause—that is, when they stop having menstrual periods—their bodies stop making estrogen, so the muscles around the vagina and bladder may grow weak.
Risk Factors

A risk factor is something that increases your chances of developing a condition or disease. Risk factors for developing a cystocele include:

- Multiple childbirths
- Menopause
- Hormone deficiency
- Chronic constipation
- Frequent heavy lifting
- Weight lifting
- Prior Hysterectomy
- Increasing age

(Fig. 9)
How is a Cystocele Diagnosed?

Your doctor will perform the following:

- Medical History
- Physical Exam

A doctor may be able to diagnose a cystocele from a description of symptoms and from physical examination of the vagina because the fallen part of the bladder may be visible, depending on the stage of the cystocele.

Cystoceles are graded by a staging system to determine the severity. Stage I-IV is used to describe the severity of a cystocele, with each stage progressing lower into the vagina. Stage IV is diagnosed when the bladder falls through the vaginal opening.

Tests your doctor may order include:

Voiding Cystourethrogram
This is a test that involves taking x rays of the bladder during urination. This x ray shows the shape of the bladder and lets the doctor see any problems that might block the normal flow of urine.

Ultrasound
This test uses high-frequency sound waves to produce dynamic images (sonograms) of organs, tissues, or blood flow inside the body.

MRI
MRI uses powerful magnets and radio waves instead of x-rays to take pictures of parts of the body.

Conservative Treatment Options

Treatment options range from no treatment for a mild cystocele to surgery for a serious cystocele, usually stage III and IV. Conservative treatment measures may include:

Kegel Exercises: These are exercises a women can do to strengthen the perineal area by tightening and releasing the perineal muscles to strengthen the pelvic floor and prevent urinary incontinence.

Avoid heavy lifting: If a cystocele is not bothersome, the doctor may only recommend avoiding heavy lifting or straining that could cause the cystocele to worsen.
Pessary: If symptoms are moderately bothersome, the doctor may recommend a pessary—a device placed in the vagina to hold the bladder in place. Pessaries come in a variety of shapes and sizes to allow the doctor to find the most comfortable fit for the patient. Pessaries must be removed regularly to avoid infection or ulcers.

Medications: Your doctor may prescribe medications to treat chronic constipation or hormone deficiency.

Surgery Introduction

Large cystoceles, stage III and IV, may require surgery to move and keep the bladder in a more normal position. This operation may be performed by a gynecologist, a urologist, or a urogynecologist. The most common procedure for cystocele repair is an Anterior Colporrhaphy. The surgeon makes an incision in the wall of the vagina and repairs the area by tightening the layers of tissue that separate the organs, creating more support for the bladder.

Some cystoceles may require abdominal or laparoscopic surgery to repair, depending on the location of the defect. Your surgeon will decide which surgery to perform based on your particular situation. The goal of surgery includes:

- Return internal structures back to their normal anatomical position
- Relieve urinary and sexual symptoms
- Prevent reoccurrence

Surgery

Anterior Colporrhaphy is performed in a hospital operating room with the patient under general, spinal or regional anesthesia. Your surgeon will perform the following:

A speculum is inserted into the vagina to open the tissues and give your surgeon a clear view to work. Your surgeon makes an incision into the vaginal wall.

(Refer fig. 10 to 12)
Surgery

The defect in the supporting structures is located and the tissue is tightened and closed with sutures. The vaginal incision is repaired and closed with sutures. The speculum is then removed.

(Refer fig. 10 to 12)

Post Operative Care

Anterior Colporrhaphy is major surgery and will take time to recover. Most patients will stay in the hospital from one to three days before being discharged to home and take 4 to 6 weeks to recover fully.

You will be given pain medication to keep you comfortable.
You will be given antibiotics to prevent infection.
You may have a urinary drainage catheter in place for 1-2 days.
You will need to use sanitary napkins for vaginal discharge and bleeding.
You will be encouraged to get up and walk the next day after your surgery.
Post Operative Care

Once home you will have restrictions to follow and will need to limit your activities until you are fully healed. It is important to note that recovery from Anterior Colporrhaphy will usually take about 4 weeks. It is very important to adhere to all activity restrictions that your doctor orders.

- No driving until full mobility resumes and you are no longer taking narcotic pain meds.
- No sexual intercourse for 4 weeks.
- No heavy lifting over 20 pounds for 4 weeks after surgery.
- No sports activity.
- No douching or tampons.
- No baths, however, you will be allowed to shower after your surgery.

Risks and Complications

As with any major surgery there are potential risks involved. The decision to proceed with the surgery is made because the advantages of surgery outweigh the potential disadvantages. It is important that you are informed of these risks before the surgery takes place.

Most women do not have complications after Anterior Colporrhaphy; however complications can occur and depend on which type of surgery your doctor performs as well as the patient’s health status. (i.e. obese, diabetic, smoker, etc.) Complications can be medical (general) or specific to Anterior Colporrhaphy. Medical complications include those of the anaesthesia and your general well being. Almost any medical condition can occur so this list is not complete.
Risks and Complications

Complications Include

- Post-operative fever and infection: antibiotics given at the time of surgery lessen this risk but symptoms of infection should be reported to your physician and can include: fever, increasing pain, heavy bleeding, and foul smelling discharge.

- Surgical injury to bowel or bladder: an uncommon complication that is usually recognized during surgery and repaired.

- Abscess: a localized collection of pus (infected material) in a body cavity.

- Fistulas: when an abnormal passageway occurs from one organ to the skin or to another organ.

- Dehiscence: opening of the surgical incision after surgery.

- Blood Clots: small clots can form in the leg veins (thrombophlebitis) causing sudden swelling or discoloration in the leg requiring immediate medical attention. A rare but life threatening complication can occur in which the blood clot travels to the lungs (pulmonary Embolism).
Risks and Complications

- **Adhesions**: extensive scar tissue formations in the pelvic area. Rarely adhesions can obstruct the intestines requiring additional surgery.
- **Dyspareunia**: painful intercourse from shortening of the vagina.
- **Recurrence**: cystocele recurs and may require additional surgery.
- **Failure**: failure of the surgery to correct the defect.
Summary

A good knowledge of this procedure will make the stress of undertaking the procedure easier for you to bear. The decision to proceed with the procedure is made because the advantages of the procedure outweigh the potential disadvantages. It is important that you are informed of these risks before the procedure.

Disclaimer

Although every effort is made to educate you on Cystocele and take control, there will be specific information that will not be discussed. Talk to your doctor or health care provider about any concerns you have about Cystocele.

You must not proceed until you are confident that you understand this procedure, particularly, the complications.
YOUR SURGERY DATE

READ YOUR BOOK AND MATERIAL

VIEW YOUR VIDEO / CD / DVD / WEBSITE

PRE - HABILITATION

ARRANGE FOR BLOOD

MEDICAL CHECK UP

ADVANCE MEDICAL DIRECTIVE

PRE - ADMISSION TESTING

FAMILY SUPPORT REVIEW

Physician's Name: ________________  Patient’s Name: ________________

Physician's Signature: ________________  Patient’s Signature: ________________

Date: ________________  Date: ________________