Pelvic Organ Prolapse

A template for the comprehensive evaluation of Pelvic Organ Prolapse in a South African context

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INTRODUCTION

Pelvic organ prolapse is a prevalent condition affecting approximately half the population of parous women.1 To date, a practical template in its evaluation has not yet been formulated for use in our setting. Since the entity of incontinence has been the most common documented symptom in the urogynaecology clinic,2 we have incorporated it into the above template.

A systematic approach had been formulated in Italy (1996), for the evaluation of Pelvic Organ Prolapse in the clinical context. It had been constructed assessing 4 different domains in the pelvic floor (Incontinence, Pelvic floor Prolapse, General factors and Handicap) and was thus named the “IPGH” system.3 The original IPGH system was comprehensive but not entirely practical to implement in everyday practice. This inadequacy subsequently led to the development of the “Short-IPGH” system.4 However, the corresponding abbreviations in the Short-IPGH system may still prove to an intimidating milestone for the novice who is confronted with Pelvic Organ Prolapse in the clinical setting. Although these four domains are somewhat pivotal component for use in the referral process and follow-up of these patients.

DISCUSSION

We have thus constructed a clinical tool which could be implemented by both registrar and specialist alike. This template would serve to improve the overall management of the multitude of South African women who are affected by this debilitating condition. We also envisage that a template of this sort could serve as an educational tool and an invaluable aid in the field of pelvic floor disorders, which could be applied in any setting.

REFERENCES

APPENDIX 1 – . The “compartmental” template for the evaluation of Pelvic Organ Prolapse.

Identity
Patient Name: __________________________ Date of Birth: ____________

Age: ____________ Parity: ____________ Gravidity: ____________

History
Main Complaint: __________________________ History of complaint: __________________________

Previous Medical History: __________________________ Previous Surgical History: __________________________

Gynaecological History: Hormonal Status: Menopausal: Pre: ____________ Post: ____________

HRT: Yes: ____________ No: ____________

Pap Smear: __________________________

Obstetric History: Previous 3rd, 4th degree tear

Voiding diary:
Quality of life Questionnaire: The Australian Pelvic floor questionnaire (*) Self Administered: ____________

Clinician Administered: ____________ Score: ____________

Bladder:
Bowel:
Prolapse:
Sexual Function:

INTERPRETATION:

Sexual History: Frequency/week:
Reason for inactivity:

Dyspareunia: __________________________

Compartmental symptom Enquiry
If present, quantify using the (Visual Analogue Scale) VAS score, with 10 being the worst

Anterior Compartment:
Leak with cough/sneeze: 0 ____________ 1 ____________ 2 ____________ 3 ____________ 4 ____________ 5 ____________ 6 ____________ 7 ____________ 8 ____________ 9 ____________ 10 ____________

Urgency: 0 ____________ 1 ____________ 2 ____________ 3 ____________ 4 ____________ 5 ____________ 6 ____________ 7 ____________ 8 ____________ 9 ____________ 10 ____________

Urgency incontinence: 0 ____________ 1 ____________ 2 ____________ 3 ____________ 4 ____________ 5 ____________ 6 ____________ 7 ____________ 8 ____________ 9 ____________ 10 ____________

Frequency: Yes: ____________ No: ____________

Haematuria: Yes: ____________ No: ____________

Incomplete Emptying: Yes: ____________ No: ____________

Poor stream: Yes: ____________ No: ____________

Straining: Yes: ____________ No: ____________

Hesitancy: Yes: ____________ No: ____________

Double Voiding: Yes: ____________ No: ____________

Post micturition dribbling: Yes: ____________ No: ____________

Dysuria: Yes: ____________ No: ____________

Nocturia: Yes: ____________ No: ____________ (frequency/night) __________________________

Pad Use: Yes: ____________ No: ____________ (frequency/24hrs) __________________________

Documented UTI: Yes: ____________ No: ____________

Recurrent UTI: Yes: ____________ No: ____________ (frequency/year) __________________________

Mid Compartment:

Prolapse: Yes: ____________ No: ____________

‘Bulge’: Sensation: ____________ Visualization: ____________

Posterior Compartment:

Constipation: Yes: ____________ No: ____________

Defaecatory difficulty: Yes: ____________ No: ____________

Tenesmus: Yes: ____________ No: ____________

Faecal urgency: Yes: ____________ No: ____________

PR Bleeding: Yes: ____________ No: ____________

Incontinence for solid stool: Yes: ____________ No: ____________
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Incontinence for liquid stool: Yes ☐ No ☐
Flatal incontinence: Yes ☐ No ☐
‘Digitation’: Yes ☐ No ☐
Splinting of Perineum: Yes ☐ No ☐

EXAMINATION
Weight:................Kg   Length:...............cm   BMI:
General:
Neurological: S2,3,4 nerve root:
             Perineal Sensation:
             Patella Reflexes:

Pelvic
Inspection:
Vulva, Perineum: Atrophy ☐

Anterior Compartment:
Urethra: Masses
         Stress Test: Neg ☐ Pos ☐
         Q-Tip test >30’ ☐ <30’ ☐

Signs of stress incontinence with Unmasking : ☐
Method of Unmasking ................................
Cystocele ☐ Lateral............... Central............... Combination............... Cystocele: Grade 0 1 2 3 4
Urethrocele: Grade 0 1 2 3 4

Mid Compartment:
Vault: Atrophy: Neg ☐ Pos ☐
         Length: ...................... cm
Uterine/Vault: Grade 0 1 2 3 4
Cervix:
Uterus: Transvaginal ultrasound:

Posterior Compartment:
Perineal body: Length: ...................... cm
Anal sphincter: Tone: Normal ☐ Abnormal ..................

Puborectalis: Intact: Yes ☐ No ☐
Contraction: out of 5
Enterocoele: Grade 0 1 2 3 4
Rectocoele: Grade 0 1 2 3 4
Perineum: Grade 0 1 2

Pelvic organ prolapse quantification score (POP-Q SCORE):

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Stage: 0 1 2 3 4

Investigations:
Urine Analysis:
Post void residual volume: ............ mL
Urodynamic study:
Cystoscopy:
Ultrasound:
Defaecogram:
EndoAnal Ultrasound:
MRI:

Assessment summary
Patient:
Age: P ☐ G ☐
Significant co-morbidity:
Previous pelvic surgery:
SINGLE Main Complaint:
Predominant compartment involved:
Grade:
Special investigations (positive findings):