

Perspective

Surgical interventions for cystocele: Causes, symptoms and treatment

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ABOUT THE STUDY

Cystocele, also known as a prolapsed bladder, is a condition that primarily affects women. It occurs when the supportive tissues between the bladder and vaginal wall weaken or stretch, causing the bladder to protrude into the vagina. This condition can lead to discomfort, urinary problems, and a decrease in quality of life.

Causes

Cystocele often develops due to weakened pelvic floor muscles and connective tissues that support the bladder. Several factors can contribute to this weakening, including:

Pregnancy and childbirth: The process of pregnancy and vaginal childbirth can place significant strain on the pelvic floor muscles and tissues, leading to their weakening and potential prolapse of the bladder.

Aging: As women age, the supportive tissues in the pelvic region naturally become weaker, increasing the risk of cystocele.

Hormonal changes: A decrease in estrogen levels during menopause can contribute to the weakening of the pelvic floor muscles and tissues, making women more susceptible to cystocele.

Chronic constipation: Straining during bowel movements due to chronic constipation can put pressure on the pelvic floor muscles, leading to their weakening over time.

Obesity: Excess weight can place added stress on the pelvic floor muscles and contribute to their weakening, increasing the risk of cystocele.

Symptoms

The symptoms of cystocele can vary in severity and may include:

A bulge or lump in the vagina: This is one of the most common symptoms of cystocele. Women may feel a soft bulge or protrusion in the vaginal area, which may become more pronounced when standing, coughing, or lifting heavy objects.

Pelvic pressure or discomfort: Cystocele can cause a sensation

of pelvic heaviness or pressure, which may worsen as the day progresses or during physical activity.

Urinary problems: It can lead to various urinary symptoms, such as urinary incontinence (leaking urine when coughing, sneezing, or laughing), frequent urination, urgency to urinate, or difficulty emptying the bladder completely.

Urinary Tract Infections (UTIs): The incomplete emptying of the bladder associated with cystocele can increase the risk of developing UTIs.

Diagnosis

To diagnose cystocele, a healthcare professional will typically begin with a thorough medical history review and physical examination. During the examination, the doctor may ask the patient to strain or bear down as if having a bowel movement to evaluate the degree of prolapse. In some cases, a standing examination may be performed to assess changes in the position of the bladder during different body positions.

Additional diagnostic tests that may be used to evaluate the condition include:

Pelvic examination: This involves an examination of the pelvic organs to assess the degree of prolapse and determine the involvement of other pelvic organs.

Urodynamic testing: These tests assess bladder function and help determine if cystocele is causing urinary symptoms. Urodynamic testing may include measuring bladder pressure during filling and emptying, as well as evaluating urinary flow rates.

Cystoscopy: This procedure involves inserting a thin, flexible tube with a camera (cystoscope) into the urethra and bladder to evaluate the bladder's interior and rule out other bladder conditions.

Treatment

The treatment options for cystocele depend on the severity of the prolapse, the presence of symptoms, and the impact on the individual's quality of life. Treatment approaches can be broadly categorized into non-surgical and surgical interventions.

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Non-surgical treatment

Pelvic floor exercises: Also known as Kegel exercises, these exercises target the pelvic floor muscles and help strengthen and support the bladder. A healthcare professional can provide guidance on performing these exercises correctly.

Vaginal pessary: A pessary is a removable device inserted into the vagina to support the prolapsed bladder and relieve symptoms. Pessaries come in various shapes and sizes, and the most suitable one is determined by a healthcare professional.

Estrogen therapy: For postmenopausal women, estrogen therapy may be recommended to improve the health and integrity of the vaginal tissues, potentially reducing the symptoms of cystocele.

Surgical treatment

Anterior colporrhaphy: This is the most common surgical procedure for cystocele repair. It involves making an incision in the vaginal wall and tightening the supportive tissues to restore the bladder's proper position. In some cases, a surgeon may use mesh or other synthetic materials to reinforce the repair.

Sling procedures: These procedures involve placing a synthetic mesh sling beneath the urethra or mid-urethra to support the bladder and improve urinary continence.

Sacrocopexy: In this surgical procedure, the surgeon uses mesh or other materials to support the prolapsed bladder, attaching it to the sacrum or tailbone to restore its proper position.

It is important to note that each treatment option carries its own risks and benefits, and the choice of treatment should be made

in consultation with a healthcare professional, considering individual circumstances and preferences.

Prevention

While cystocele may not be entirely preventable, certain measures can reduce the risk of developing the condition or prevent its progression:

Practice pelvic floor exercises: Regularly performing Kegel exercises can help strengthen the pelvic floor muscles and maintain their integrity.

Healthy weight: Maintaining a healthy weight reduces the strain on the pelvic floor muscles and connective tissues.

Chronic constipation: Eating a high-fibre diet, staying hydrated, and addressing any underlying conditions contributing to chronic constipation can help reduce the risk of cystocele.

Lift objects properly: When lifting heavy objects, it is important to use proper lifting techniques to avoid putting excessive strain on the pelvic floor muscles.

Cystocele, or prolapsed bladder, is a common condition affecting women, particularly those who have experienced pregnancy and childbirth, or who are going through menopause. While it can cause discomfort and urinary problems, there are various treatment options available, ranging from non-surgical interventions to surgical procedures. It is essential to consult with a healthcare professional to determine the most suitable treatment approach based on individual circumstances. Additionally, adopting preventive measures, such as pelvic floor exercises and maintaining a healthy lifestyle, can help reduce the risk of cystocele or its progression.