

A New Treatment for Pelvic Floor Repair

Health 2020 Magazine | June 2019

One of the most common problems in women who have had vaginal deliveries, as well as older women, is a pelvic organ prolapse. Although the surgical mesh used thus far provides a solution to this problem, a new implant called SRS is taking the treatment one step further. **Yuval Gamliel**

Urology and gynecology. We are all familiar with these common medical specialties that focus on the urinary tract and reproductive system of both men and women. Yet, not many know the multidisciplinary urogynecology sub-specialty that focuses on all the problems involving the female pelvic, such as medical problems in the urinal tract system, reproductive organs and bowels.

“One of the most common problems in women who’ve had vaginal deliveries, as well as older women, is a pelvic organ prolapse”, says Dr. Anna Padoa, head of Urogynecology at the Yitzhak Shamir Medical Center (Assaf Harofe) and the Aya Medical Group in Tel Aviv. “This prolapse is quite similar to a hernia and involves the pelvic organs – bladder, uterus and rectum – which drop down and are no longer in their correct position in the pelvis”, she explains, “this happens mainly due to the weakening of the connective tissues that hold these organs in place, and sometimes due to damaged pelvic muscles (as a result of childbirth, for example), which are the muscles that provide the foundational support preventing excessive tension on the mechanism and tissue”.

Does this situation require treatment?

“Prolapse doesn’t inconvenience all women and those that experience a relatively mild disorder can definitely improve it with physiotherapy exercises. The women that come to see me are those who experience more severe symptoms that negatively affect their quality of life. Among such symptoms are a sensation of heaviness in the pelvis or the vagina, a protruding mass in the vagina, difficulty to completely empty the bladder, insufficient emptying of the intestine, a sensation of tissue abrasion or bleeding and sometimes a poor body image stemming from the physical changes of the pelvis”.

Dr. Padoa stresses that most of the situations she described are not life threatening, “But still there are cases, such as renal drainage problems that can lead to renal failure, which are critical medical situations that require treatment”.



Dr. Anna Padoa
Photograph: Michal Kriger-Motola

Dr. Anna Padoa

Age: 49

Medical school: Sackler
Faculty of Medicine, Tel Aviv University.

Current occupation: Head of Pelvic Floor Service, Obstetric and Gynecology Division at Shamir Medical Center – Assaf Harofe, and at Aya Medical Group, Tel Aviv.

Specialty: Obstetrics and gynecology, Assaf Harofe Medical Center.

Sub-specialty: Urogynecology, Rome, Italy, 2007-2008.

Other occupations and hobbies: Editor of The Overactive Pelvic Floor book published by Springer, Switzerland. Singing in a choir, painting, swimming.

Dr. Naama Marcus, head of Urogynecological Services at Ziv Hospital, adds that “The urogynecology profession also treats every aspect of urinary incontinence. Contrary to common perception that older women suffer from urinary incontinence, this situation isn’t just a fact of life and can be treated”, she explains.

“As urogynecologists, we provide solutions that improve the quality of life of many women whose quality of life has greatly deteriorated, both in terms of comfort and esthetically. By the way, urinary incontinence is not always merely a matter of comfort. In older women, urinary incontinence can be life threatening because if a woman runs to the restroom in the middle of the night because she urgently needs to relieve herself, she might fall and hurt herself”.

Dr. Marcus says that, “All issues involving the female sex organs, especially in pelvic prolapse cases, are surrounded by a lot of shame and even ignorance that prevent women from getting tested and too often we see women that have suffered from the symptoms described here for as long as five and even ten years”.

What solutions have been available to these women?

“If we take pelvic prolapse for example, there are conservative treatments such as physiotherapy exercises that strengthen the pelvic floor in mild cases. In more severe

cases, doctors offer various types of vaginal supportive devices (pessaries) made of silicone that are inserted into the vagina to hold the organs in place. The main drawback of support pessaries is that they require the women to independently insert and remove the pessary and that can be especially difficult for older women, or that women are required to frequently visit the gynecologist for pessary maintenance”.



Dr. Naama Marcus

Age: 46

Medical school: Ben Gurion University of the Negev, Beer Sheva.

Current occupation: Head of Urogynecological Services at Ziv Medical Center, Bar Ilan University Faculty of Medicine, Safed.

Head of Urogynecology, Infinity Advanced Surgery and Oncology Medical Center, Assuta Haifa branch.

Specialty: Obstetrics and gynecology, Soroka University Medical Center, Beer Sheva.

Sub-specialty: Urogynecology and advanced endoscopy, Normandy, France, 2008-2010.

Other occupations and hobbies: Reading books and traveling around the world.

Both doctors explain that there is another option patients can use – the surgical option. “Surgeries are divided into two approaches – the vaginal approach and the abdominal approach”, they explain. “Each approach has its own advantages and disadvantages and the approach chosen depends on the existing prolapse and the woman’s needs. Nevertheless, it’s important to note that 70% of surgeries are vaginal. In the past, it was common to remove the uterus during such surgeries but today it is believed this is not a necessity”.

What is the most significant progress in the field?

“The biggest change in the field of pelvic prolapse surgeries is the use of vaginal surgical mesh. Actually, the mesh is used to treat hernia and prolapse is a type of hernia. The practice of using a synthetic implant to strengthen some types of hernia has existed since the 1990’s. The implant prevented the recurrence of hernia by stimulating the connective tissue so that it grew around it. This practice was very popular until, in the early 2000’s, we’ve experienced a wave of using implants to correct pelvic prolapse. Eventually, what started with a great promise ended up providing a far from ideal solution that causes infections or damage to adjacent organs during surgery. Still, it’s worth mentioning that there are pretty good mesh devices in the market today and complication rates are relatively low”.

Has there been a development in the field in the past few years?

“Yes, an advanced implant, which was developed in Israel, called SRS (Self Retaining Support) is produced by Lyra Medical and includes a finer mesh that minimizes surgical complications. The mesh is attached to a solid frame that relinquishes the need for anchoring the mesh to the pelvic tissues. Such anchoring techniques are risky and might damage adjacent organs and sometimes cause chronic pelvic pain or pain during sexual intercourse.

“Eliminating the anchoring technique simplifies the procedure and significantly minimizes risk of complications. Research has shown that the SRS implant adheres to the strictest regulatory requirements. Contrary to other implants that have been used thus far, SRS has been approved for use in Israel and Europe only after its efficacy and safety have been proven in two separate clinical trials”.

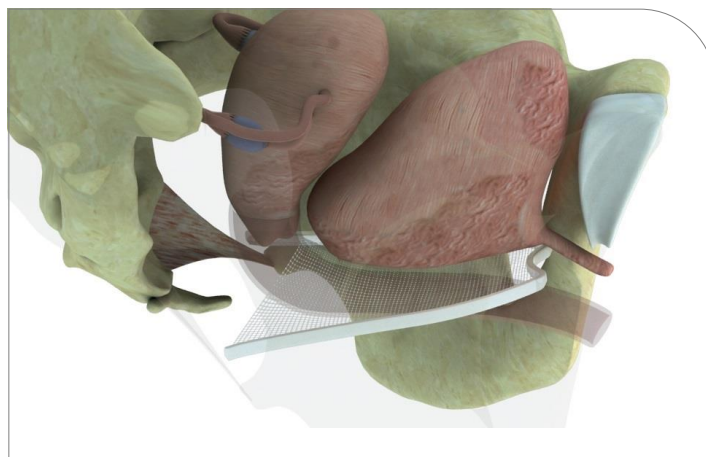


Image: Lyra Medical