

Policy Recommendation: Surgical management of pelvic organ prolapse

Date of Issue: June 2018

Surgical management of pelvic organ prolapse

This policy statement covers women with Stage 1-2 prolapse.

It does not cover those who have a Stage 3 or 4 prolapse who would be considered under existing pathways.

This is an **interim local** statement until NICE guidance is available, expected 2019.

- Patients who have pelvic organ prolapse up to but not including stage 3 and/or where the prolapse has gone beyond the pelvic floor who have bowel or micturition problems, sexual dysfunction or bothersome symptoms causing significant functional impairment should initially be treated with conservative therapies;
- Guided pelvic floor muscle training with or without the insertion of pessaries should be used for at least 3 months before surgical interventions are considered;
- Patients must be fully informed of the potential complications and adverse effects prior to surgery and this should be documented in clinical notes;
- Oestrogen supplementation should only be considered for co-existing menopausal symptoms.

Notes:

Whilst the panel recognised the considered expert advice of NICE in their recommendation the panel also had a duty to prioritise spending of a finite resource locally and made a decision which it felt gave the most equitable and effective use of investment.