

Pelvic Floor Disorders

Surgical Treatments

A pelvic floor disorder (PFD) is a condition in which the muscles or connective tissues of the pelvic area weaken or are injured, causing discomfort and other problems.



One in five U.S. women is affected by one or more PFDs.

Many symptoms of PFDs can be effectively treated with surgical and nonsurgical options. Studies suggest that **20% of U.S. women will undergo surgery** for common PFDs by age 80.

Pelvic organ prolapse surgeries

Repair the prolapse and rebuild pelvic floor support. Common procedures:



Vaginal sacrospinous ligament fixation (SSLF).

A transvaginal procedure that anchors the top of the vagina by stitching it to one of the ligaments that connect the lower tailbone to the pelvis.



Vaginal uterosacral ligament suspension (ULS). A transvaginal procedure that anchors the vagina by stitching it to one of the ligaments that connect the lower part of the uterus to the tailbone.



Vaginal colpocleisis. A vaginal procedure that closes the vagina. It works well and carries a low risk, but it is not a good option for women who are still sexually active.



Abdominal sacrocolpopexy. Surgical mesh and stitches anchor the vagina to the sacrum, a bone at the bottom of the spine.

Stress urinary incontinence surgeries

Restore the urethra and bladder to better positions. Common procedures:



Mid-urethral sling. A mesh strap or "sling" is inserted to support the urethra in a better position.



Colposuspension. A surgical procedure that provides support to the tissue around the urethra.

Talk to your provider about which treatment options are right for you.

Featured PFD Treatment Studies

The NICHD's **Pelvic Floor Disorders Network (PFDN)** supports PFD research, including studies on treatment methods.

The **OPTIMAL Study** measured the success and safety of two different surgical procedures for vaginal prolapse: SSLF and ULS. The study also tested the impact of performing pelvic floor muscle exercises at the time of surgery to help with bladder, bowel, and prolapse symptoms.

Results:

- The two surgeries had similar rates of success and safety.
- Guided exercise therapy to strengthen pelvic muscles did not add to the benefits of either surgery.

The new **E-OPTIMAL** study will compare the long-term success and complication rates of the two surgical treatment groups from the OPTIMAL study.

For more information about the NICHD's PFD research, visit <http://go.usa.gov/9a9z>.



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