

Management of advanced prolapse in a patient with high IAP (intra-abdominal pressure) : A treatment dilemma

Dr Deepti Prasad (MRCOG)

Miss Roopali Karmarkar , Consultant OBGY, FRCOG

Unique issues:

- Autoimmune Hepatitis related cirrhosis
- Treatment resistant massive ascites
- Massive uterovaginal prolapse

Treatment tried : Pelvic floor exercises, Ring pessary, Mirabegron, Vagifem, V2 Prolapse underwear, Gellhorn pessary, Donut pessary.

Treatment recommended:

Advanced Prolapse secondary to massive ascites requires Vaginal hysterectomy+ Vaginal wall repair+ Sacrospinous fixation as definitive treatment.

Treatment dilemma and challenges:

IAP should be minimal for at least 6 weeks post procedure for wound healing after any operative procedure.

Any pelvic surgery including Colpocleisis, with high IAP, will lead to complications such as

- non-healing of surgical wound
- continuous drainage of ascites vaginally
- wound dehiscence
- fistula formation
- risk of exteriorization of abdominal organ and sepsis

Conclusions: Donut pessary has been providing temporary improvement in symptoms of prolapse while definitive surgical treatment awaits treatment of raised IAP (Liver transplant). There have been few published cases of management with Colpocleisis, Levatorplasty, but also have been cases of recurrence and risk with the surgery.

Case report:

Background history:
57 years, Somalian lady, Weight: 100 kgs , BMI: 30
Parity 4, Spontaneous vaginal delivery: 3, Caesarean section :1
Type 2 Diabetes Mellitus and Asthmatic

Initially presented in 2016 with symptoms of mild prolapse and mixed incontinence, which was managed with ring pessary, pelvic floor exercises, Mirabegron, and Vagifem.
Ring pessary initially worked for her for 3-4 years but later was removed as she had vaginal bleeding.
She has ascites which was earlier responding to diuretics but later became resistant, requiring frequent paracentesis since September 2023. She had acute worsening of her prolapse symptoms.
Now she had advanced prolapse causing marked voiding difficulties and was trialed with 83 mm Gellhorn pessary in October 2023 which worked for some time but later prolapse bypassed the Gellhorn pessary and the 73mm Donut pessary was trialed which led to improvement with voiding symptoms.
She had vaginal bleeding in November 2023 when Donut pessary was removed, was investigated and endometrium biopsied with benign findings. She denied any pessary for some time.
Prolapse was progressing, in early 2024, posterior vaginal wall prolapse was up to +10 with keratinized mucosa and difficult to reduce prolapse.
In April 2024 95MM Donut pessary was re-inserted which is now providing her some relief of symptoms.
Her ascites kept worsening, now requiring paracentesis of around 5-10litres of fluid every month, is awaiting assessment for liver transplant.

Type of Pessary	Donut pessary	Ring pessary	Gellhorn pessary
Pros	Thicker and provides more support offering relief from prolapse and urinary incontinence symptoms. Useful for more advanced prolapse	Supporting type pessary ,easier to insert and remove and can often be self-managed by the patient.	Supporting and space-occupying and used for more advanced prolapse.
Cons	Requires professional assistance for removal due to thickness. Some Donut pessaries need to be removed for sexual intercourse	Used for mild to moderate prolapse.	Pain or discomfort, unusual vaginal discharge and odor, constipation are some of the most common complications, requiring more frequent cleaning and replacement , rarely more serious complications like fistulas can develop,
			