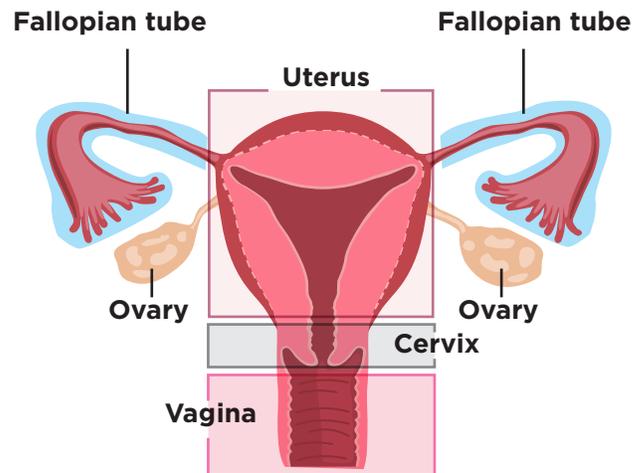


Surgical Considerations Before Pelvic Organ Prolapse Repair Surgery

Before surgery, your surgeon may talk with you about the possibility of removing certain pelvic organs, such as the uterus, cervix, fallopian tubes, and/or ovaries. The risks and benefits of this decision depend on your personal medical situation. It is important to have a clear and open conversation with your surgeon to understand your options and what is best for you.



The **uterus**, also known as the womb, produces menstrual bleeding and is the organ where the fetus grows during pregnancy. While the uterus may be removed during prolapse repair surgery that is not always necessary. Below are some reasons to consider removing or keeping the uterus.

Removing the uterus (hysterectomy)

- Completely removes the risk of developing endometrial cancer.
- Lowers the risk of ovarian cancer by about 40%
- Prevents pregnancy before menopause
- Stops periods but does not cause menopause
- May change how the prolapse repair is performed
- Removes other issues like polyps and fibroids in the uterus if you have those conditions

Keeping the uterus

- May avoid unnecessary removal of an organ
- May reduce the risk of blood loss and length of surgery
- Avoids a decrease in blood flow to the ovaries caused by surgery
- Can make future surgeries more difficult

See images at the top of page 2.

The **cervix** is the opening of the uterus that connects to the top of the vagina. A Pap smear takes a sample of cells from the cervix for cancer screening. You may have the option of keeping the cervix. Below are some reasons to consider removing or keeping the cervix.

Removing the cervix

- Lowers the risk of cancer in your cervix
- May no longer need Pap smears
- Recommended if significant history of abnormal Pap smears

Note: Vaginal hysterectomy can only be performed with the removal of the cervix

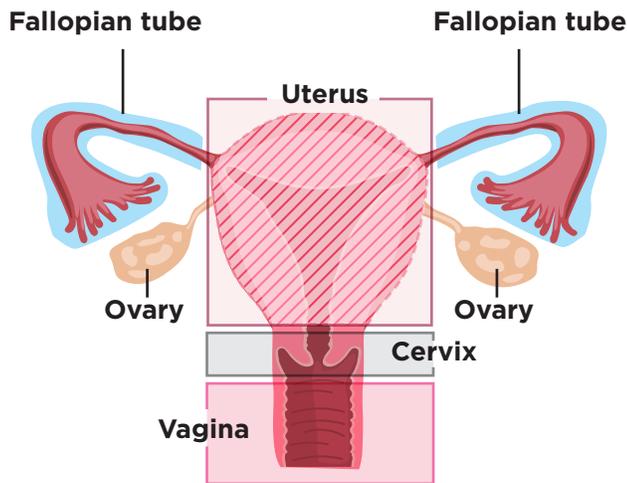
Keeping the cervix

- Reduces the chance of mesh causing problems or wearing through the vaginal tissue with sacrocolpopexy (abdominal mesh surgery)
- May slightly shorten surgery time and risk of blood loss
- May notice light spotting or bleeding at certain times of the month

See images at the top of page 2.

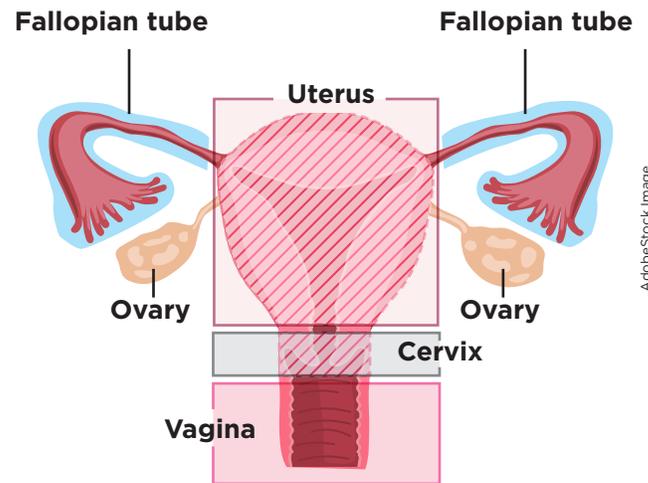
Surgical Considerations Before Pelvic Organ Prolapse Repair Surgery

Supracervical hysterectomy ("partial"; remove uterus only)



AdobeStock image

Total hysterectomy (remove uterus + cervix)



AdobeStock image

The **ovaries** make eggs and important female hormones like estrogen. During prolapse surgery, removing the ovaries is optional. Below are some reasons to consider removing or keeping the ovaries.

Removing the ovaries

- Virtually eliminates risk of ovarian cancer, which occurs in about 1 in 70 women
- May be recommended for those at higher risk of ovarian cancer
- In women who have not gone through menopause, removal will cause menopause
- May slightly increase the risk of bone loss (osteoporosis) or heart disease, but this risk becomes less important as you get older
- Usually easier to remove the ovaries during laparoscopic or robotic surgery because they're easy to see and can be safely taken out

Keeping the ovaries

- Does not affect how your ovaries make hormones
 - **Before menopause:** Ovaries produce hormones that help support bone strength, heart health, memory, and sexual well-being, among other things
 - **After menopause:** While there is a significant drop in hormone production during menopause, ovaries continue to produce a small amount of testosterone
- There is a risk of needing another surgery in the future if ovaries develop a problem

The **fallopian tubes** connect the ovaries to the uterus and help guide the egg for pregnancy. They don't make hormones. It's usually recommended to remove them during a hysterectomy. Removing the fallopian tubes lowers the risk of ovarian cancer by about 40% and is considered a permanent form of birth control.