

CYSTOCELE REPAIR

A *cystocele* in its literal sense means bladder appearing like a balloon. Perhaps it was referred to this way because a “dropped bladder” for which this term really describes, may appear balloon-like when the bladder is prolapsing (protruding through or down from) from the vagina.

Risk factors for this defect are thought to include any one or a combination of:

- Multigravida (multiple pregnancies), but more from multiparity (multiple deliveries) especially when associated with large babies or prolonged, difficult vaginal deliveries
- Obesity
- Chronic coughing (perhaps smoking in and of itself)
- Years of strenuous activity or heavy lifting
- Post-menopausal state
- Prior history of hysterectomy

There are a variety of effective operations to restore the bladder to its normal anatomic position.

Often, this surgery is combined with other procedures, such as those to correct urinary incontinence (the involuntary loss of urine) or with hysterectomy. A common misconception is that a cystocele (dropped bladder) causes urinary incontinence. This type of incontinence is termed “stress” incontinence because urine is lost with *stress* on the top of the bladder (coughing, sneezing, lifting, etc.). This condition, termed *urethral hypermobility*, often exists as well when a cystocele is present. Patients with cystoceles may not have stress incontinence and may actually complain of obstructive symptoms. Patients with cystocels may also complain of symptoms of frequency (urinating often) or urgency (a frequent sudden urge to urinate).

Prior to surgery, we may have performed a urodynamic test (UDT). This is a diagnostic procedure used to specifically evaluate problems of urinary incontinence or other problems with urination. Often, conditions causing incontinence need to be evaluated prior to recommending a cystocele repair. Occasionally, the diagnosis (based on your symptoms and physical examination) is straightforward, and a UDT is therefore unnecessary.