

Barry Schlafstein, MD | Gynecology/Urogynecology

The Anatomy of Mesh

Even if you haven't heard of pelvic organ prolapse, odds are good that someone you know has it.

"Your friend, aunt or grandmother could have this, but she may be uncomfortable telling anyone," says Barry Schlafstein, MD. In fact, approximately half of all women over the age of 50 complain of symptoms associated with prolapse.

"They feel a heaviness or have a feeling that things are falling out," Schlafstein says. His preferred method of treating this disorder is linked to the connective tissue that is unique to the female's pelvic floor.

"All pelvic defects involve a weakening of the endopelvic fascia," Schlafstein says. "This fascia contains wavy, smooth muscle fibers that are not found anywhere else in the female body and nowhere at all in the male body."

The question was how to duplicate this tissue in a way that mimics its natural properties. The tongue-twisting answer is monofilament polypropylene material, which is knitted into a soft, flexible weave simply called mesh. "This strong, permanent mesh basically becomes the fascia," Schlafstein says.

The physician lays the mesh flat, repairing the prolapse and making sure the loads of stress are evenly distributed. The mesh has arm straps that function as ligaments and allow the physician to deliver the mesh into the proper position.

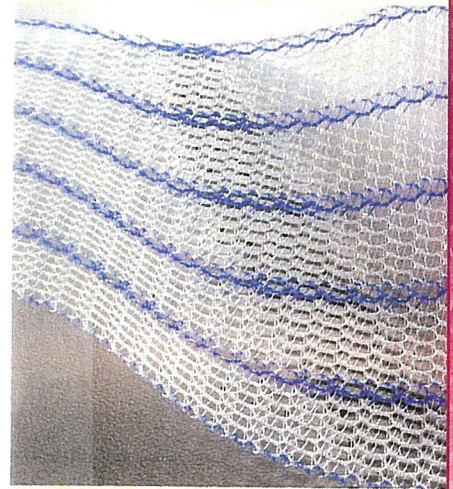
The success rate for this procedure is high, and Schlafstein has received plenty of positive feedback from his patients. But he notes that it takes four to six weeks of topical hormone therapy to increase the supporting tissue strength needed for surgery. As always, women should discuss any possible side effects with their doctor.

Schlafstein believes that mesh is an exceptional tool for restoring normal anatomy and function to the pelvic floor, and will continue to be for years to come. "This concept is here to stay," he says. "The use of mesh has revolutionized the repair of pelvic organ prolapse."

What is urinary incontinence?

Women can experience a small leakage of urine every once in a while, but when leaks become frequent or severe, that's urinary incontinence or loss of bladder control. The two most common types are urge incontinence and stress incontinence.

How does it feel? Urge incontinence feels like just that—an overwhelming urge to empty the bladder that often causes leaks before a woman can get to the bathroom. Stress incontinence occurs when the tissues that support the bladder or the muscles of the urethra are weakened. A woman may feel leakage when she laughs, coughs, sneezes, or engages in strenuous activity.



How is it treated? Kegel exercises and medications are used to treat urge incontinence. Kegels can also help with mild stress incontinence. But severe stress incontinence is treated surgically (see page 4).

Do not hesitate to tell your doctor if you have symptoms of pelvic floor disorder. You don't have to suffer, you're not alone.