

Approach to Pelvic Organ Prolapse: A Urological Perspective

Lysanne Campeau

Division of Urology, Department of Surgery, Montreal Jewish General Hospital, McGill University, Montreal, QC H3T 1E2, Canada; lysanne.campeau@mcgill.ca

Pelvic organ prolapse (POP) has an estimated global prevalence of 28.8% [1], defined as the descent of one or more of the anterior vaginal wall, the posterior vaginal wall, the uterus (cervix), or the apex of the vagina (vaginal vault or cuff scar after hysterectomy) [2]. As the population ages, we will face an increasing prevalence of women with symptomatic POP [3] and those who may need to undergo surgical repair [4]. Presentation can be quite variable and does not always involve a bulging sensation. Many women can develop lower urinary tract symptoms, urinary incontinence, defecatory issues, and sexual dysfunction, primarily caused by their POP. Urinary tract symptoms can range from increased urinary frequency, urinary urgency, voiding dysfunction, incomplete bladder emptying, and recurrent urinary tract infection. Therefore, POP treatment in several women can lead to improvements in these issues, whether through conservative management with pelvic floor physiotherapy, pessary use, or surgical repair.

As urologists, we have the privilege of treating both men and women for a vast range of urological conditions. No matter our subspecialisation or expertise, we will be diagnosing and managing various urological issues in women, some of us more than others. Urinary tract conditions cannot be managed in a silo without considering the contribution of pelvic floor support or lack thereof. POP diagnosis and consideration in management decisions are critical to obtaining results of higher efficacy and durability. Early interventions and recognition of risk factors can help delay the onset and progression of POP, enhance women's well-being, and reduce the burden on healthcare systems.

This issue brings together the collective expertise of distinguished contributors reviewing the clinical evidence of several aspects of POP from a urological perspective. The articles of this issue will highlight important aspects of the etiology, epidemiology, and evaluation of POP [5]. The authors discuss the implications of POP in terms of sexual dysfunction [6] and stress urinary incontinence management [7]. We provide an overview of the conservative and surgical management of POP and present in more detail the role of mesh use in POP surgical repair [8], the implications of a hysterectomy, and the surgical management of high-grade POP (procidentia) [9].

The insights presented within this collection of articles will inspire further research, facilitate clinical decision-making, and ultimately improve the lives of women suffering from POP. Evidence-based guidelines supported by multi-institutional randomized clinical trials must be encouraged and fostered to provide strong recommendations in POP management amongst different clinical communities actively involved in the care of women such as urologists, urogynecologists, and colorectal surgeons.

Conflicts of Interest: The authors declare no conflict of interest.



Received: 13 February 2025
Accepted: 17 February 2025
Published: 19 February 2025

Citation: Campeau, L. Approach to Pelvic Organ Prolapse: A Urological Perspective. *Soc. Int. Urol. J.* **2025**, *6*, 23. <https://doi.org/10.3390/siuj6010023>

Copyright: © 2025 by the author. Published by MDPI on behalf of the Société Internationale d'Urologie. Licensee MDPI, Basel, Switzerland. This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution (CC BY) license (<https://creativecommons.org/licenses/by/4.0/>).

References

1. Hadizadeh-Talasz, Z.; Khadivzadeh, T.; Mohajeri, T.; Sadeghi, M. Worldwide prevalence of pelvic organ prolapse: A systematic review and meta-analysis. *Iran. J. Public Health* **2024**, *53*, 524–538. [[CrossRef](#)] [[PubMed](#)]
2. Haylen, B.T.; Maher, C.F.; Barber, M.D.; Camargo, S.; Dandolu, V.; Digesu, A.; Goldman, H.B.; Huser, M.; Milani, A.L.; Moran, P.A.; et al. An International Urogynecological Association (IUGA)/International Continence Society (ICS) joint report on the terminology for female pelvic organ prolapse (POP). *Int. Urogynecol. J.* **2016**, *27*, 165–194. [[CrossRef](#)] [[PubMed](#)]
3. Wu, J.M.; Hundley, A.F.; Fulton, R.G.; Myers, E.R. Forecasting the prevalence of pelvic floor disorders in U.S. Women: 2010 to 2050. *Obs. Gynecol* **2009**, *114*, 1278–1283. [[CrossRef](#)] [[PubMed](#)]
4. Wu, J.M.; Kawasaki, A.; Hundley, A.F.; Dieter, A.A.; Myers, E.R.; Sung, V.W. Predicting the number of women who will undergo incontinence and prolapse surgery, 2010 to 2050. *Am. J. Obs. Gynecol* **2011**, *205*, e231–e235. [[CrossRef](#)]
5. Zumrutbas, A.E. Understanding Pelvic Organ Prolapse: A Comprehensive Review of Etiology, Epidemiology, Comorbidities, and Evaluation. *Société Int. D'urologie J.* **2025**, *6*, 6. [[CrossRef](#)]
6. Martins, F.E. Pelvic Organ Prolapse and Sexual Dysfunction. *Soc. Int. Urol. J.* **2025**, *6*, 19. [[CrossRef](#)]
7. Mondesir, R.F.; Gousse, A.; Boaretto, D.A.; Ajabshir, D.; Gousse, A. Review on the Management of Female Urinary Incontinence and Anterior Vaginal Prolapse. *Société Int. D'urologie J.* **2025**, *6*, 12. [[CrossRef](#)]
8. Lasri, S.; Alshamsi, H.; Campeau, L. Synthetic Meshes in Pelvic Organ Prolapse: A Narrative Review. *Société Int. D'urologie J.* **2025**, *6*, 2. [[CrossRef](#)]
9. Bouchard, B.; Campeau, L. Therapeutic Options for Advanced Pelvic Organ Prolapse. *Société Int. D'urologie J.* **2025**, *6*, 11. [[CrossRef](#)]

Disclaimer/Publisher's Note: The statements, opinions and data contained in all publications are solely those of the individual author(s) and contributor(s) and not of MDPI and/or the editor(s). MDPI and/or the editor(s) disclaim responsibility for any injury to people or property resulting from any ideas, methods, instructions or products referred to in the content.