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HIGHLIGHTS:

Pregnancy and childbirth are the main causes of pelvic support disorders, which affect an estimated one-third of women and usually become more noticeable as women age. Approximately 11 percent of women will undergo surgery for urinary incontinence or pelvic organ prolapse during their lifetime. Thanks to new minimally invasive laparoscopic procedures, women typically recover from such surgeries within a week or two, rather than needing the six to eight weeks that were required for open procedures.

LAPAROSCOPIC VAGINAL RECONSTRUCTION RESULTS IN SHORTER RECOVERY TIMES AND LESS DISCOMFORT FOR WOMEN

LOS ANGELES (March 25, 2005) – The symptoms that signaled 78-year-old Claire Thompson’s (not her real name) prolapsed uterus began 25 years ago but she didn’t recognize them.

She first noticed a bulge in her vaginal area late one Thanksgiving after hours of being on her feet preparing dinner for her family. The next morning the bulge was gone so she forgot about it until it appeared again — which it did intermittently — over the next 20 plus years.

During the last two or three years, the bulge became prominent again and didn’t go away. “When I bent over I was conscious of a feeling of heaviness in my vagina but since I wasn’t experiencing any pain I didn’t think I needed to see a doctor,” she said. “Then I began having trouble urinating; I felt as if I wasn’t voiding completely. I thought the problem was that my bladder was in the way.”

Thompson’s gynecologist referred her to the Cedars-Sinai Women’s Center for Continence and Pelvic Health. In April 2004, he and uro-gynecologist Cynthia D. Hall, M.D., co-medical director of the Center, performed vaginal reconstruction surgery to remove Thompson’s uterus and lift her bladder and urethra back into place.

“We were able to do the surgery vaginally, and Helen had an excellent result,” says Hall. “She is feeling great and her bladder is well-supported and should remain so. She is also delighted that her urinary urgency and frequency have greatly diminished,” says Hall.

“The key to treating patients with multiple pelvic support problems like Thompson’s is the ability to tailor the treatment to fit the patient rather than tailoring the patient to fit the treatment,” says Hall. For example, the Center offers a full range of surgical, minimally invasive, and even non-surgical treatment options, depending on the specific needs of each patient.

Laparoscopic sacrocolpopexy, with or without hysterectomy, is a minimally invasive approach that is appropriate for some patients with pelvic support disorders. Historically, such procedures required an incision in the lower abdomen – and about six to eight weeks to recover. “Performing the surgery through the laparoscope means that the patient is typically feeling well in a week or two, and success rates are equivalent

(more)

to the open procedure,” says Hall.

When appropriate, the Center also offers non-surgical treatments (such as medication and pelvic muscle rehabilitation) for pelvic support disorders and surgical procedures with proven success rates.

Pelvic support disorders occur when the tissues that hold up the pelvic organs stretch or weaken, causing the organs they support (the bladder, urethra, rectum, uterus, vagina and small intestine) to drop out of position and press against the wall of the vagina. Problems may begin with childbirth (but can also occur in women who haven't given birth) and usually become more noticeable with age. Symptoms include a feeling of fullness in the vagina and back pain that worsens on standing. Other symptoms are discomfort during intercourse and difficulty urinating or defecating,

According to Hall, “The important thing in treating pelvic support disorders is that the first physician a woman sees needs to recognize that the surgery that's needed may not be simple. The bladder may have fallen the farthest but the top of the vagina and the rectum don't have support either. If you fix one problem and not the others, you end up having a recurrence and the patient needs to go back for another surgery.”

Since she'd never had surgery before, Thompson was apprehensive and appreciated having her gynecologist (whom she'd known for many years) as part of her surgical team. “The surgery was a ‘piece of cake’. I was home in two or three days and didn't really have any pain, just a little discomfort.”

The Center's staff includes specialists in urology, nursing, physical therapy, colorectal surgery and urogynecology who collaborate to deliver personalized care, working with the referring physician to determine the best course of treatment for each patient. “Thompson's gynecologist was excellent and we worked together on every aspect of her treatment,” Hall says.

Thompson's happy now that she's able to sleep through the night without getting up to urinate. “I'd put up with these symptoms for several years when I really didn't need to. It was such a relief to have the surgery — it was a real lifesaver.”

For more information about the treatment of pelvic support disorders, contact Cedar-Sinai's Women's Center for Continence and Pelvic Health at 1-800-233-2771.

One of only four hospitals in California whose nurses have been honored with the prestigious Magnet designation, Cedars-Sinai Medical Center is one of the largest nonprofit academic medical centers in the Western United States. For 17 consecutive years, it has been named Los Angeles' most preferred hospital for all health needs in an independent survey of area residents. Cedars-Sinai is internationally renowned for its diagnostic and treatment capabilities and its broad spectrum of programs and services, as well as breakthroughs in biomedical research and superlative medical education. It ranks among the top 10 non-university hospitals in the nation for its research activities and was recently fully accredited by the Association for the Accreditation of Human Research Protection Programs, Inc. (AAHRPP). Additional information is available at www.cedars-sinai.edu.

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