In a meta-analysis and SR, consistent results demonstrated a higher prevalence of OAB symptoms and UUI in patients with POP than without POP [625, 631]. The observation that LUTS may improve or worsen after POP treatment suggests a link between these two entities [625]. Clinical examples include the occurrence of voiding symptoms in severe POP, and disappearance of SUI symptoms with progression of POP (and conversely the occurrence of SUI after treatment of POP) [632]. Pelvic organ prolapse is also associated with symptoms of bowel and/or sexual dysfunction [633].

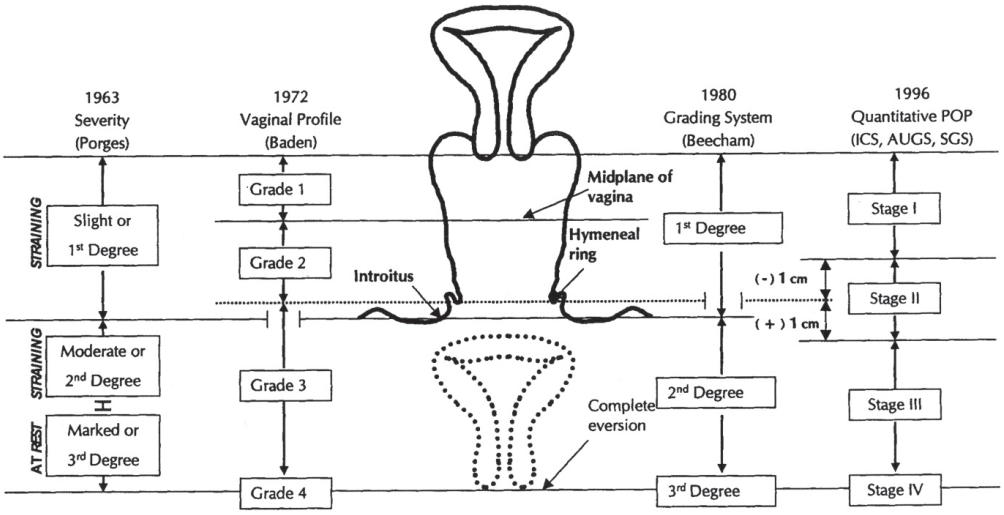
4.7.2 ***Classification***

Since 1996, POP has been classified according to the Pelvic Organ Prolapse-Quantification (POP-Q) system [634]. For specifics on how to perform the POP-Q measurement and the nine standard points to be measured (Figures 2 and 3), we refer to the original publications [634, 635].

The vagina is divided into anterior (bladder), posterior (rectum) and apical (cervix or vaginal vault) compartments. After scoring the position of the nine POP-Q points, a prolapse of each compartment is graded numerically from stage 0 to 4, with stage 0 being no prolapse and stage 4 being complete eversion of the compartment. A crucial marker in staging POP is the hymenal remnant. Any POP with a maximum descent that is still 1 cm above the hymen (e.g., in the vagina) is considered a stage 1 POP. A maximum descent between 1 cm above and 1 cm below (outside the vagina) the hymen is a stage 2 POP. Any descent, except complete eversion, beyond 1 cm below the hymen is a stage 3 POP.

The figures below show the POP-Q staging in comparison to the Baden-Walker system (and others) used before the international consensus on the POP-Q staging was introduced as the new standard.

Figure 2: Prolapse classification system



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