What is Pelvic Organ Prolapse?

Pelvic organ prolapse occurs when the tissues that support the pelvic organs become weak or torn, resulting in the drop (prolapse) of the pelvic organs from their normal position. There are several different types of prolapse, and many women may experience more than one type.

Cystocele (pronounced “sis-tuh-seel”)

A cystocele occurs when the bladder bulges or presses into the vagina. As the supportive tissue at the front wall of the vagina fails, its attachment to the pelvis weakens, allowing the bladder to fall into the vaginal wall.

Rectocele (pronounced “rek-tuh-seel”)

A rectocele occurs when the rectum bulges or presses into the vagina. Similar to the cystocele, when the supportive tissue at the rear wall of the vagina fails, the rectum can then fall into the vaginal wall.
**Enterocele**  
(pronounced “ent-e-ro-seel”)

An enterocele is formed when the small bowel bulges or presses into the vagina. This usually occurs in conjunction with another form of prolapse and is repaired during the same procedure.

**Vaginal Vault Prolapse**

A vaginal vault prolapse occurs when the upper part of the vagina falls into the vaginal canal. This can occur in women who have had a hysterectomy, because the natural support structures in the vagina provided by the uterus no longer exist.

**Uterine Prolapse**

A uterine prolapse occurs when the uterus falls into the vagina. This can occur when the support structures holding the uterus in place has become weakened.
There are a number of treatment options for pelvic organ prolapse, and treatment may vary from patient to patient depending on location and severity of prolapse.

What are my treatment options?

Non-Surgical Options

- **Kegel exercises**: Repeated contractions of the pelvic floor muscles to strengthen the area.
- **Pessary**: A device that can be inserted into the vagina to support the surrounding structures and relieve symptoms.

Surgical Options

Traditionally, surgeons have sewn the weakened tissue back together using sutures. In some cases, this is not enough. Another option involves fitting a mesh or graft (synthetic man-made material or tissue-based material) in addition to using sutures to repair the pelvic floor. These products can support the repaired area and affected organ(s) and help to relieve your symptoms.

- **Synthetic Mesh**: These are sheets of man-made plastic materials that permanently remain in your body.
- **Tissue-based Grafts**: These are derived from human or animal tissue. Tissue-based grafts typically allow cells to grow into the product, leading to integration of the graft into the surrounding tissues or replacement of the graft with the patient’s own tissue.

Your doctor will be able to provide more information about types of surgery performed for prolapse and the different types of repair materials available.
What is MatriStem?

MatriStem is a unique, tissue-based product that is used during surgery for pelvic floor repair and during various other surgical procedures. MatriStem provides the body with a scaffold containing a collection of collagens and proteins that allow the body’s cells to integrate naturally into the site of repair. Over time, MatriStem is completely replaced with tissue that is similar to normal vaginal wall tissue, without foreign material permanently left in your body.

What is MatriStem Made of and is it Safe?

MatriStem is a naturally-occurring product made from the bladder of pigs (porcine-derived), which is similar to human tissue after processing to remove its cells. The use of porcine tissue for medical purposes has been established for more than 40 years. MatriStem is processed and sterilized to ensure that no animal-based disease is present in the material.

How is MatriStem Different than Synthetic Mesh?

Upon implantation, MatriStem reinforces the weakened area while promoting the formation of new tissue that provides support to the surrounding pelvic organs. Unlike a synthetic mesh which is left permanently in the body, MatriStem is resorbed and replaced with tissue that is similar to normal vaginal tissue.
How is MatriStem Used to Repair Pelvic Organ Prolapse?

Repairing a Cystocele

MatriStem is inserted through a small incision in the vagina and positioned between the bladder and vaginal wall. The product is attached to internal structures with sutures to return your bladder to its proper position. Once in place, MatriStem will begin the remodeling process to repair the weakened tissues.

Repairing a Rectocele

MatriStem is inserted through a small incision in the vagina and positioned between the rectum and vaginal wall. The product is attached to internal structures with sutures to return your rectum to its proper position. Once in place, MatriStem will begin the remodeling process to repair the weakened tissues.
Will There Be Any Side Effects or Possible Complications with the Use of MatriStem?

Complications and reactions are possible with any surgery, and with any surgical repair of tissue. Possible complications and side effects can include: infection, increased chronic inflammation, allergic reaction, unexplained fever or chills, excessive redness, pain, swelling, tender scars, adhesions, seroma formation, pain during sex, inability to have sex (vaginal shortening), vaginal bleeding, atypical vaginal discharge, groin and/or buttock and/or leg pain, fistula formation, trouble controlling your bladder or not being able to empty your bladder, injury to the bladder, bowel, blood vessels, and/or nerves of the pelvis, delayed or failed incorporation of graft, failure to repair your prolapse, recurrent prolapse (return to your original prolapse) and mesh or suture erosion or extrusion. Other unknown side effects and complications can also occur. Talk to your surgeon for more information.

What Can I Expect Following Surgery with MatriStem?

You may experience pelvic pain and vaginal discharge following surgery. This may be associated with tissue healing and the product beginning the remodeling process. As with most vaginal prolapse surgery, healing takes around three months. During this time you should avoid any activity that can put pressure or strain on the repaired area, such as lifting, straining, vigorous exercise, coughing, constipation and intercourse. Please consult with your doctor regarding the specifics of your restrictions following surgery and when it is safe to resume these activities.

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