

Nonsurgical Management of Pelvic Organ Prolapse

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1. The most important factor in the choice of surgical or nonsurgical management of pelvic organ prolapse should be:

- A. Degree of prolapse
- B. Age of the patient
- C. Type of symptom
- D. Character of the defect
- E. Patient preference

2. The most common cause for a patient to present for evaluation of pelvic organ prolapse is:

- A. Minimally symptomatic bulge
- B. Stress urinary incontinence
- C. Urinary retention
- D. Constipation
- E. Referral from another provider

3. A useful tool for the evaluation of the subjective symptoms of pelvic organ prolapse is the:

- A. Pelvic Organ Prolapse Quantification (POP-Q) inventory
- B. Pelvic Floor Distress Inventory (PFDI-20)
- C. CAGE
- D. TACE
- E. Sexual dysfunction inventory

4. The assessment with the POP-Q inventory is generally performed:

- A. Prior to interviewing the patient
- B. At the time of routine pelvic examination
- C. At the time of surgical therapy
- D. Using ultrasonographic measure
- E. Using radiologic techniques

5. Ring with support pessaries are designed for the most dependent portion to rest:

- A. Just above the introitus
- B. At the apex of the vagina
- C. Along the lateral edge of the levator sling
- D. Just outside the hymeneal ring
- E. At the midpoint of the lateral vaginal wall

6. Prolapse symptoms will generally be resolved if a pessary or other nonsurgical therapy results in the prolapse being:

- A. Limited to above the introitus
- B. Brought to above the lowest third of the vagina
- C. Brought to the midportion of the vagina
- D. Brought to the upper third of the vagina
- E. Completely resolved

7. To insure that the pessary you have placed is an adequate size, you should have the patient:

- A. Determine ease of removal
- B. Strain as if having a bowel movement
- C. Measure the space between the pessary and the perineal body
- D. Cough once while supine
- E. Attempt to void

8. Which of the following types of pessary generally allow for self-management by the patient?

- A. Cube
- B. Gellhorn
- C. Hodge
- D. Ring with support
- E. Gehrung

9. When a proper type and size of pessary is determined for a patient, she should be instructed to remove the pessary overnight no less than:

- A. Nightly
- B. 1–2 times per week
- C. 1–2 times per month
- D. Monthly
- E. Quarterly

10. Objective studies indicate that pelvic floor muscle training results in:

- A. Anatomic improvement
- B. Slowed worsening of pelvic organ prolapse
- C. Minimal symptomatic improvement
- D. Improved surgical outcomes
- E. Reduced healthcare costs

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