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A Husband's Guide to Prolapse

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Introduction

Pelvic organ prolapse has been shrouded in mystery, misinformation and shame. This has made it difficult for women to access natural prolapse remedies, but has been doubly difficult for husbands whose wives or partners may be unable or unwilling to talk freely or fluently about their condition.

No partnered or married person goes through important life changes alone. What effects one, effects both whether the issue is discussed openly or not. An insidious dimension of prolapse is the tension that it can create in a marriage. The woman may feel embarrassed, ashamed, fearful, confused and unable to discuss her condition.

Her spouse may sense that something is wrong but not know what, only that a distance has appeared in the relationship. Conversely, a woman may actively pursue learning about her condition, her treatment alternatives and engross herself in a learning process she finds exciting and liberating only to find her spouse unable to share her enthusiasm. Many men find the details of female anatomy frightening, mysterious and overpowering. Any information is too much information. Obviously, this can produce a different kind of disconnect in a relationship. The worst case scenario is the frightened confused woman and the frightened, overwhelmed man.

This article is for women to give to their husbands/partners. If you have been around wholewoman.com for any length of time, you have probably gained some comfort with your understanding of your anatomy and some understanding of your condition. You know by now that it's not terminal and is generally manageable (some days better than others). If you have found it difficult to discuss your condition with your spouse, hopefully this article will serve to build a bridge between you around this issue.

I welcome feedback from both women and men to make this clearer and more complete so that as new visitors to wholewoman.com find the article, they can learn from our collective experience and minimize the pain, shame, fear and frustration prolapse can bring to a marriage/partnership.

Introduction to Pelvic Organ Prolapse for Men

If your wife or partner (I'll use the term spouse in the future to simplify matters) has been diagnosed with pelvic organ prolapse, your lives together have changed. I don't want to be overly dramatic about this and in fact, the change can be nominal in the long run, but in the short run, it's a big deal.

When a woman finds that her uterus is falling out, this is not a happy discovery. When she feels bulges in her vagina from her bladder (in the front) or rectum (pushing in the rear wall), this can be a devastating discovery. Imagine the sense that her body has failed her in some way she doesn't really understand. Imagine the emotional impact of feeling that this failure is a sign of aging and therefore she

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may be less desirable. These intrusions into her vagina may change her ability to respond sexually and what might the consequences of that be in her relationship with you?

This is not like getting the flu. Prolapse strikes at the heart of a woman's sense of her own woman nature and therefore her security in herself and in your relationship.

This sense of vulnerability makes her relatively easy prey for the medical system, which will promise "state-of-the-art", "entirely routine" surgical "fixes". We'll get to the medical system in a minute, but what she needs from you is emotional support. She needs to feel that no matter what, the two of you are in this together.

There are as many ways for men to respond to this change in your lives as there are men. My primary focus is for those of you who are feeling frightened and confused about what has happened to your spouse and aren't sure what it means or what to do. Ignorance is the enemy. The more you know and understand, the easier this transition will be for the two of you individually and as a couple.

What she does *not* need is your pressuring her to do what the doctor says because you are uncomfortable with the whole thing and that seems like a logical solution.

Providing your spouse with emotional support may require your having to carry the weight of your own emotional turmoil. It has been my experience that when a woman is feeling vulnerable, having her man express that he is feeling vulnerable at the same time only makes matters worse.

Another common problem is that many men tend to go into "fix-it" mode when their spouses are feeling vulnerable. I've done it myself more times than I care to recall. Let's be clear, however. This is not a problem you can fix. You can work with your spouse, you can be her partner as she learns about her condition. You can help her stay out of the operating room and encourage her to learn to sit, stand and move in ways that will minimize the impact of her prolapse. You can be there for her when she gets discouraged, which she will from time to time. Working together through this kind of challenge can make your relationship stronger, more intimate and deepen your love.

The Anatomy

Female anatomy is very complex and is made more so by virtue of the fact that most of it is hidden from view. For our purposes, we'll take the simplified tour. You don't have to know it all, but if you understand the basics, it will take much of the fear and uncertainty out of dealing with prolapse.

The key to understanding prolapse is the pelvis and the spine. This should begin to clue you in that prolapse isn't really a gynecological problem at all, as you will see. The common misconception (even among doctors) is that the pelvis is a basin with a hole in bottom. This belief is the result of more than five hundred years of inaccurate illustrations in the medical literature which were never noticed until the mid 1950s and then largely ignored for another thirty years before correct pelvic alignment *began* to appear in medical textbooks. The standard contemporary texts still get a large proportion of the illustrations of pelvic alignment wrong. Hard to imagine, but it's true.

The pelvic opening is actually at the back of the pelvis. The reality is that women are horizontal creatures from the waist down and vertical creatures from the waist up. The pelvic organ support system is very similar between humans and quadrupeds. What allows for vertical, bipedal stance is the pronounced curvature in the lower or lumbar spine in women. The male spine configuration is somewhat different, but the pronounced lumbar curve is part of the definitive shape of a woman.

To understand prolapse, we need to understand where the internal organs are supposed to be. Let's start at the back and work our way forward. The tailbone is the base of the sacral spine, a series of fused

vertebrae that form the top of the pelvic opening. While the sacral spine slopes down on the posterior or back side of the body, on the interior of the pelvis, the sacral spine is virtually parallel with the ground.

In front of the tailbone is the anus then the perineum (*per-i-knee-um*) a knot of tough tissue that separates the anus from the vagina. During conventional birth, obstetricians routinely cut through the perineum to “prevent tearing”. This procedure (episiotomy) can have devastating effects if the cut damages the anal sphincter or related nerves.

Moving forward, next is the vagina, which in normal anatomy of a standing woman is a flattened, airless tube. The vagina, urethra and clitoris are surrounded by the labia majora and minora which constitute the vulva. Just in front of the vulva is the pubic bone which is the bottom of the pelvic opening and which supports the pelvic organs like the straps of a saddle. Tucked up above the pubic bone and next to the front abdominal wall is the bladder. The uterus, a fist-sized muscular organ, is situated above the bladder. The uterine opening, or cervix, is at the top of the vagina and when in proper position, the uterus folds the vagina over like a crimp in a hose.

When the organs are positioned behind the lower abdominal wall, where they belong, gravity and every breath keeps them pinned there. Given that humans have the interesting challenge of how to carry and birth large-headed offspring while still remaining bipedal, the female pelvic organ support system is amazingly effective.

So what goes wrong?

Imagine sitting in your most comfortable chair. How would you characterize the shape of your spine? Probably a “C” or concave shape, looking from the front. Now think about how women and men sat when our cultures were “primitive”. Look in any National Geographic magazine for examples. Women sat on the ground, cross legged or with their legs splayed out in front of them. If you look carefully, you'll notice that it is virtually impossible to sit that way with a “C” shaped spine. To sit that way you have to maintain that strong lumbar curve.

So sitting in upholstered chairs, car seats and other comfortable furniture, the lumbar curve flattens out over time. This pulls the organs back from the front of the abdominal wall and they fall into the vaginal space creating bulges in the case of the bladder (cystocele) or rectum (rectocele) or the cervix intruding into the vulva (uterine prolapse).

Other factors can contribute. Connective tissue health can exacerbate the problem. Diet can impact the shape of the gut and levels of inflammation. Weight is a factor. But posture is the primary culprit and in fact, pelvic organ prolapse is largely a postural problem, not a “medical” problem at all.

“Change the posture, change the prolapse” has been the motto of Whole Woman from its inception. The Whole Woman posture and exercises are designed to help tone the muscles that have gotten lazy over the years and allowed the lumbar curve to flatten out. They will help women who have not had surgery. In this case surgery means hysterectomy, bladder or uterine suspension surgery, rectocele repair or mesh implantation. Once the surgeons start cutting, all bets are off.

The Traditional Medical Approaches

There's an old saying, “If the only tool you have is a hammer, every job looks like a nail.” If you are a gynecologic surgeon, surgery is what you know how to do, want to do and will be biased toward doing if there is any rationale for it.

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Prolapse is one of the most common presenting complaints that result in hysterectomy. Gynecologists treat hysterectomy like having your tonsils out.

This is not true. Hysterectomy is extremely serious, life altering surgery.

A major website hystersisters.com is a support site for women pre and post-hysterectomy. Their forum has over one hundred thousand members. The largest thread on the forum by far is women seeking answers for a horrifying array of complications they were never told about. Some examples (taken directly from the site) are:

- Severe pelvic pain
- Back, hip and leg pain
- Sexual dysfunction
- Fistula (a hole between the vagina and bladder or vagina and rectum)
- Chronic constipation
- Mesh erosion and migration
- Urinary frequency
- Slow urine stream
- Bladder spasms
- Chronic bladder inflammation
- Urinary and fecal incontinence
- Sexual non-function
- Hemorrhoids
- Rigid vagina
- Vaginal air
- Lifelong urinary self-catheterization
- Urinary tract infection
- Rectal/colon spasms
- Recurring and intractable prolapse
- Lifelong lifting restrictions
- Progressive musculoskeletal changes
- Weakness
- Adhesions
- Personality changes
- Premature aging
- Severe hormonal imbalance
- Emotional devastation
- Chronic depression

Not much like having your tonsils out. Yes, your mother (aunt, sister, daughter) may have had a hysterectomy and never reported any problems. First of all, in our culture, women just don't talk about these things. It is only due to the anonymity offered by the internet that this information has even become available. Secondly, women who have been hysterectomized are not always reliable witnesses to their own condition. Women are often so horrified and overwhelmed by what the medical system has done to them, they have to rationalize the situation in their minds to find any peace and that rationalization is often supportive of the medical system.

Why should a woman have less need for her reproductive organs for her lifetime than a man needs his? The medical system treats the uterus as if it were a time bomb. Penile and testicular cancers are common. Who is suggesting that men should have their organs removed "just in case"?

There are over 150 surgeries that have been developed for dealing with prolapse (experiments carried out on unsuspecting and powerless women). The hard reality is they don't work. There is nothing a surgeon can do in the pelvic organ support system to improve what nature has provided. They can only make it worse. For example, research shows that a post-hysterectomy woman is *five times* more likely to suffer prolapse than a woman who retains her uterus.

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The latest nightmare scenario is the insertion of polypropylene mesh to “support” the front and or back vaginal walls to “cure” the bulges of cystocele and rectocele. In spite of FDA warnings, thousands of these surgeries are performed every week. However, the mesh migrates, sometimes into the vagina itself making sex intolerably painful for both partners. The tissue around the mesh can die creating a potentially life-threatening situation. Worse, the mesh is difficult or impossible to remove.

If you do a google search on vaginal mesh and look at the sponsored links on top or to the right, chances are excellent you'll see adds 1) from lawyers specializing in malpractice suits around mesh surgeries and 2) surgeons who specialize in mesh removal. This should tell you something.

Once a woman (and her spouse) start down the surgical path, one surgery after another every few years is the common sad tale. Eventually, the doctor is likely to tell the women, “You aren't going to have any more children, so we should just sew your vagina closed.” We've heard horror stories even after that surgery.

My point is this: if you value your spouse and you value your sex life, the medical system has little to offer you in the case of pelvic organ prolapse. The alternatives can be catastrophic. We have women write into the forum from time to time with post surgery stories that would just make you weep: chronic pain, sexually dysfunctional, addicted to painkillers, incontinent for both urine and feces, unable to leave the house, marriages shattered, lives in ruins.

This is very serious business and why, like it or not, you and your spouse are in this together. The more you know, the better support you can provide. The more you know, the less likely you are to send signals that somehow your sexual intimacy with her has been compromised. The more you know, the more comfortable you are likely to be around the whole prolapse issue and therefore the more comfortable your spouse will be with herself and with you.

Encourage your spouse to participate in the forum on wholewoman.com. You should both read Whole Woman founder, Christine Kent's book, *Saving the Whole Woman* and together watch her *First Aid for Prolapse* DVD. Walk with her. (Walking and running is good for prolapse, believe it or not.) You share the challenge, share the management of the condition and the chances are excellent that at some point she'll say, “Wow, I can't even feel my prolapse today.”

As couples we face many challenges in life. When we can avoid letting those challenges tear at the fabric of our relationship and instead use them to strengthen our bond of love, then life holds little of which we need be afraid.

*Lanny Goodman is CEO of Management Technologies Inc. and is a nationally recognized management consultant specializing in strategic planning and self-managing company design for CEOs of closely held companies. He has been quoted in many publications including Inc. Magazine, Fortune Small Business and the New York Times. He is author of **The End of Management**, Have More Time, Make More Money and Have More Fun by Creating a Company That Runs Itself. In his spare time he is Chief Technology Officer (fancy title for webmaster) for Whole Woman Inc. For more information, visit www.lannygoodman.com.*