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 pubic arch
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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