# Sequenced integrated care produced sustained functional improvement with:

- Uterus sparing sacrospinous hysteropexy
- Compartment repair
- Selective anti incontinence surgery
- IC/BPS directed therapy
- Pelvic floor rehabilitation

A focused case series of young women with multicompartment POP and IC/BPS managed with uterus sparing hysteropexy followed by IC/BPS directed therapy is sparsely reported.

**ICS 2026 Abstract 860**

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www.ics.org/2026/abstract/860

# PELVIC PARADOX

**Pelvic organ prolapse in young women with IC-BPS and dysfunctional voiding.**

## Aim

Describe the coexistence of structural prolapse, and interstitial cystitis/bladder pain syndrome phenotype, with dysfunctional voiding, emphasising that evaluation/management should include voiding physiology and pelvic floor function along side prolapse anatomy correction and medical therapy.

## The paradox at baseline

- 6 women, aged 31-33 years
- Stage II-III multi-compartment prolapse
- Culture-negative LUTS with bladder filling pain
- Raised EMG activity during voiding in 6/6
- Prolonged flow in 3/6, PVR 120-170 mL.SUI present in 2/6. UUI in 3/6. Dyspareunia reported by 5/6

## Treatment sequence

1. Sacrospinous hysteropexy with pelvic floor reconstruction in all. Transobturator tape in 2 women with stress incontinence.
2. Intravesical instillation, elimination diet, pelvic floor rehabilitation, voiding mechanics and bladder retraining.

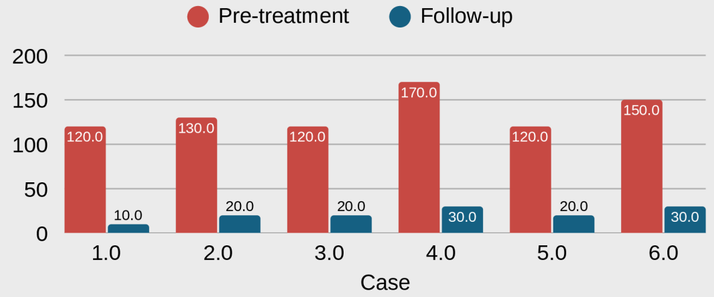
## Interpretation and limitation

POP in young women with co-existing IC/BPS reflects a mixed mechanism of LUTS: structural support failure, pelvic floor overactivity with dysfunctional voiding, and bladder pain sensitization. Small uncontrolled series.

## Outcomes at 18-24 months

### Bulge resolved in 6/6

### Post-void residual (mL)




## Symptom ranges

| Measure | Before | Follow-up |
|---|---|---|
| Pain VAS | 6-8 | 0-3 |
| Daytime voids/day | 10-15 | 5-9 |
| Nocturia/night | 3-5 | 0-1 |

## Additional outcomes

### PGI-I 1-2

SUI resolved (2/2), UUI improved (3/3).
Repeat uroflowmetry/EMG improved.
Intercourse resumed after 4 years in one woman.
Dyspareunia improved in 2/5 affected women.
Pregnancy: one caesarean delivery, one ongoing at 34wks.
No subsequent complications or prolapse recurrence.

Ethics: KIMS Kingsway Hospital, Nagpur. Informed consent obtained. Funding: none.