

# SOUTHWESTERN NEWS

Media contact: Staishy Bostick Siem  
214-648-3404  
[staishy.siem@utsouthwestern.edu](mailto:staishy.siem@utsouthwestern.edu)

## **Researchers need participants for trial evaluating surgical techniques for women's prolapse**

DALLAS – Sept. 1, 2004 – Norma Stroup suffered from a pelvic organ prolapse for 20 years before finding relief through a new surgical technique offered by physicians at UT Southwestern Medical Center at Dallas.

"I was absolutely elated after the surgery," she said. "I just happened to luck into Dr. Mikio Nihira, and I am glad I did. Other doctors had no idea what to do about it. I have six great-grandchildren, and it's easier now to chase them around all day."

Dr. Nihira, assistant professor of obstetrics and gynecology, was able to repair Mrs. Stroup's problem and is looking for other women like her to participate in a clinical trial evaluating new surgical techniques for treating the prolapse, or rectocele, a bulge from the rectal wall into the vagina. The problem is thought to be relatively common but physicians don't know exactly how many women suffer from rectoceles because there are no national registries, not all doctors and nurses have the experience to make the diagnosis, and women often feel uncomfortable discussing this condition with others, even physicians.

"Symptoms can be vague, and the measurement of the herniation doesn't predict how much women are bothered," Dr. Nihira said. "Some women may have a small defect and can be very bothered, but others will have large defects that don't seem to cause them much concern."

"Many physicians don't routinely perform pelvic exams or ask specific questions about bladder and bowel problems, so it is my suspicion that these problems go mainly undetected," Dr. Nihira added.

Mrs. Stroup said that she has talked more openly about the problem to her friends since her surgery last November, and the Red Oak resident hopes more women choose to seek help.

To participate in the study, women must be suffering from or have symptoms of a prolapse. In addition to feeling constipated, they may feel this sensation (a bulge) all the time or only after going to the bathroom.

(MORE)

## **Prolapse trial – 2**

“That is usually the first way women know it’s there,” Dr. Nihira said. “At that point, it’s good to go to a physician to be examined. Many women will feel this bulge and become afraid that it is cancerous but are afraid to do anything, so they just live with it.

“There are many alternatives after the diagnosis is made,” he added. “Some women just want to hear that it is not a cancer and decide not to pursue treatment. For those who desire treatment, there are surgical and nonsurgical approaches.”

Women who opt for surgical treatment and choose to participate in the study will be randomly assigned to receive one of three surgical techniques: a conventional approach that has been employed for more than 200 years; a new technique in which surgeons repair gaps in the connective tissue of the wall between the rectum and the vagina; and a revolutionary approach in which a piece of graft material is used to strengthen the repair of connective tissue.

Women are ineligible for the study if they are pregnant or planning to become pregnant in the next three years, have an allergy to pork products or expect to move from the Dallas-Fort Worth area in the next three years.

To participate in the study or for more information, call 214-648-3245, or e-mail [margaret.hull@utsouthwestern.edu](mailto:margaret.hull@utsouthwestern.edu).

###