WOLKITE UNIVERSITY

COLLEGE OF MEDICINE AND HEALTH SCIENCE

DEPARTEMENT OF MIDWIFERY

MAGNITUDES OF PELVIC ORGAN PROLAPSE AMONG WOMEN ADMITTED IN BUTAJIRA GENERAL HOSPITAL

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A RESEARCH PAPER SUBMITTED TO DEPARTMENT OF MIDWIFERY AND COLLEGE OF MEDICINE AND HEALTH SCIENCE WOLKITE UNIVERSITY IN PARTIAL FULFILLMENT OF REQUIREMENT FOR BACHELOR OF SCIENCE IN MIDWIFERY

JANUARY 2021

WOLKITE, ETHIOPIA

ACKNOWLEDGMENT

First of all we would like to say thanks God, for giving his strength during the overall process of our works.

Secondly, we would like to deepest thanks to Wolkite University College of Medicine and Health Science Department of Midwifery, which have facilitated the opportunity to do this research Proposal.

Lastly, thanks our advisor Mr. Solomon Shitu and Yibelteal Mesfin, who gives this opportunity to do our best help & support up to successfulness of research paper

Contents

ACKNOWLEDGMENT III
LIST OF TABLES VI
LIST OF FIGURES VII
ABBREVATIONS AND ACRONYMS VIII
SUMMARY IX
CHAPTER ONE 2
1. INTRODUCTION 2
1.1 Background 2
1.2 Statement of the problem 3
1.3Significance of the study 6
CHAPTER TWO 7
LITERATURE REVIEW 7
2.1. PREVALENCE OF PELVIC ORGAN PROLAPSE 7
CHAPTER THREE 9
3, OBJECTIVE 9
3.1 General objective 9
3.2 Specific objectives 9
CHAPTER FOUR 10
4. METHODOLOGY 10
4.1 Study area and period 10
4.2 Study design 10
4.3Population 10

4.3.1Source population 10
4.3.2Study population 10
4.4 Eligibility criteria 11
4.4.1 Inclusion criteria 11
4.4.2 Exclusion criteria 11
4.5 Sample size determination 11
4.5.2 Sampling techniques 11
4.6 Operational definition 12
4.7 Study variables 12
4.8 Data quality control 12
4.9. Data collection tools and procedure 13
4.9.1Data collection tools 13
4.9.2Data collection procedure 13
4.10 Data processing & analysis 13
4.11 Ethical considerate 14
4.12 Dissemination of the finding 14
CHAPTER FIVE 15
RESULT 15
CHAPTER SIX 20
6. DISCUSSION 20
CHAPTER SEVEN 22
7. CONCLUSION & RECOMMENDATION 22
7.1 CONCLUSION 22
7.2 RECOMMENDATION 23
REFERENCES 23
ANNEX 26

LIST OF TABLES

Table 1. Sociodemographic characteristics of patients with POP in Butajira general Hospital gurage zone SNNPE from Jan.2018-dec 2020.

LIST OF FIGURES

Figure 1: Parity of patients with POP in in Butajira General Hospital Gurage zone SNNPE from Jan.2018-dec 2020

Figure 2: Maximum duration of labor, patients with POP in
in Butajira General Hospital Gurage zone SNNPE from Jan.2018-dec 2020.

ABBREVATIONS AND ACRONYMS

AC-Anterior Colporrhaphy

FP -Family planning

GYN/OBS- Gynecology & Obstetrics

OR -Operation Room

PCPR-Posterior Colpoperinorrhaphy

POP- Pelvic Organ Prolepses

SRP-Student Research Program

UVP- Utero Vaginal Prolepses

SPSS-Statistical package for social science

ABSTRACT

Background: Pelvic organ prolapse is the down ward descent of female organs including the bladder, small & large bowel resulting in protrusion of the vagina, uterus or both. It is a disorder exclusive to women and one of the most common indications for gynecologic surgery.

Objective: to assess the magnitude of pelvic organ prolapse and risk factors among women admitted in Butajira general hospital, SNNPR Ethiopia.

Methods: Institution based Retrospective crossectional study was conducted in Butajira General Hospital, from Jan. 1 2018 –Jan 2021 on total sample size of 420. The data were collected by chart review by using a prepared questionnaire and then entered and processed by using SPSS version 24.0 for analysis.

Result: From 257 pelvic organ prolapse patient's cards, 210 cards were retrieved and analyzed giving card retrieval rate of 81.7%. the magnitudes of POP during the study period was 50% The mean age of women with pelvic organ prolapse was found to be 49.7(range 25-70), and The mean parity of patients was 6.4with, Majority (78.2%) lives in rural area and house wife account for 71.6%.

Conclusion& recommendation: Uterovaginal prolapse is common in rural women who are House wife with high parity and more than forty years old. Most of the women gave birth to their babies at home with prolonged labor. Age, parity and occupation had association with stage of uterovaginal prolapse. A lot should be done on raising awareness of women about the risk factors of pelvic organ prolapse.Use of contraception to reduce numbers of deliveries per patient is stressed upon. Health institution delivery be advocated to minimize the rate of home deliveries and hence of prolonged labor.

CHAPTER ONE

1. INTRODUCTION

1.1 Background

Pelvic organ prolapse is the abnormal descent or herniation of the pelvic organs from their normal attachment sites or their normal position in the pelvis. The pelvic structures that may be involved include the uterus or vaginal apex, anterior vagina, or posterior vagina. Many porous women may have some degree of prolapse when examined; however, most prolapses are not clinically bothersome without specific pelvic symptoms, and they may not require an intervention (1).

With the gradual increase in life expectancy in developed countries over the past century, obstetrician-gynecologists are expected to be familiar with disorders of the elderly population. Pelvic organ prolapse (POP) and urinary incontinence (UI) are common conditions affecting many adult women today (2).

The uterus and surrounding pelvic support tend to be dynamic in prolapse, resulting in a variation of symptoms depending on the position of the uterus and pressure of the surrounding structures. Consequently, as the day progresses, bulging and discomfort may increase. Extensive standing, lifting, coughing, and physical exertion may increase patient awareness of discomfort in the pelvis, vagina, abdomen, and low back. Vaginal discharge may be present in patients with complete uterine prolapse (i.e., procidentia) who have a decubitus ulcer of the cervix or vagina (3).

High parity is the single most important risk factor for prolapse in less developed countries. Not only the number of vaginal deliveries but also other obstetric factors related to the individual delivery such as prolonged 2^{nd} stage or poor surgical repair of perineal injury, improper orientation towards labor process, inappropriate fundal pressure, delivering in squatting position,

mismanagement of third stage labor with excessive traction contributing for the weakening of the supporting structure have been implicated. Other factors such as low levels of estrogen in post-menopausal women, obesity, smoking & constipation also contribute to the development of POP (4).

1.2 Statement of the problem

Pelvic organ prolapse (POP) (also called urogenital prolapse) has an increasing gynecological problem worldwide, which affects the quality of life of millions of women by their limiting physical, social, psychological and sexual function. It had an estimated lifetime prevalence of 30.0% to 50.0% in parous women (5).

Loss of vaginal or uterine support in women presenting for routine gynecological checkup is seen in up to 43.8% of patients with a life time risk of 11.1% for prolapse or incontinence surgery by the age of 80yrs for women in high income countries (6).

Pelvic organ prolapse can severely affect a woman's quality of life by limiting physical, social, psychological & sexual function. It is estimated that 50% of porous women lose pelvic floor support & subsequently develop a prolapse. However, only 20% of these women are symptomatic (7).

Pelvic organ prolapse (POP) is a significant public health problem in developing countries including Ethiopia. However, less has been documented on risk factors of POP. Therefore, the aim of this study will be to identify the determinants factors of POP (8).

World wide million of people have been affected by pelvic floor disorder one in every nine America women will undergo surgery for pelvic floor disorder in her lifetime with 30%of women having chance of requiring additional surgery fore the same condition(9).

Pelvic organ prolapse and its complications make an impact on a considerable economic burden on the affected person. About 11% of American women undergo surgery for pop or incontinency before the age of 79 with 29.2%of the women having a chance of additional(10).

Pelvic organ prolapse is highly prevalent among the women age of over 40 years old and postmenopausal women with estimated prevalence of 41-50%(11).

As different studies in low and middle income countries showed the mean of pelvic organ prolapse is 19.7% with the estimated range from 3.4 to 56.4% . Moreover most study were small and not population base as a result methods of ascertaining of pelvic organ prolapse and definition have been varied(12).

High parity, older age, obesity ,vaginal delivery persistent cough ,early age at frist delivery prolonged labor and heavy leafting are the relevant contributing factors to cause pop.The global burden of pop is increasing due to increasing age of population (13).

Pelvic organ prolapse (POP) is a significant public health problem in developing countries including Ethiopia. However, less has been documented on risk factors of POP. Therefore, the aim of this study will be to identify the determinants factors of PO(19).

1.3Significance of the study

Our study will significant importance for Butajira women and may also important for health care providers to identify risk factors associated with pelvic organ prolapse and how to reduce pelvic organ prolapse by improving client centered care.

The study was undertaken to assess the magnitudes of pelvic organ prolapse in butajira general hospital and finding of our study was used as a baseline data fore policy maker and other concerned bodies to give specific intervention. Moreover the result of our study will help health institution to recognize the awareness of the women on magnitudes of pelvic organ prolapse and its consequence

CHAPTER TWO

LITERATURE REVIEW

2.1. PREVALENCE OF PELVIC ORGAN PROLAPSE

A cross sectional study conducted in Ejura-Sekyidumasi, Ashanti region in rural Ghana showed that POP was observed in 21(12.1%) women(9).

Community based cross sectional study conducted in Hai, Rombo and same district, Kilimanjaro region Tanzania, by using the POP-Q classification system to assess the POP stage. 64.6% had anatomical stage 2-4 and 6.7% had sever POP that descended 1cm or more below the hymen (14).

Institution based retrospective study conducted at university teaching hospital in south east Nigeria shows the prevalence of pelvic organ prolapse was 39.1% per 1000gynecological admission making it 3.9% of a total gynecological admission.

Hospital based retrospective descriptive study conducted in Jimma university specialized hospital showed that pelvic organ prolapse accounted for 40.7% major gynecologic operation the mean age of patient was 42.43± 10.4 years(15).

Cross sectional study conducted in bench maji zone south west Ethiopia which shows fifty six (13.3%) f the study participant had pelvic organ prolapse(16)

Facility based cross sectional study conducted in St Paul's Hospital Millennium Medical College, Addis Ababa, Ethiopia shows that, a total of seventy-four patients with POP were admitted and included in the study. Majority of patients with POP operated at St Paul's hospital millennium medical college. and The contribution of POP out of the major gynecolo gic operations done in SPHMMC during the study period was 15 % (17).

Community based cross-sectional study conduct in reside in kersa district eastern Ethiopia shows that one in five women suffer from pelvic floor disorder, prevalence of this study 20.5%. Magnitudes of health problem and low level seeking behevior indicates the silent suffering of many women in the study area**.(**18**).**

CHAPTER THREE

3, OBJECTIVE

3.1 General objective

To assess the magnitude of pelvic organ prolapse and among women admitted in Butajira General hospital Gurage Zone, SNNPR Ethiopia 2020.

3.2 Specific objectives

1. Determine the magnitudes of pelvic organ prolapse in butajira general hospital.

2. To identify risk factors of pelvic organ prolapse in Butajira General Hospital To

CHAPTER FOUR

4. METHODOLOGY

4.1 Study area and period

The study was conducted in Butajira General Hospital which found in Gurage Zone, SNNPR Ethiopia in December 2020. The hospital is established in 1986 which is located at 108km south from Addis Ababa and 119km from Hawasa (capital of SNNPR) the town located at the base of Zebidar massif in Gurage Zone. It is 2131 meter above sea level. The Town has 10 kebeles. the total population of the town is 33,406 of whom 16,923male and 16,483 female based on 2007 census farming is the largest Economic activities around the town with a small Business in the town.

4.2 Study design

Institution based retrospective cross sectional study design was conducted.

4.3Population

4.3.1Source population

All patients admitted to gynecology ward from July1 2018 –December 2020.

4.3.2Study population

All the patients who were admitted to gene ward and fulfill inclusion criteria from Jan, 2018-Dec. 2020.

4.4 Eligibility criteria

4.4.1 Inclusion criteria

All women whose ages greater than 15, who admitted gynecology ward during the study period.

4.4.2 Exclusion criteria

Charts of Patients with incomplete data (information)

4.5 Sample size determination

- **Sample size:** The required sample size will be calculated using a single population proportion formula.

$n= (Z\alpha/2)^2 P (1-P)/d^2$

Where;

n= sample size required

Z= standard normal distribution taken as 1.96 at 95% confidence level

P (prevalence) = 40.7(jimma university referral Hospital Ethiopia 2018)

d= margin of error taken as 5%

Thus; $n = (1.96)^2 (0.47) (1-0.47)/ (0.05)^2$

The calculated sample size will be 382.

10% of non respondents =38

382+38=420

4.5.2 Sampling techniques

Convenience non probability, sampling technique was conducted

4.6 Operational definition

Anterior compartment prolapse (Cystocele)-prolapse of anterior vaginal wall often associated with the descent the bladder.

Posterior compartment prolapse (rectocele)-prolapse of posterior vaginal segments often associated with descent of the rectum.

Apical compartment prolapse (uterine prolapse,vaginal vault prolapse)- the descent of apex the vagina into the lower vagina to the hymen or beyond the vaginal introitus.

Enterocele- prolapse of small intestine into the vagina

Constipation-recurrent & chronic straining up on defecation

Parity-–number of children previously born

Chronic cough-coughing for long period of time

4.7 Study variables

Age address, ethnicity, occupation, marital status, and parity duration of labor, mode of delivery complications after or during delivery &history of instrumental vaginal delivery.

4.8 Data quality control

To insure quality of data, Training were given for data collectors for two days regarding objective of study, data collection tools, way of data collection, checking completeness of data collection tools and how maintain confidentiality. Trained Bsc health professional was involved for coordination and supervision of data collection process.

Questioner was checked for before data entry into software data coding and categorizing data would maintained for the quality of data to be analyzed. Double data entry was done fore its validity and compare the original data.

4.9. Data collection tools and procedure

4.9.1Data collection tools

Data collection tools was developed by reviewing different literatures and The structured questionnaire were arranged according to the particular objectives that we are address to collect data of socio economic factors and its status. The questionnaire is prepared in English Language.

4.9.2Data collection procedure

Card number of POP cases which admitted to gynecology ward were retrieve from log book gynecology, outpatient department, admission office discharge book and OR book. The card number was give to record and the chart was retrieve and data were collected

4.10 Data processing & analysis

The collected data wasa checked for completeness and consistency data was cleaned, edited and validated before analysis and then processing will be carried following data entry and clearing, analysis will be done using SPSS. Finally the data was compiled, analyzed and presented using tables, graphs, frequency percentage of different variables.

The prevalence POP was calculated by dividing the number of the women who report symptom by a total number the women in the study and was reported with 95% CI.. The overall prevalence of POP will calculated by dividing the number of the women who report at least one of the symptoms of POP by the total number women in the study and report with 95%CI.

4.11 Ethical considerate

clearances was obtained from research committee of Wolkite University College of medicine health sciences. Office of Ethical clearances were Ethical obtained from research committee of Wolkite University College of medicine health sciences.l letter will be submitted to butajira general hospital, all participants will sign informed voluntary consent.

4.12 Dissemination of the finding

The final report the study was present and submit to Wolkite University, College of Medicine and Health science department, of Midwifery

CHAPTER FIVE

RESULT

From the expected 257 pelvic organ prolapse patient's cards, 210 cards were retrieved and analyzed giving card retrieval rate of 81.7%. the magnitude of POP during the study period was 50%. The mean age of women with pelvic organ prolapse was found to be 49.7(range 25-67).

The study population was composed of Gurage 117(55.7%), siltie 44(21%), Oromo24(11.4%), Ahmara 19(9%) and others 6(2.9%). Two hundred (95.2%) of them were married, 5(2.4%) were widowed and 5(2.4%) were divorced. House wife accounts for 153(72.9%) of patients with uterovaginal prolapse in Butajira Hospital, Merchant 39(18.6%), Farmer 10(4.8%), employed 8 (3.8%).. (Table 1)

Patients with uterovaginal prolapse in Butajira Hospital came with presenting complaint of sexual discomfort 73(34.8), mass per vagina 47(22.4%),urinary incontinence, 36 (21.9%) and burning sensation44(21%).

The study also showed that 104(49.5%) of the patient had history of chronic cough .One hundred thirty two (62.9%) had constipation. One Hundred four (495%) had stage-3, 55(26.2%) had stage

2, 43(20.5) had stage 4 and 7(3.3) had stage1 uterovaginal prolapse. 82 (39%) had associated with cystocele, 64(30.4%) rectocele, 39(18.6%) Urethrocele and 25(11.9%) vaginal vault prolapse.

The pre-operative and post-operative hematocrit levels were 39.17(range 29-42) and 33.5 (range 24-36) respectively.

The pre-operative and post-operative stay for the study group were 12.4 days (range 2-29) and 9.42 days (range 2-16) respectively

The average operation time for the surgeries was 73.8 minutes (range 40-120).

The major operation performed for patients with uterovaginal prolapse in Butajira general hospital during the study period was vaginal hysterectomy with anterior colporrhaphy and vaginal hysterectomy with anterior colporrhaphy and post colpoperinorrhaphy accounts 76.7% and 14.3% respectively. The rest were vaginal hysterectomy with sacrospinous fixation and Manchester operation.

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Table- 1: Sociodemographic characteristics of patients with POP in Butajira general Hospital **gurage zone SNNPE from Jan.2018-dec 2020**

Age(years)	**Number**	**%**
25-35	17	8.2
36-45	33	15.7
46-55	108	52
>55	52	24.1
Total	210	100
Ethnicity		
gurage	117	55.7
Siltie	44	21
Oromo	24	11.4
Amhara	19	9
Others	6	2.9
Total	210	100
Occupation		
House wife	153	72.9
farmer	10	4.8
Merchant	39	18.6
Employed	8	3.8
Total	210	100
Marital status		
Married	200	95.2
Divorced	5	2.4
Widowed	5	2.4
Total	210	100
Address		
Rural	159	75.7
Urban	51	24.3
Total	210	100

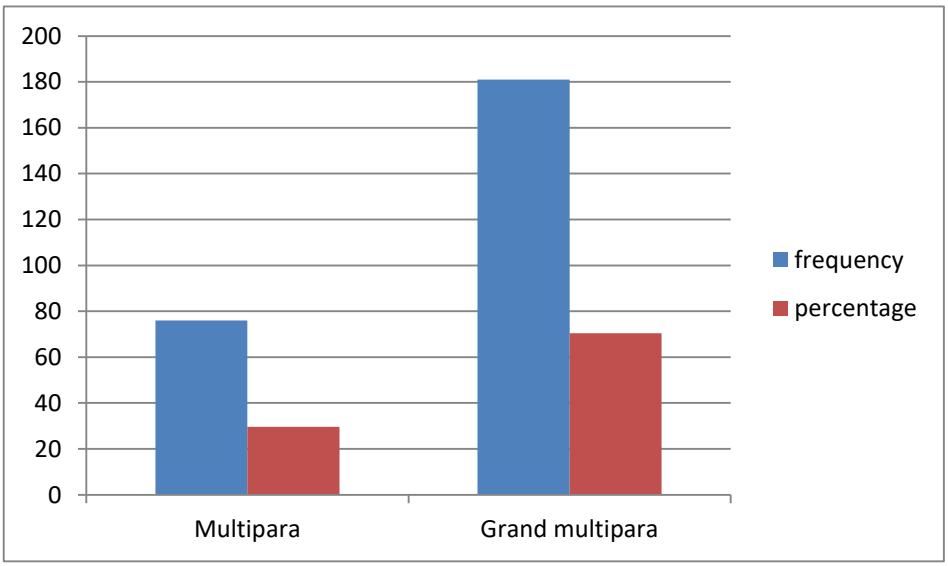

Figure 1: Parity of patients with POP in in Butajira General Hospital Gurage zone SNNPE from Jan.2018-dec 2020.

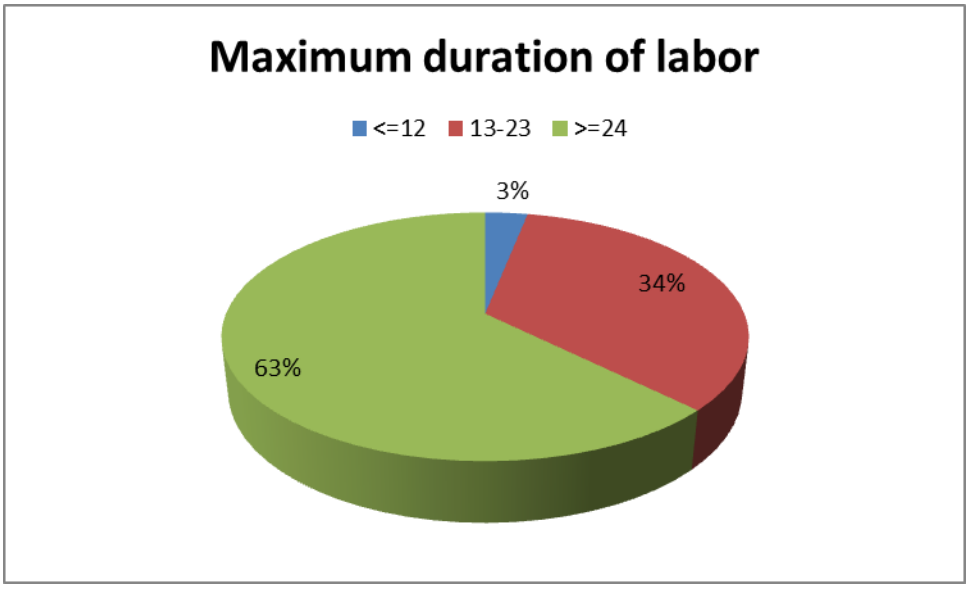

Figure 2: Maximum duration of labor. patients with POP in
in Butajira General Hospital Gurage zone SNNPE from Jan.2018-dec 2020.

CHAPTER SIX

6. DISCUSSION

Although pelvic organ prolapse is one of the most common indications for gynecologic surgery, little is known about the epidemiology and causes significant emotional and psychosexual dysfunction. It affects mainly those in their fifties or older. The study revealed that 55.7% of patients who were operated for uterovaginal prolapse in Butajira hospital were Gurage and 95.2% were married as compared to Jimma 72.9% were Oromo and 82.5% were married and in St Paul's study shows, majority of Population were Gurage 57% and and 84% were married.

The mean age of women with pelvic organ prolapse is found to be 49.7 which is consistent with other studies conducted Jimma and St Paul's medical hospital with 42.43 ± 10.4 and 42.17 ± 13.16 years respectively. The mean parity of the study group was 6..4 children which is comparable to that of Jimma and St Paul's medical hospital 6.5 ± 2.64 children and 5.9 ± 2.7 children respectively. This study also showed that78.2% of the patients came from rural area and 71.6% were house wife and 54.9 % deliver their baby at home.

When we analyze the maximum duration of labor in women with UVP in Butajira hospital 63% stayed in labor more than or equals to 24 hours, 34 % for 13-23 hrs and 3 % took less than or equals to 12 hours. This indicates that most of the patients who have UVP in Butajira hospital had prolonged labor.

This study demonstrated that uterovaginal prolapse affects relatively younger age groups than in the developed countries; these may be due to the high parity, various obstetric factors like

delivering at home with long duration of labor poses a serious hazard to the health the mother and contribute to the weakening of the supporting structures.

The analysis showed that most were from rural House wife and it is assumed that preparing inset for foods, wood and water fetching, child rearing and carrying the baby in the back, are some of the physically demanding day to day activity assigned to rural

Preparing inset for food even during pregnancy and puerperium which have effect on the loosing of genitourinary supporting structures.

The pre-operative hospital stays for the study group were 7.4 days which is fairly consistent with Jimma and St Paul's which were 7.7 days ± 4.9 days and 12.4 days ± 6.1 days respectively. The post-operative hospital stays for Butajira hospital is 9.42 days which is relatively lower than the Jimma and St Paul's 10.9 days ± 3.4 days and 11.2 days ± 3.7 days respectively this may be due to the type of operation performed that decrease the post-operative complication and easy healing.

The study also showed the most commonly practiced operation for women with uterovaginal prolapse is vaginal hysterectomy and anterior colporrhaphy with or without posterior colpoperinorrhaphy..

The study also revealed that the average operation time for the study group was 73.8 minutes which is lower when compare with Jimma 91.67 minutes ± 30.56 minutes.

CHAPTER SEVEN

7. CONCLUSION & RECOMMENDATION

7.1 CONCLUSION

- Pelvic organ prolapse is one of the major gynecologic problem common in rural women who are House wife with high parity and more than forty years where most physical demanding chores allocated.
- Most of the women with POP gave birth to their babies at home with prolonged labor.
- Age, parity and occupation had association with stage of pelvic organ prolapse.
- The common presenting complaint of the patients were sexual discomfort.
- Mostly practiced definitive management operation was vaginal hysterectomy and anterior colporrhaphy with or without posterior colpoperinorrhaphy.

7.2 RECOMMENDATION

- Butajira Genera hospitals responsible body should be done a lot on raising awareness to the women about the risk factors for pelvic organ prolapse.
- Use of contraception to reduce numbers of deliveries per patient be stressed upon for the community.
- Health institution delivery be advocated to minimize the rate of home deliveries and hence of prolonged labor.
- Butajira general hospital should improve patient's card recording and keeping system.

  Further prospective study on similar topic is also recommended.

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ANNEX
QUESTIONNIERIES

Instruction for Data Collector

Take informed consent from research committee of university.

Name and Signature of the data collector who will be sent.

Patient card

1. Age in years
2. Address A. rural
   B. urban
3. Ethnicity
   A.Gurage D. Oromo
   B.Siltie E. others (specify)
   C. Amhara
4. Religion
   A. Muslim B. orthodox C. protestant D. others
5. Occupation
   A. house wife B. farmer C. Merchant
   D. Employed E. Others (specify)

6. Marital status

A. single B. married C. divorced D. widowed

7. Educational status

A. No formal education E. College and above

B. Can read &write

C. grade 1-8

D. Grade 9-12

8. What was the presenting compliant of the patient?_____

9. Parity _____

10. If she is porous, how many are delivered vaginally? _____

11. What was the maximum Duration of labor (Hrs)?_____

12. What was the minimum duration of labor (Hrs)?_____

13. Place of delivery

1. Home 2. Health institution

14. If it was in health institution, was there any instrument applied for delivery?

1. Yes (specify) 2. No

15. Do you have any history of pelvic surgery? Yes (specify) no

16. Do you have history of cough? Yes no

17. If the answer to the above question is yes, for how many days? _____

18. Do you have any history of constipation (straining during defecation)? Yes no

19. Do you have similar illness in the family?

1. Yes 2.No

20. Did you have previous history of diabetes mellitus?

1. Yes 2. No

21. Did you have any urinary incontinence?

1. Yes 2. No

22. Did you have any abortion after the pelvic organ prolapse?_____

1. Yes 2. No

23. Did you experience any coital difficulty after pelvic organ prolapse?_____

1. Yes 2. No

24. Did you have problem of failure to pass urine?_____

1. Yes 2. No

25. Did you have problem of failure pass feces, flatus (symptoms of intestinal obstruction)?

1. Yes 2. No

26. Did you have abnormal uterine bleeding?

1. Yes 2. No

Physical examination (patient record review)

1 .Height (cm) _____

2. Weight (kg)_____

3 .stage of uterovaginal prolapsed_____

4 .Is there any other associated pelvic organ prolapse?

A. Cystocele B. Urethrocele c. vaginal vault prolapse

D. Enterocele E. Rectocele

5. Is there any ulcer on the mass?

Yes No

Treatment

1. Pre operation hematocrit?

2. Post operation hematocrit?

3. Duration of pre operative hospital stay (days)?_____

4. Duration of post-operative hospital stay (days)?_____

5. What was the type of surgery done for the patient?_____

6. Duration of the operation (hrs)?_____

7. Is there any other non-surgical management done for the patient (pessaries, estrogen)? _____