

**DEVELOPMENT OF PELVIC ORGAN PROLAPSE GUIDELINES**

Parvin Bastani,<sup>1</sup> Sakineh Hajebrahimi,<sup>2</sup> Fatima Mallah,<sup>3</sup> Fariba Ghaderi,<sup>3</sup> Leili Rasouli<sup>3</sup>. <sup>1</sup>Women's Reproductive Health Research Center, Tabriz University of Medical Sciences, Tabriz, Iran; <sup>2</sup>Department of Urology, Iranian Evidence-Based Medicine Center of Excellence, Tabriz University of Medical Sciences, Tabriz, Iran; <sup>3</sup>Tabriz University of Medical Science, Tabriz, Iran.

10.1136/bmjopen-2016-015415.170

**Background and aims:** Pelvic organ prolapse (POP) is a common disease which is presented as symptomatic descent of the anterior, posterior vaginal wall or apical prolapse. Since, social and cultural factors have impact on interval between symptoms incidence and seek for medical care, diagnosis method and treatment process, it was important to prepare a guideline for management of the Iranian women with POP.

**Methods:** This guideline has drawn on the evidence based search strategy developed for study goals to provide a native guideline. Therefore, during a systematic search, all clinical guidelines relevant to the subject extracted. Of 85 study, 35 study with evidences grades, systematic reviews or high quality clinical trials selected and further grading performed. Current recommendations presented with attention to best data available in the literature or based on a mixture of clinical experience and experts' panels decisions.

**Results:** Pelvic floor muscle training recommended as the first line treatment in patients with urinary incontinence or POP (Grade A). Physicians should recommend pessaries to all women seeking treatment for their prolapse (Grade A). Subtotal hysterectomy is not recommended to prevent further prolapse (Grade A). in term of recurrence, dyspareunia and stress urine incontinency (SUI), abdominal sacropexy is better than vaginal suspension, however, these results cannot be extended to reoperation rate and patients' satisfaction (Grade: A). Since graft using fascia increases rate of recurrence, it should not be used during abdominal sacrocolpopexy (Grade: A). in patients who underwent first time anterior colporaphy, local tissue should be repaired instead of mesh as a graft (Grade: B). In women who suffer concurrent POP and SUI, both should be repaired at the same time (Grade A).

**Conclusion:** The present guideline is based on high quality evidences and can be used for management of patients suffering POP problems.