

and rectocele recur in the mid-vaginal plane were the most important outcome factors [3,4].

Female patients over the age of 30 who were having cystocele and rectocele repair surgery, treatment, or oral contraceptive pills were included in the study. Chronic diseases include diabetes, hypertension, hepatic or renal failure, and cancer [5]. Different alternatives Depending on the topography of the access route, helical needles, curved needles, plastic sheets, and sheaths are available for situating the mesh arms to assure tissue-sparing insertion. There is currently little long-term evidence on whether the theoretical assumptions that support mesh interposition transfer to successful prolapse repair. Short-term findings, on the other hand, show that the concept is workable, but that 5.3% of women, despite permanent tissue replacement, develop recurrent prolapse within three months following surgery.

Based on previous experience with ultrasound evaluation of the polypropylene tape in women after tension-free vaginal tape (TVT) repair, we conducted the current study to determine sonographically the postoperative size of the mesh implant, compare it to the size of the implanted mesh, and evaluate whether full support of the anterior or posterior compartment is achieved [6]. Pelvic organ prolapse results in a slew of symptoms that get worse with time. Despite efforts to standardise clinical examinations, a variety of imaging modalities are employed. The purpose of this study was to see if dynamic pelvic magnetic resonance imaging and dynamic cystocele proprocto graph could help surgeons treat patients with severe pelvic floor disorders [7] **Figure 1.**

Patient information

A 30 years old married female admitted in AVBR Hospital on date 28/09/2021 with chief complaints of Something coming out of vagina not feeling bladder relief immediately, frequent urinary tract infection, heaviness in vagina.

Primary concern and symptoms of patient

Present case visited in AVBR Hospital in OPD base on dated 28/09/2021 with chief complaints of something coming out of vagina not feeling bladder relief immediately, frequent urinary tract infection, heaviness in vagina.

Medical and family and psychosocial history

Patient suffering from Cystocele and rectocele with precedential with cervical elongation for further management Present case belong nuclear family in her family belongs to middle class family. She was mentally stable, she was oriented date, time and place and she maintained good relationship with family members.

Habits

Watching TV, reading newspaper and sleeping and patient don't have any bad habit like chewing tobacco and smoking. Relevant Past Intervention with Outcomes: Cystocele and rectocele with precedential with cervical elongation for further management for few days before admitted in AVBRH After investigation patients diagnosis is conformed, was observed she took treatment for that and her outcomes was good.

Physical Examination clinical findings

General Examination

30 years female patient have unhealthy, she was conscious and oriented to date, time and place patient body build was moderate and she was not maintain good personal hygiene, her haemoglobin was 9.7 gm, pulse rate is 68, blood pressure-120/90 mmhg, platlate-8l ac/cu mm

The patient was conscious and well oriented to date, time place. His body built was moderate and he maintained good personal hygiene.

- General Examination: state of health was unhealthy,
- Thin body built, but distension of necrosis the height of patient is 168 cm.
- Weight is 50 kg.
- Her vital parameters are normal.

Timeline

The patient was admitted for few weeks, that time patient general condition was poor, she took treatment in A.V.B.R. Hospital and she got the proper treatment. Taking proper medication and now she has been seen the improvement of condition.

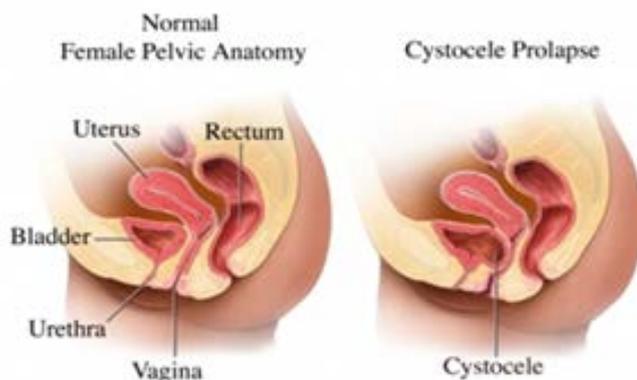


Figure 1. Surgeons treat patients with severe pelvic floor disorders.

Diagnostic assessment

After physical Examination and investigation (such as CBC, Per Vaginal examination, Ultrasonography, Pap's Smear) Haemoglobin- 9.7 gm, cytopathology-smear shows and group of benign epithelium cells and flue cattle inflammatory cell.

Diagnosis

After all physical examination and investigation patient diagnosis is Cystocele and rectocele with precedential with cervical elongation.

Therapeutic Intervention

Medical intervention: Included Inj. C-tax, Inj. pan, Inj. Metro, T-bact ointment, Tab-iron, Tab-calcium, Inj. pauses, She was taken all treatment and outcomes were good.

Nursing perspective

IV fluid was provided to maintain the fluid and electrolyte monitored heart rate and vital sign per hourly.

Follow up and outcomes

Follow up

Patient advice to daily exercises, and avoids high cholesterol diet, salt diet, given healthy diet. Regular checked up, maintained the personal hygiene as well as take it properly medication by Dr. Order.

Outcomes

In-spite all care patient progress well, he was advised to strictly avoid heavy work, advised to take complete bed rest. Intervention adherence and tolerability: Patients took all prescribed medication regularly, he follow diet, No, any intervention adherence. Patient tolerated treatment properly

Discussion

The elevator muscle and the apical descent abnormalities have been linked to prolapse of the anterior and posterior vaginal walls. The proportional these individuals' contributions variables to the pathophysiology of descent in various compartments vaginal, however, are unknown remain uncertain. In addition, the symptoms of prolapse in these compartments are not well understood. Because of the elegance of trans obdurate or transischioanal access, the ease of application using the manufacturers' needles, the variable mesh sizes that can be cut to size intra operatively, the lack of a laparotomy, the option of permanent tissue replacement after facial reconstruction failure, and Ulmsten's excellent experience with similar materials [8]. The simultaneous treatment of cystocele and rectocele with protease polypropylene multifilament macro pore mesh via the tension-free Tran's vaginal method it appears to be a secure and successful method surgery procedure. There are a variety of approaches that can be taken, and in the literature, there is currently no significant agreement. If the rectocele is isolated or affects the low or mid rectum, a Tran's abdominal recto pixy is more appropriate, but if the rectocele is high and/or connected to other conditions of If you have pelvic stasis, a Trans abdominal recto pixy is a better option appropriate

[9]. The Pelvic organ prolapse is defined as a downward descent of the pelvic organs that results in a protrusion of the vagina (POP) is a frequent disease in the United States, accounting for 300,000 surgeries each year. After cystocele, rectocele, or rectum prolapse through the POP is the second most prevalent type of POP is posterior vaginal wall (PVW). Rectocele is typically seen in multi compartment pelvic floor disorders alongside other types of prolapse. Rectocele development mechanisms are still understood, making early detection and progression prediction difficult. Thanks to advances in imaging and computer modelling tools, a range vaginal prolapse has been studied using a variety of finite element (FE) models, providing for a better understanding of the dynamic interactions between pelvic organs and their supporting structures systems. The majority of research has so far concentrated little is known about anterior vaginal prolapse (or cystocele), and involvement of pelvic muscles and ligaments in rectocele's onset and progression. Based on full-scale magnetic resonance imaging, this research generated a three-dimensional (3D) computer model of the female pelvis (MRI) [10]. Studies on different aspects of rectal lesions were reviewed [11-15].

Conclusion

The laparoscopic pelvic floor repair treatment combines the benefits of with the decreased morbidity of a vaginal laparotomy operation. Although Suspension of the utero sacral ligament is the most natural anatomic restoration of abnormalities and thus the ones who are least likely to result in future deformities in vaginal function may be hampered by the anterior or posterior vaginal wall, sacrocol popexy was more popular in Europe. To assess the technique's utility, more research on its long-term efficiency and reliability is required. Sacrocol popexy with mesh interposition is a method for vault prolapse that is both safe and effective. And rectocele repair. To uncover any late issues, as it is necessary to conduct long-term follow-up. Contrary to popular opinion, pelvic organ prolapse is not always chronic and progressive, as our findings show. Patients with grade 1 prolapse frequently have spontaneous regression.

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