

Symptoms vs. Structure: Rethinking the Pelvic Organ Prolapse Distress Inventory

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AIMS OF STUDY

To determine whether objective pelvic examination findings such as prolapse stage, compartment involvement, pain on exam and PVR correlate with patient-reported prolapse distress on the POPDI-6 in women presenting with pelvic discomfort.

METHODS

- Retrospective cross-sectional analysis, January 2023 – March 2025.
- Subspecialty urology, urogynecology and genitourinary reconstruction clinics plus a multidisciplinary pelvic pain clinic.
- Standardized HIPAA-compliant electronic intake at presentation
- Included: pelvic discomfort reported on intake. Excluded: no pelvic symptoms; paper intake form.
- Extracted: demographics, POPDI-6 and related validated instruments, examination findings and post-void residual (PVR).

259 charts screened → 71 patients analyzed

OR 15.0

sensation of bulge vs. prolapse on exam (95% CI 3.7–60.2)

OR 4.9

splinting to void (95% CI 1.4–17.4); 3.8 for splinting for bowel movement

1 in 3

patients reporting prolapse symptoms had high-tone levator musculature on examination

Table 1. POPDI-6 items as predictors of prolapse on examination

POPDI-6 item	OR	95% CI
Sensation of pressure	1.34	0.33 – 5.48
Sensation of heaviness	0.38	0.12 – 1.16
Sensation of bulge	15.00	3.74 – 60.19
Splinting for bowel movement	3.84	1.19 – 12.38
Incomplete bladder emptying	1.42	0.40 – 5.02
Splinting for urination	4.88	1.37 – 17.43

RESULTS and INTERPRETATION

- Three of six POPDI-6 items were associated with prolapse on examination: bulge (OR 15.0), splinting to void (4.9) and splinting for bowel movement (3.8). Pressure (1.3), heaviness (0.4) and incomplete emptying (1.4) were not.
- The aggregate POPDI-6 score trended toward levator tenderness noted on exam
- POPDI-6 score was not predictive of PVR

CONCLUSIONS

- Items describing a felt bulge or a need to splint were associated with prolapse; pressure, heaviness and incomplete emptying were not.
- Because a high POPDI-6 score showed a trend towards accompanied levator tenderness, it should prompt examination for both prolapse and myofascial pain
- Larger prospective cohorts are needed before single items become screening tools.