

# PELVIC ORGAN PROLAPSE QUANTIFICATION SYSTEM (POP-Q)

---

Maria Giroux, HBSc, MD

# POP-Q

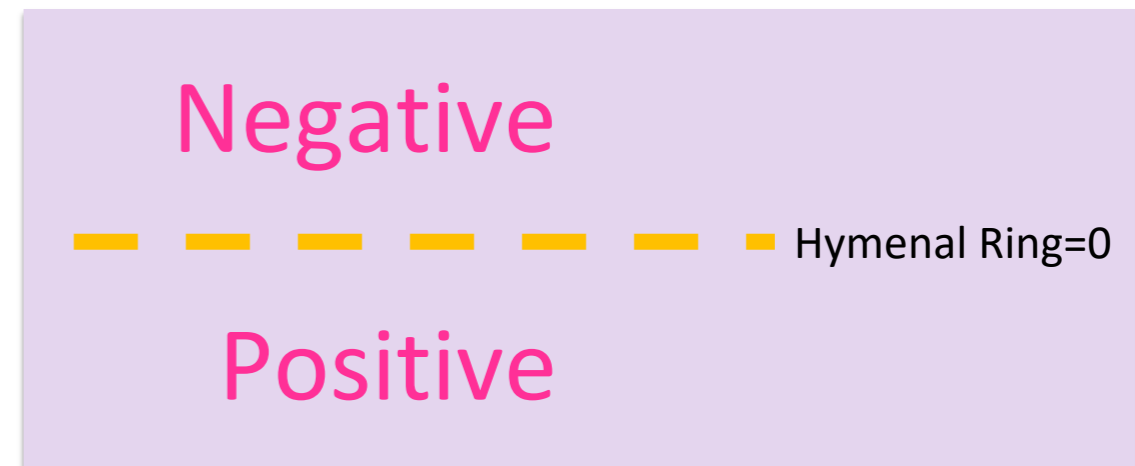
---

- Created by International Continence Society in 1996
- Used to describe, quantify, and stage POP
  - Good for research (ex. looking at apical support vs elongated cervix)

# Pop-Q

---

- Landmark is the hymenal ring
  - **Hymen= 0**
  - **Above (proximal to) hymen= -ive**
  - **Below (distal to) hymen= +ive**



# Pop-Q

- 6 points
- All points are measured at max Valsalva except TVL
  - Reflect maximal protrusion

## Components of POP-Q:

**Anterior vaginal wall: Aa, Ba**

**Apical vagina: C, D**

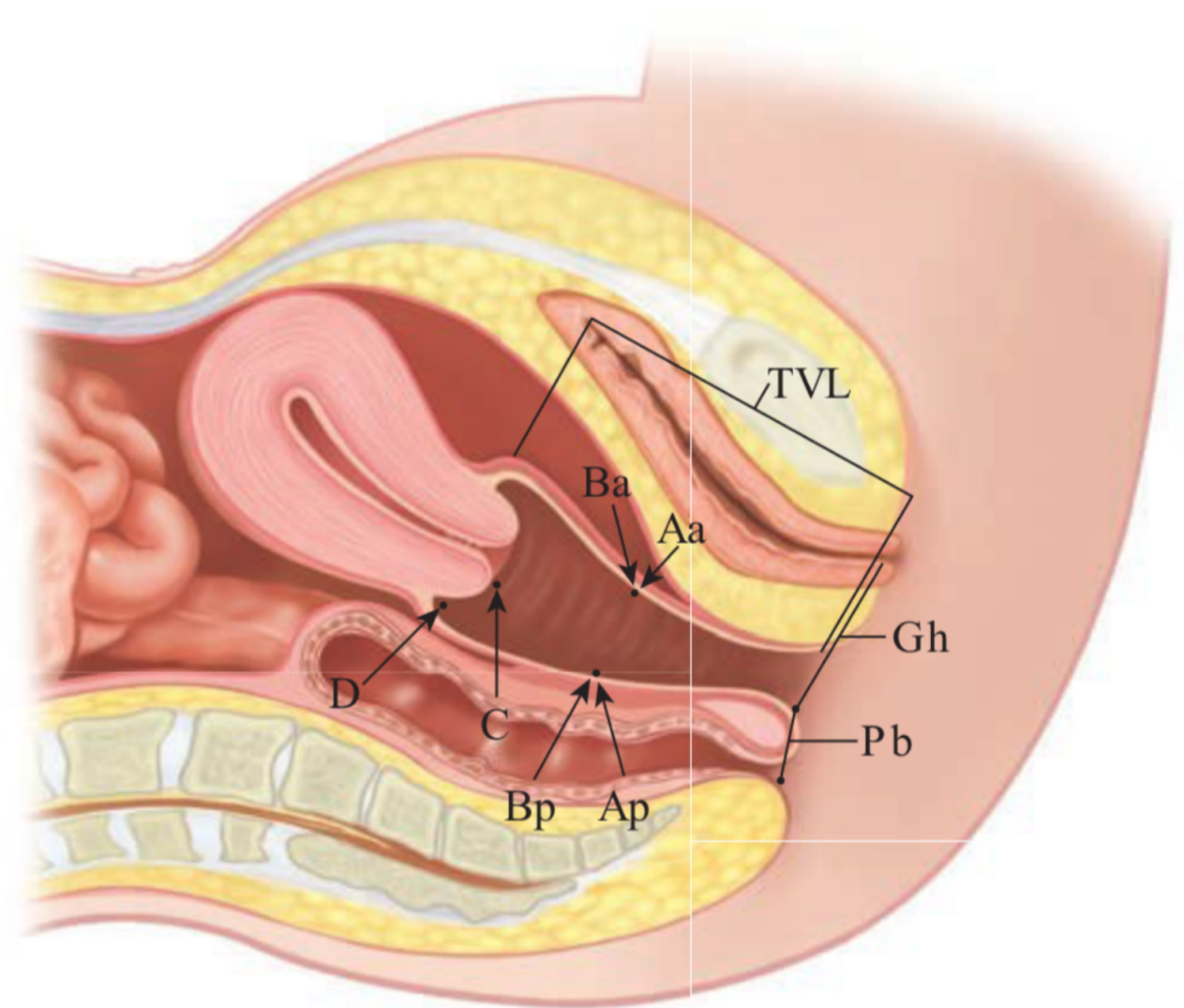
**Posterior vaginal wall: Ap, Bp**

**Gh, Pb, TVL**

anterior wall	anterior wall	cervix or cuff
Aa	Ba	C
genital hiatus	perineal body	total vaginal length
gh	pb	tvL
posterior wall	posterior wall	posterior fornix
Ap	Bp	D

**FIGURE 24-3** Grid system used for charting in pelvic organ prolapse quantification (POP-Q).

Hoffman, B., Schorge J., Bradshaw K., Halvorson L., Schaffer J., Corton M. (2016). William's gynecology. 3<sup>rd</sup> ed. New York. McGraw-Hill Education.



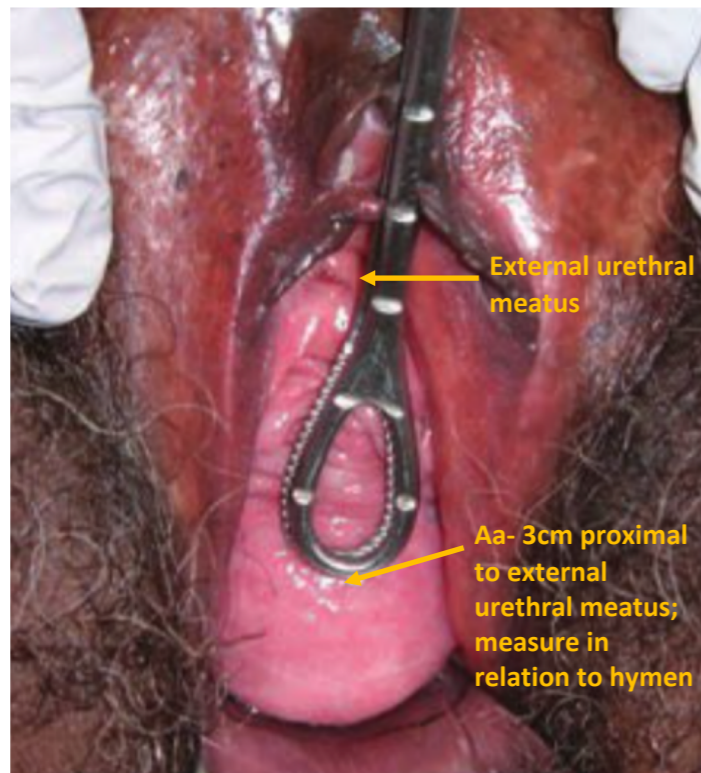
**FIGURE 24-2** Anatomic landmarks used during pelvic organ prolapse quantification (POP-Q).

Hoffman, B., Schorge J., Bradshaw K., Halvorson L., Schaffer J., Corton M. (2016). William's gynecology. 3<sup>rd</sup> ed. New York. McGraw-Hill Education.

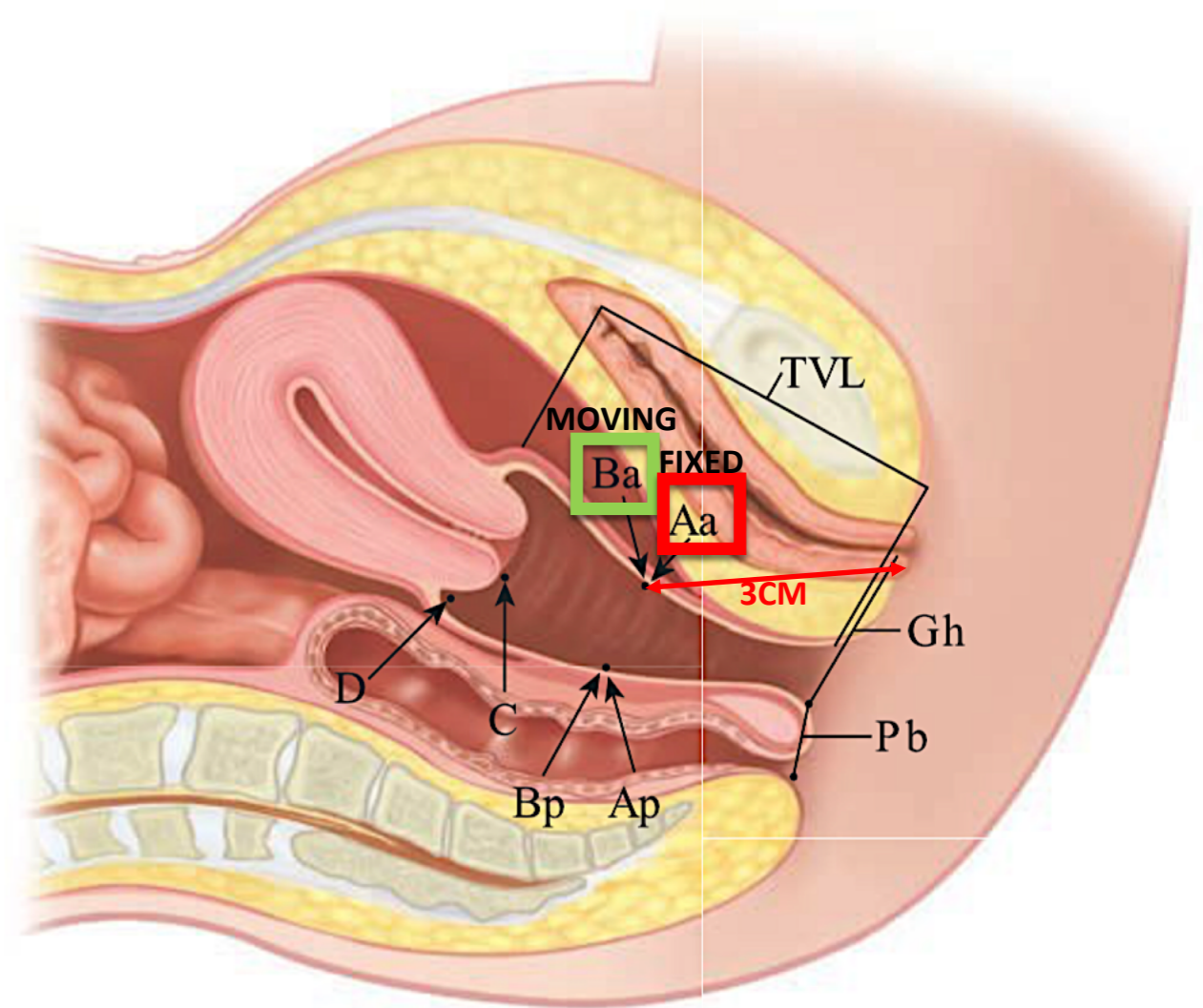


# Anterior Vaginal Wall- Aa, Ba

- **Aa- fixed** point, midline of anterior vaginal wall, located 3cm proximal to external urethral meatus
  - Measured in relation to hymen: -3 to +3
    - -3= normal support
    - +3= max prolapse
- **Ba- moving** point, most distal portion of any part of anterior vaginal wall
  - -3 to +tvI
    - -3= no prolapse
    - +tvI= maximum prolapse



Hoffman, B., Schorge J., Bradshaw K., Halvorson L., Schaffer J., Corton M. (2016). William's gynecology. 3<sup>rd</sup> ed. New York. McGraw-Hill Education.



**FIGURE 24-2** Anatomic landmarks used during pelvic organ prolapse quantification (POP-Q).

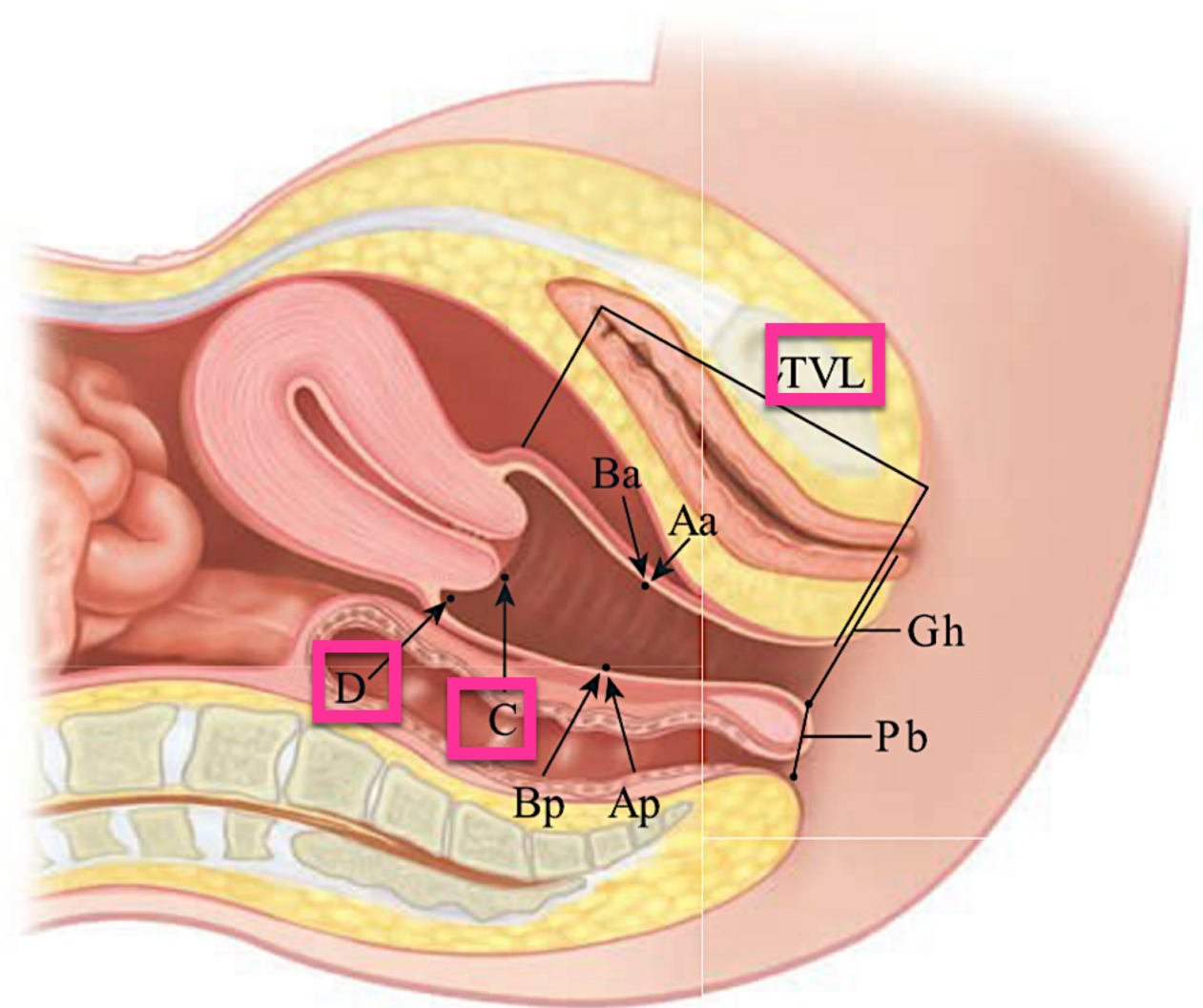
Hoffman, B., Schorge J., Bradshaw K., Halvorson L., Schaffer J., Corton M. (2016). William's gynecology. 3<sup>rd</sup> ed. New York. McGraw-Hill Education.

# Apical Vaginal Points- C, D, TVL

- **C-** most distal edge of **cervix** or **leading edge of vaginal cuff** (post-hysterectomy)
- **D-** **posterior fornix** in **pt who has cervix**
  - **NO CERVIX, NO D (Omit!)**
  - Level of uterosacral ligament attachment to proximal posterior cervix
- **TVL-** greatest depth of vagina when C and D are completely reduced
  - **NO VALSALVA**

## C and D:

- Used to differentiate uterosacral-cardinal ligament support failure (level 1 support) from cervical elongation
  - If points C and D do not match, then elongated cervix



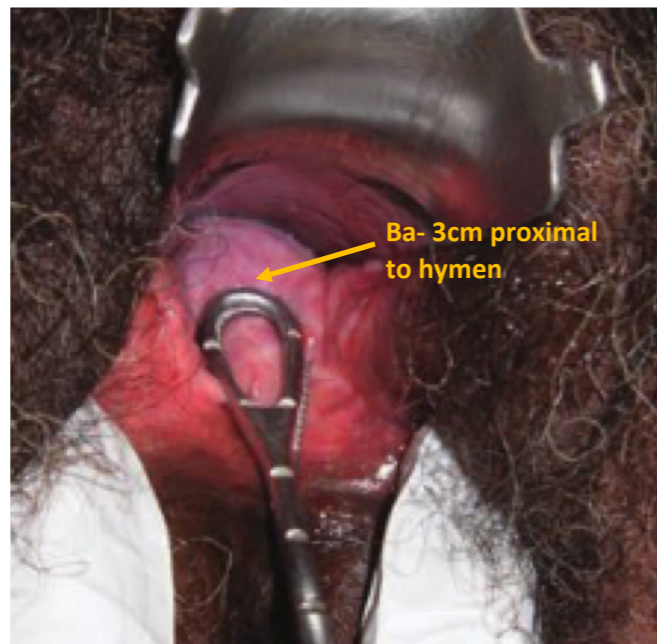
**FIGURE 24-2** Anatomic landmarks used during pelvic organ prolapse quantification (POP-Q).

Hoffman, B., Schorge J., Bradshaw K., Halvorson L., Schaffer J., Corton M. (2016). William's gynecology. 3<sup>rd</sup> ed. New York. McGraw-Hill Education.

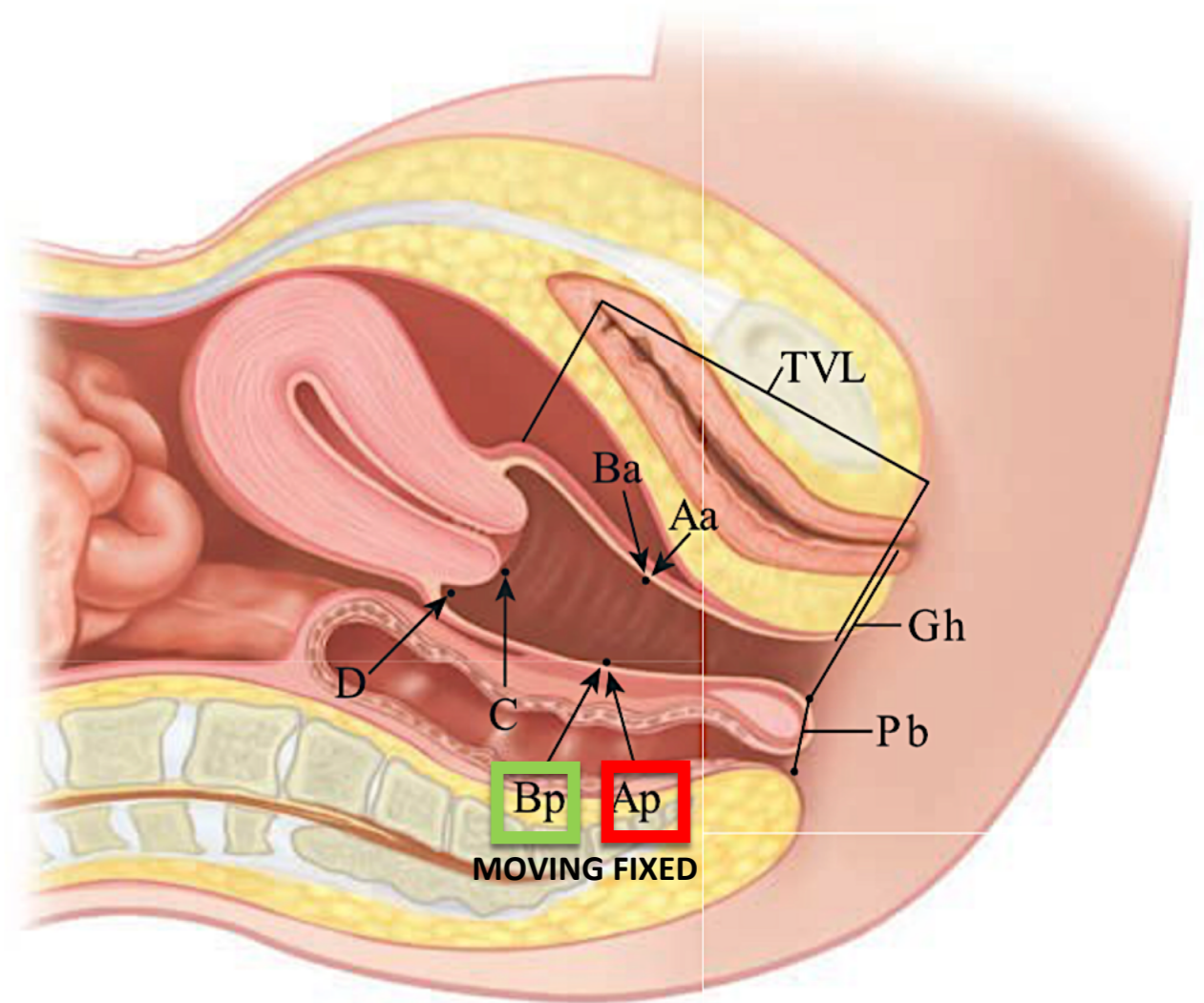


# Posterior Vaginal Wall- Ap, Bp

- **Ap- fixed** point, midline of posterior vaginal wall, located 3cm proximal to hymen
  - Measured in relation to hymen: -3 to +3
    - -3= normal support
    - +3= max prolapse
- **Bp- moving** point, most distal portion of any part of posterior vaginal wall
  - -3 to +tvl
    - -3= no prolapse
    - +tvl= maximum prolapse



Hoffman, B., Schorge J., Bradshaw K., Halvorson L., Schaffer J., Corton M. (2016). William's gynecology. 3<sup>rd</sup> ed. New York. McGraw-Hill Education.

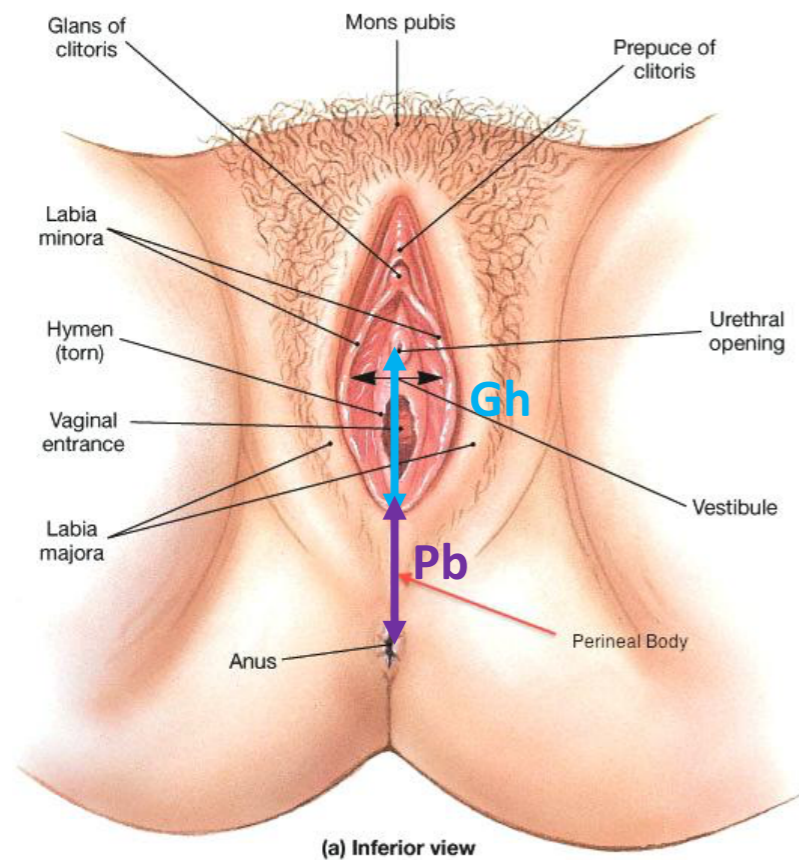


**FIGURE 24-2** Anatomic landmarks used during pelvic organ prolapse quantification (POP-Q).

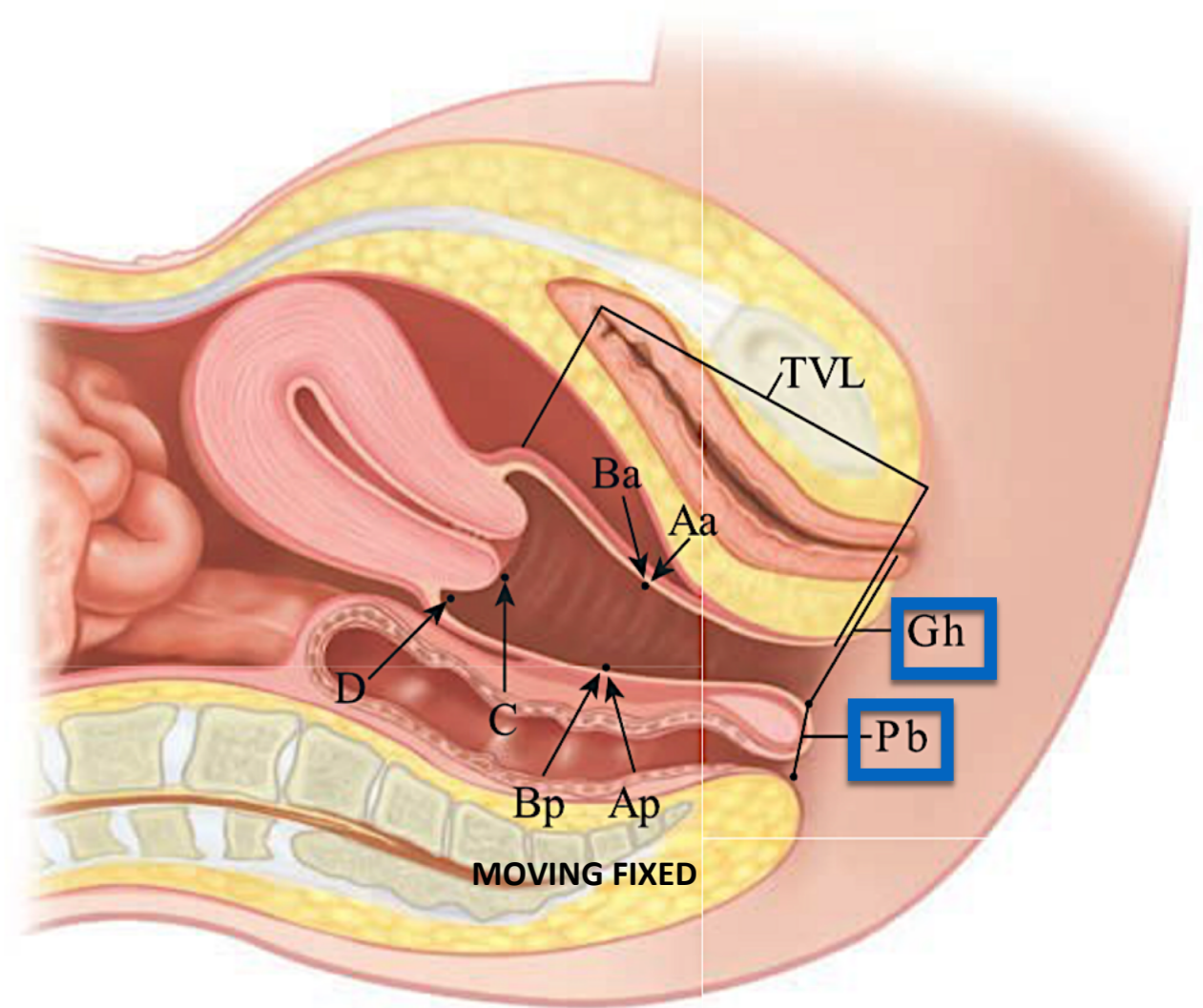
Hoffman, B., Schorge J., Bradshaw K., Halvorson L., Schaffer J., Corton M. (2016). William's gynecology. 3<sup>rd</sup> ed. New York. McGraw-Hill Education.

# Genital Hiatus (Gh) & Perineal Body (Pb)

- **Gh**- distance from midline of external urethral meatus to midline of posterior hymenal ring
- **Pb**- distance from posterior margin of genital hiatus to midanal opening



Copyright © 2003 Pearson Education, Inc., publishing as Benjamin Cummings.  
 [Digital image]. (2003). Retrieved from <http://fastconnect.info/ideas/>



**FIGURE 24-2** Anatomic landmarks used during pelvic organ prolapse quantification (POP-Q).

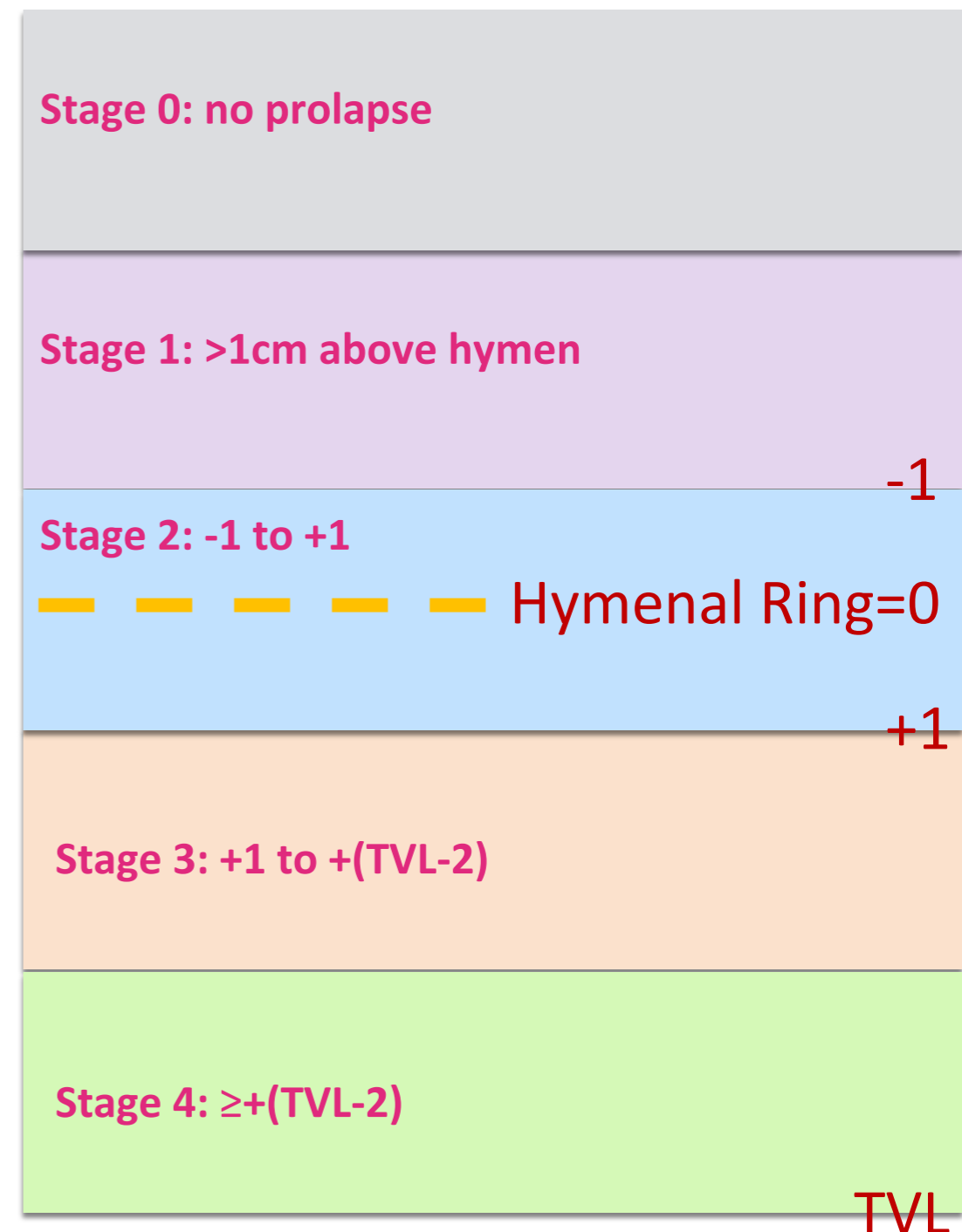
Hoffman, B., Schorge J., Bradshaw K., Halvorson L., Schaffer J., Corton M. (2016). William's gynecology. 3<sup>rd</sup> ed. New York. McGraw-Hill Education.



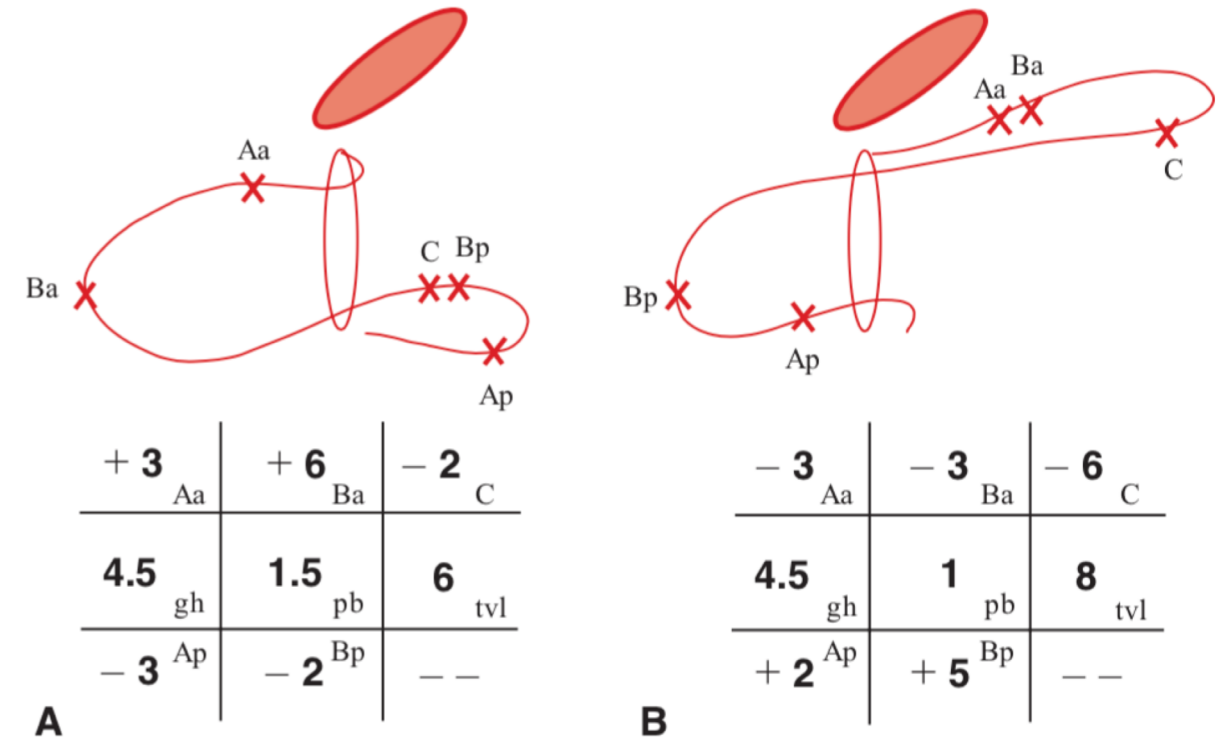
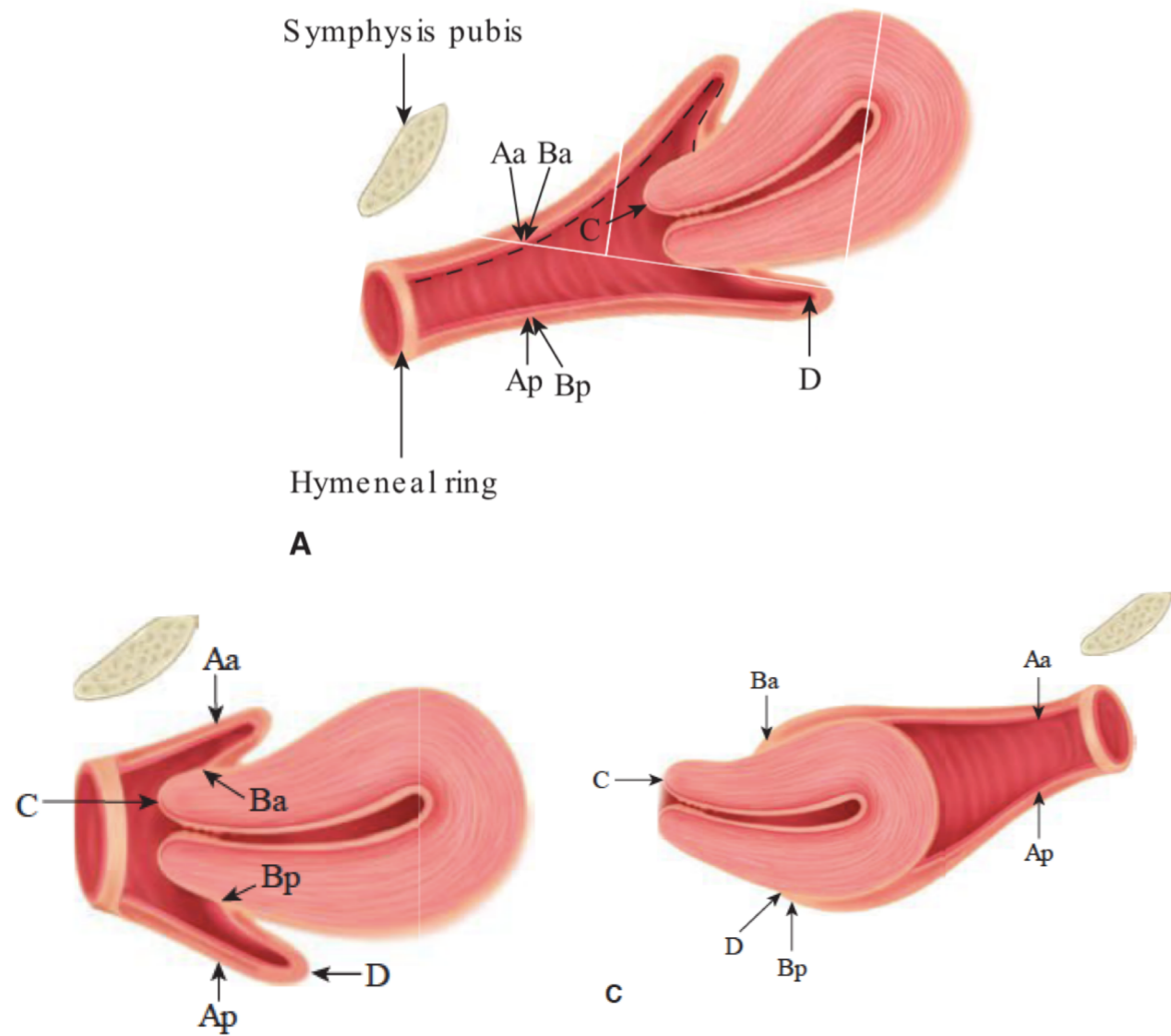
# POP-Q Staging of Prolapse

- Use the most severe portion of prolapse

Stage	
0	<ul style="list-style-type: none"> <li>• <b>No prolapse</b> <ul style="list-style-type: none"> <li>• Aa, Ap, Ba, Ba: -3cm</li> <li>• C or D: between -TVLcm and <math>-(TVL-2)</math>cm</li> </ul> </li> </ul>
1	• Most distal portion of prolapse <b>&gt;1cm above level of hymen</b>
2	• Most distal portion of prolapse is <b>between -1 and +1</b>
3	• Most distal portion of prolapse is <b>between +1 and <math>+(TVL-2)</math>cm (2cm less than TVL)</b>
4	• Most distal portion of prolapse is <b><math>\geq+(TVL-2)</math>cm (complete eversion)</b>



# Examples



**FIGURE 24-5** Grid and drawing of an anterior support defect (**A**) and posterior support defect (**B**). (Reproduced with permission from Bump RC, Mattiasson A, Bø K, et al: The standardization of terminology of female pelvic organ prolapse and pelvic floor dysfunction, Am J Obstet Gynecol 1996 Jul;175(1):10–17.)

Hoffman, B., Schorge J., Bradshaw K., Halvorson L., Schaffer J., Corton M. (2016). William's gynecology. 3<sup>rd</sup> ed. New York. McGraw-Hill Education.

Hoffman, B., Schorge J., Bradshaw K., Halvorson L., Schaffer J., Corton M. (2016). William's gynecology. 3<sup>rd</sup> ed. New York. McGraw-Hill Education.

# References

---

Hoffman, B., Schorge J., Bradshaw K., Halvorson L., Schaffer J., Corton M. (2016). *William's gynecology*. 3<sup>rd</sup> ed. New York. McGraw-Hill Education.

Epp, A. (2018, November 23). *Pelvic Organ Prolapse*. Lecture presented at Academic Half Day, Saskatoon.