



Female Pelvic Medicine and Reconstructive Surgery

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Message from the Guest Editors

Pelvic organ prolapse is a prevalent disorder with a high lifetime incidence of surgical repair, its surgical treatment having greatly evolved over the past years with pelvic floor reconstructive surgeons now faced with a vast array of treatment options for their patients. Pelvic reconstructive surgery for POP can be subdivided into numerous different classifications and types of procedures, first being an anatomic classification by compartment (anterior, posterior and/or apical). The type of approach may be transvaginal or abdominal, with the latter feasibly performed by open, laparoscopic or robot-assisted laparoscopic techniques. If an apical prolapse is present, a decision as to whether or not to perform a hysterectomy must be determined. Finally, the reconstruction may be performed with or without mesh for added support, both through transvaginal and abdominal routes. In the present Special Issue, we present an overview of each technique, focusing our interest on the most popular and controversial current trends in pelvic reconstructive surgery as well as presenting the most recent approaches and techniques.

