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NEW APPROACHES TO NON-SURGICAL MANAGEMENT OF PELVIC FLOOR DYSFUNCTION

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ABSTRACT

Across the world, millions of women quietly endure the daily challenges of pelvic organ prolapse — a condition that can rob them of comfort, dignity, sexual intimacy, and self-assurance. While modern medicine has made extraordinary strides in many fields, solutions for pelvic support have often lagged in innovation, leaving women to choose between invasive surgeries and outdated pessary designs that do not reflect the needs of contemporary life. Contemporary pelvic floor dysfunction management is limited to conservation with the use of static mechanical pessaries or surgery of varying types employing both minimally invasive approaches and more extensive procedures. Unfortunately, both approaches, though useful, are wrought with some undesirous consequences, leaving a widening gap of unhappy clients. To bridge this gap and give back autonomy to those experiencing pelvic floor dysfunction, we developed two devices with pending patents which we believe offers a more physiologically astute response to all previous non-surgical approaches to the management of pelvic floor dysfunction. Allow me to introduce to the world the Harris Phillip Pelvic Organ Support System (HPPOSS) and the Harris Phillip Vault support Device (HPVSD). Here we will have a close look at the available pessaries, their general uses as well as surgery and undesirous results presenting a logical and physiological argument for the genesis and value of the HPPOSS and HPVSD in the modern-day management of pelvic floor dysfunction.

KEYWORDS: Unfortunately, both approaches, though useful, are wrought with some undesirous consequences, leaving a widening gap of unhappy clients.

The Need

Traditional management options for pelvic floor dysfunction involves either conservative approaches or surgery.

Conservative management often involves pelvic floor physiotherapy, lifestyle modification, and the use of **pessaries** — mechanical devices inserted into the vagina to support prolapsed organs. While pessaries can be highly effective in restoring function and comfort, traditional designs have remained largely unchanged for decades. Many are rigid, non-conforming, and prone to complications such as erosion, discharge, or infection.

Surgical management, on the other hand, includes various reconstructive or mesh-based procedures designed to reposition and support the pelvic organs. While often successful, surgery carries inherent risks — particularly in older or medically complex patients. In some cases, the use of synthetic mesh materials has led to chronic pain, tissue erosion, or systemic complications, leading to widespread legal and regulatory scrutiny.

For women who fall between these two extremes — seeking relief without the risks of surgery or the discomfort of old-style pessaries — the gap in care has remained wide. Addressing this gap is the driving force behind the development of the HPPOSS and HPVSD whilst giving back absolute autonomy to the client with these user-friendly devices.

The limitations of existing devices and surgical materials have prompted a new wave of research into **biocompatible, ergonomic, and adaptive pelvic support systems**. The ideal device should not merely prop up weakened structures but should integrate seamlessly with the body's natural mechanics, allow for

airflow and drainage, and minimize foreign body exposure.

It is within this context that the **Harris Phillip Pelvic Organ Support System (HPPOSS)** and The **Harris Phillip Vault Support Device (HPVSD)** were conceived — as next-generation support systems that blend **engineering innovation with a human-centred design**.

They aim to transform the management of prolapse from a reactive, hospital-based model to a proactive**, user-empowered approach**, reducing clinical visits and restoring dignity and confidence to the women they serve.

The Structure and Rational

Having been in clinical practice for more than three decades, with a specialist interest in urogynaecology and much pelvic floor work involving managing several iterations of pelvic floor dysfunction both conservatively and surgically, I have attempted to bridge the gap which exists in the management of this condition.

Most would agree that this is a very personal condition and which though not fatal, affects the quality of life of individual women with this condition. These new devices, the HPPOSS and HPVSD addresses both factors. By returning autonomy to the client, it allows her to retain much of her dignity by reducing her need for medical consultation and follow-up while simultaneously improving the quality of her life by simultaneously addressing the discomfort associated with pelvic floor dysfunction and the traditional approaches used to manage this condition.

The Harris Phillip Pelvic Organ Support System (HPPOSS)

This device was designed based on the observation of a tulip flower. In our design we have limited the number of petals to four giving it the ability to apply variable pressure to the pelvic floor, as required, allowing for support to the posterior vaginal wall, the lateral vaginal walls and the anterior vaginal walls whilst nestling the cervix in the hollow of the tulip flower surrounded by the petals. Its use is therefore, restricted to patients who still have their uteruses insitu. The amount of pressure generated is self-limiting and should not exceed 25 cmH_20, a pressure marginally less than that generated during a Valsalva manoeuvre, at this pressure we are confident that tissue stress is unlikely. The ability of the support system to generate variable amounts of directed pressure makes the support system ideally suited to address global pelvic floor dysfunction as well as specific defects. The pressure control is made possible by equipping the support system with internal valves and a traffic light system which serves to inform the user of the degree of pressure generated. At least four adaptations around the bladder neck addresses inadvertent urinary loss from stress urinary leakage. The adaptable pressure in each leaflet makes it an ideal companion when strenuous physical activity which generates increased intraabdominal pressure is contemplated.

The petals are fitted with upwardly directed microbubbles which provides lift to the vaginal walls as well as increasing the surface area of the device which is in contact with the vaginal wall improving fit and retention once fitted. Strategically placed apertures on the support system allows for drainage of any secretions generated in the vagina, thus addressing hygiene concerns and reducing the risk of localised infection. A cleverly placed soft malleable loop at the distal end of the support system allows for identification, deflation and removal. Each device comes with an instructional manual with a link to a video on the use of the system.

The system is designed for use during day light hours; thus, the system should be inserted when one rises from bed and removed before retiring at nights. Once removed the system is cleaned with mild soap and water using a soft cloth, It is then placed in a u-v tray to complete the cleansing and sterilisation process before reinserted the following morning. To minimise tissue injury from friction, topical lubricants can be used but occasionally this support system is provided with a lubricating polymer which enhances lubricity and reduces friction thus minimising associated tissue injury.

The Harris Phillip Vault Support Device (HPVSD)

This device is like its sister, the HPPOSS, and like its sister the inspiration for its design came from observing plants, the acorn. The use of this device is restricted to patients without a uterus. The acorn protuberance seen in this device provides apical support for a prolapsing vault and in so doing replaces the apex of the vault to its more physiological location thus significantly reducing the symptoms resulting from vault prolapse.

We are also in the process of developing an app which will further enhance the user's autonomy which will provide useful information to its user as well as, through telemetry inform the healthcare team on the status of the device.

Choice of Material

The use of air to inflate these devices mirrors the trampolining effect integral for the appropriate functioning of an intact pelvic floor.

Mindful of the risk caused from exposure to microplastics, we were intentional in the selection of the material used in producing both the HPPOSS and the HPVSD. We have used both flourosilicone and high-grade biocompatible grade 6 silicon. Though high-grade biocompatible grade 6 silicon is preferred, flourosilicone is considered a suitable alternative. We are both determined and excited with the future of non-surgical management of pelvic floor dysfunction once the patents have been granted and the relevant licences are secured; our production will be triggered. We will then roll this

out to the world so that women the world over can be empowered whilst maintaining their dignity, even in the presence of pelvic floor dysfunction.