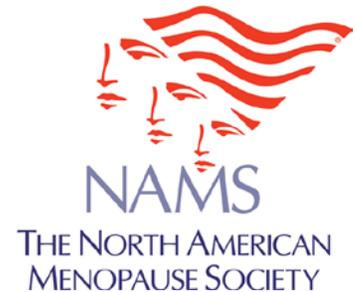


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Contact:

The North American Menopause Society
Eileen Petridis
Phone: (216) 696-0229
epetridis@fallscommunications.com



Vaginal Estriol Gel Helps Women Recover After Surgery for Pelvic Organ Prolapse

Study confirms vaginal health benefits of using ultralow dose before and after surgery

CLEVELAND, Ohio (March 29, 2017)—Pelvic organ prolapse is estimated to affect up to one-half of all women, causing pain and interfering with sexual function. A new study demonstrates how an ultralow dose of vaginal estriol gel used before and after pelvic organ prolapse surgery can improve recovery time and results. The study outcomes are published online today in *Menopause*, the journal of The North American Menopause Society (NAMS).

Pelvic organ prolapse, also known as dropped bladder or dropped vagina, is essentially a weakening of the vaginal tissues that causes a descent of a pelvic organ into or beyond the vagina, perineum, or anal canal. It is typically caused by childbirth, heavy lifting, chronic constipation, or poor tissue and often worsens with age. Multiple treatment options are available, including surgery. Postmenopausal women, whose estrogen levels have dropped and vaginal walls have thinned, are more likely to experience pain during the recovery period after surgery and beyond.

Topical estrogens, which absorb rapidly through the vaginal wall and thus can be used at low concentrations, have already proven effective in treating a number of vaginal problems commonly associated with menopause. The published data from the study, “Effects of ultralow topical estriol dose on vaginal health and quality of life in postmenopausal women who underwent surgical treatment for pelvic organ prolapse,” suggests that presurgery treatment using 0.005% vaginal estriol gel improved vaginal health and related symptoms in women with pelvic organ prolapse. The use of the vaginal gel after surgery additionally improved recovery times and results.

The Italian-based study included 75 women aged 56 to 63 years who had been menopausal between 7 and 14 years. The authors acknowledged that additional studies are necessary to evaluate the long-term efficacy of the vaginal estriol treatment and verify its extended benefits.

“Postmenopausal women with urogenital atrophy complain of vaginal dryness and often painful sex that improves with the use of low-dose vaginal estrogen, which is available in the United States as a low-dose vaginal cream, tablet, or ring,” says Dr. JoAnn Pinkerton, executive director of NAMS. “In this study, a vaginal estrogen product that is not available in the United States was tested and shown to improve vaginal health before pelvic floor therapy and to improve sexual health and quality of life if continued after surgery. Another finding was that combining vaginal estrogen with regular sexual activity led to improvement in vaginal health over using vaginal estrogen alone.”

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Founded in 1989, The North American Menopause Society (NAMS) is North America's leading nonprofit organization dedicated to promoting the health and quality of life of all women during midlife and beyond through an understanding of menopause and healthy aging. Its multidisciplinary membership of 2,000 leaders in the field—including clinical and basic science experts from medicine, nursing, sociology, psychology, nutrition, anthropology, epidemiology, pharmacy, and education—makes NAMS uniquely qualified to serve as the definitive resource for health professionals and the public for accurate, unbiased information about menopause and healthy aging. To learn more about NAMS, visit www.menopause.org.