



**Saint Mary's Managed Clinical Service**  
**Division of Gynaecology**

**PATIENT INFORMATION LEAFLET**

# PELVIC ORGAN PROLAPSE

## WHAT IS A PELVIC ORGAN PROLAPSE?

This condition refers to the bulging of one or more pelvic organs into or out of the vagina. The pelvic organs consist of the uterus, vagina, bowel, and bladder.

Pelvic organ prolapse occurs when the muscles, ligaments and fascia (a network of supporting tissue) that hold these organs in their correct positions become weakened.

Worldwide, about 40% of women will experience pelvic organ prolapse and this proportion is expected to increase with the aging of the population.

### **Symptoms include:**

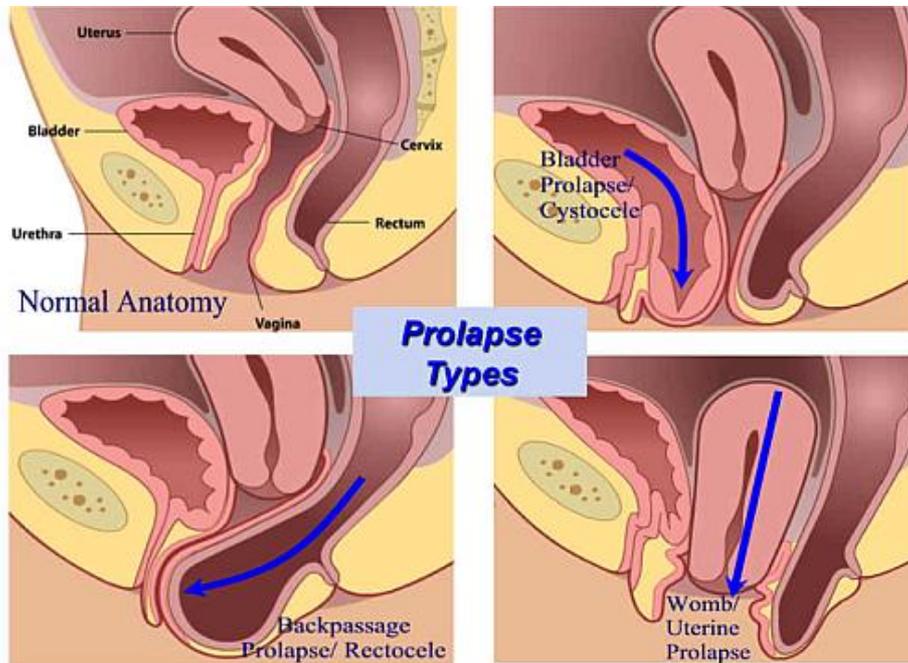
- A heavy dragging feeling in the vagina or lower back
- Feeling of a lump in the vagina or outside the vagina
- Urinary symptoms such as slow urinary stream, a feeling of incomplete bladder emptying, urinary frequency or urgent desire to pass urine, and urinary stress incontinence
- Bowel symptoms, such as difficulty moving the bowel or a feeling of not emptying properly, or needing to press on the vaginal wall to empty the bowel
- Discomfort during sexual intercourse
- Some women will not have any symptoms if their prolapse is mild

## WHAT CAUSES PELVIC ORGANS TO PROLAPSE?

- Pregnancy and childbirth are considered to be major factors leading to weakening of the vagina and its supports. Prolapse affects about one in three women who have had one or more children. A prolapse may occur during or shortly after a pregnancy or may take many years to develop.
- Aging and menopause may cause further weakening of the pelvic floor structures.
- Conditions that cause excessive pressure on the pelvic floor like obesity, chronic cough, chronic constipation, heavy lifting and straining.
- You may have an inherited risk for prolapse, while some diseases affect the strength of connective tissue, e.g. Marfan syndrome and Ehlers-Danlos syndrome.

## WHERE CAN PROLAPSE OCCUR?

A prolapse may occur in the front wall of the vagina (anterior compartment), back wall of the vagina (posterior compartment), the uterus and/or top of the vagina (apical compartment). Many women have a prolapse in more than one compartment at the same time.



- An **anterior wall prolapse** or cystocele involves the bladder and/or urethra bulging into the vagina.
- A **posterior wall prolapse** or rectocele is when the rectum bulges into the back wall of the vagina.
- **Uterine prolapse** is when the uterus (womb) drops or bulges into the vagina.
- **Vaginal vault prolapse** is when the top of the vagina drops towards or out of the vaginal opening – this affects people who have previously had a hysterectomy and have no womb.

## WILL I NEED ANY TESTS?

Before your first appointment you will be asked to complete an electronic questionnaire which is important to help us guide your treatment and establish which of your symptoms are most bothersome. You may also be asked to fill in a bladder diary to give us some information about how your bladder is working.

At your first appointment you will be examined vaginally to assess the type of prolapse you have and the severity of it. If you need any further tests the doctor or nurse will discuss this with you at your appointment.

## WHEN SHOULD I HAVE TREATMENT FOR PROLAPSE?

Prolapse is not a dangerous or harmful condition and some people have more bothersome symptoms than others. If your prolapse is not bothersome then you may decide to do nothing about it. If the prolapse is very large we may suggest some simple tests to check that it is not stopping your bladder from emptying properly.

If you decide you do not want to have any treatment now it does not mean that you cannot have treatment at a later date if your symptoms worsen.

You can reduce the pressure on your pelvic floor which may stop your symptoms worsening by:

- Avoiding straining on the toilet
- Avoiding being overweight
- Avoiding high impact aerobic activities such as running/trampolining
- Avoiding heavy lifting
- Stopping smoking to reduce the risk of chronic cough.

## WHAT TREATMENTS ARE AVAILABLE FOR PROLAPSE?

### Non-surgical treatments

**Physiotherapy** - Exercising your weakened pelvic floor muscles can help improve or prevent the worsening of early stages of prolapse. As with any exercise program, pelvic floor exercises require time, motivation and technique. You will be referred to a specialist pelvic floor physiotherapist to assist you with this.

**Pessary** - Pessaries are vaginal devices that come in various shapes and sizes. Pessaries help symptoms by providing mechanical support to the prolapsed organs. Pessaries are most suitable if you wish to delay or avoid surgery, e.g. if your family is not yet complete or if you have medical problems that will make surgery a risk. Pessaries require fitting by your doctor or nurse and may require some trial and error before the most suitable size and type is found for you. It is possible to remain sexually active with some types of pessaries but not all.

**Surgery** - If a pessary is not successful, surgery can be used to treat a prolapse. There are many different operations used to treat prolapse. Deciding which operation to have depends on:

- The type of prolapse you have
- What treatments you have had in the past
- Any medical problems you may have
- Whether you might want a baby in the future

It is not possible to list all the possible operations in this leaflet. If you decide you want an operation, your doctor will explain the different options open to you and give you more information about what the operations involve.

## CONTACT DETAILS



0161 701 4455 (select option 3 for appointments)



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