

Patient presents with Pelvic Organ Prolapse. Initial assessment to include:

History:

- Prolapse history (mechanical symptoms, lump, bulge, obstruction, pressure, back ache)
- Urinary history (frequency, nocturia, urgency, stress incontinence, urge incontinence, voiding symptoms)
- Bowel symptoms (constipation, digitation/splinting, faecal incontinence, tenesmus)
- Sexual Function (sexual activity, dyspareunia, obstruction, incontinence)

- Obstetric / Gynaecological / Surgical history
- Past medical history, co-morbidities and BMI

Examination:

- Abdominal, speculum and bimanual examination of pelvis – to exclude pelvic masses.
- Assessment of prolapse (**NB: an incidental finding of prolapse in an asymptomatic patient does not require treatment**)
- Consider rectal examination.

Investigations:

- Urinalysis (+/- MSU if indicated) **ONLY IF HAS URINARY SX**
- 3 Day Bladder Diary (IN:OUT) If urinary SX
- Consider – USS for post void residual if urinary SX
- Consider – FBC, U&Es if severe prolapse with risk of ureteric obstruction

Conservative management in Primary Care:

- Weight loss, address co-morbidities and precipitants
- Manage constipation
- Prescribe vaginal oestrogen if atrophy, recurrent UTI's or pessary used
- Reassurance and watchful waiting if mild symptoms (advise pelvic floor muscle exercises)
- Consider ring pessary
- Bladder retraining and fluid modification
- Anticholinergics and/or Mirabegron

Follow up assessment after 3 months

- Continue management if effective
- Consider referral for physiotherapy or continence advisor if ineffective

Referral to Urogynaecologist if:

Patient is willing to consider surgery **with**

- Persistent symptomatic prolapse with reduced quality of life despite conservative management **and/or**
- Prolapse beyond introitus or worsening prolapse despite conservative measures

NB: Give patient NHS/BSUG Patient information on "Surgery for Prolapse" (see below). Where appropriate the patient should be made aware that they may need to engage in a weight loss and exercise programme.

It is essential also that patients complete an ePAQ questionnaire prior to a consultation in order for a full assessment to be made. Saint Mary's will send patients the questionnaire to complete up acceptance of referral. However, patients will not receive an appointment until this has been completed

Patient Information
[NHS Website](#)

National Guidance
[NICE Pelvic Organ Prolapse](#)