

## PATIENT INFORMATION

# Pelvic Organ Prolapse

The organs in your pelvis (bladder, bowel and uterus) are held in position by ligaments which act like scaffolding. When the ligaments and/or vaginal walls get weakened or stretched this can allow the organs to lean out of usual position. The uterus might move down into the vagina (a uterine prolapse). The bladder may lean against the front wall of the vagina (a Cystocele) and/or the bowel may lean against the back wall of the vagina (a Rectocele).

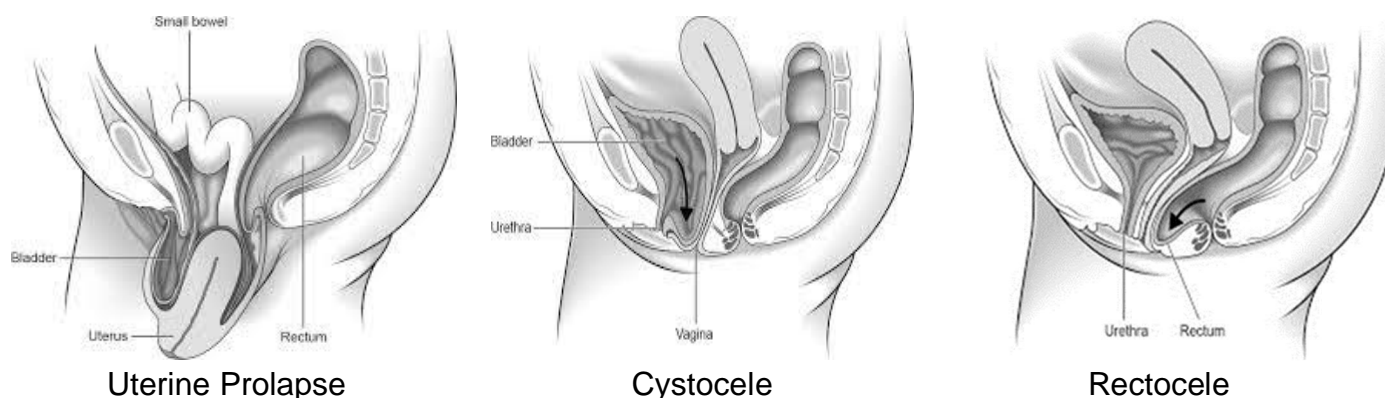


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In Gynaecology, all of these are referred to as "prolapse". No type of prolapse is better or worse than another and it is common to have more than one type of prolapse at the same time.

### Is Prolapse common?

Yes! You are not alone! Research indicates that about 50% of women who have given birth may have a prolapse. It can also affect women who have not given birth and occasionally, men.

### Why does it happen?

In pregnancy and childbirth the supporting ligaments can get stretched and weakened, this can sometimes cause the pelvic organs to have less support and put pressure on the vaginal walls. There is also emerging thoughts that prolapses can occur because the vaginal walls are being pulled out of position. Prolapses can also be caused by anything that puts pressure on the pelvic floor such as:

- frequent coughing
- heavy lifting
- being overweight
- high impact exercise
- straining to go to the toilet
- fibroids and some gynaecological operations

## What are the signs and symptoms of a Prolapse?

The symptoms can be very varied, sometimes they relate to which pelvic organs are leaning out of position. Symptoms are often worse later in the day or when standing up. They might include:

- A feeling of something coming down
- A heavy, “dragging”, aching feeling in the low tummy or low back area
- A bulge into the vagina
- Discomfort or difficulty with sexual intercourse
- Difficulty emptying your bladder or bowel properly
- Leakage from your bladder or bowel

## What can I do about it?

Whatever the type or severity of your prolapse there are a number of things you can do to feel better and stop it getting worse:

- Pelvic floor exercises – stronger muscles will help to give better support to your pelvic organs
- Avoid heavy lifting where possible and avoid/adapt high impact exercises i.e. star jumps
- Reduce weight – If you are overweight this will put more weight and strain on the stretched ligaments and pelvic floor
- Stop smoking – frequent coughing will put extra strain on the pelvic floor support
- Use a good vaginal lubricant to make intercourse more comfortable.
- Avoid constipation so that you are not straining on the toilet – try sitting in this position to help:

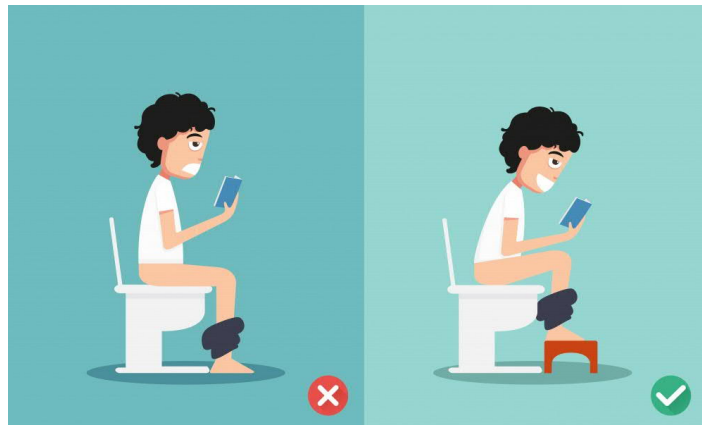


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## What else can help?

Recent research has shown that for most people, mild to moderate prolapse can be easily and successfully treated with assessment and support from a specialist Physiotherapist.

Some people may need more treatment such as a vaginal pessary (a small device to help support the bulge) or some extra hormones (usually Oestrogen prescribed by a Doctor) to help make the vaginal walls more robust. A few people may require an operation, but in all cases, it is important to **strengthen your pelvic floor muscles**.

**Key messages:**

- Prolapse is common and treatable – you are not on your own!
- Simple treatments such as pelvic floor exercises and avoiding constipation are very effective
- It is never too early or too late to seek help
- Most people do not require an operation
- Specialist Physiotherapy can help and you can refer yourself, without the need to see a Doctor.

If you female and over 16, to refer yourself for Specialist Physiotherapy, or for any further information, please call Pelvic Health Physiotherapy on 0300 0040 335, please leave a message on our dedicated answerphone and someone will return your call within 48 hours.

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For further assistance or to receive this information in a different format, please contact the department which created this leaflet.