

What is a Pelvic Organ Prolapse?

A pelvic organ prolapse occurs when the uterus (womb), vagina, bladder or bowel slips out of place, resulting in a bulge within the vagina. This can occasionally give the sensation of 'something coming down below.'

These pelvic organs are normally held in place by muscles, ligaments and connective tissues. If these tissues are weakened or damaged a pelvic organ prolapse can occur.

What are the signs and symptoms of a Pelvic Organ Prolapse?

- ✚ Sensation of heaviness or pulling in the vagina.
- ✚ Distinct bulge in the vagina.
- ✚ Persistent aching in the lower back, groin and/or..
- ✚ Trouble passing urine or stools, occasionally with intermittent flow.
- ✚ Incomplete emptying of bladder.
- ✚ Urinary leakage with coughing, sneezing.
- ✚ Urinary or bowel urgency.
- ✚ Frequent passing urine due to pressure on the bladder.
- ✚ Frequent urinary tract infections.
- ✚ Greater than normal amounts of vaginal discharge.
- ✚ Painful or difficult sexual intercourse.

What causes a Pelvic Organ Prolapse?

The pelvic floor and associated supporting ligaments and tissues can be weakened or damaged in many ways, including:

- ✚ Pregnancy (especially multiple births).
- ✚ Vaginal childbirth (especially large babies, quick deliveries and/or assisted deliveries).
- ✚ Obesity.
- ✚ Chronic constipation (and associated straining).
- ✚ Getting older and particularly after the menopause (due to low levels of the sex hormone oestrogen).
- ✚ Constant coughing.
- ✚ Persistent heavy lifting.
- ✚ Occasionally after gynaecology surgery.
- ✚ In rare case, fibroids.

What are the types of Pelvic Organ Prolapse?

The most common type of prolapse is the **uterine** (womb) prolapse, where the womb drops down into the vagina. There may be just a small descent, but if severe, it may drop so low that any straining pushes it out of the body.

Another common type of prolapse is called a anterior wall prolapse. This occurs when the bladder pushes onto the front wall of the vagina. This may cause you difficulty

in emptying the bladder and some women may experience urinary incontinence.

A **posterior wall prolapse** occurs when the rectum (back passage) pushes onto the back wall of the vagina. This may cause you some difficulty in emptying your bowels and can cause or aggravate constipation. You may also experience low back pain with this type of prolapse.

It is possible to have more than one type of prolapse at the same time.

Although your symptoms might indicate the type of prolapse you have, your diagnosis can only be made after an internal examination.

What can I do to help?




1. Pelvic Floor Exercises are extremely important. The pelvic floor muscles support all the internal organs. The stronger the muscles, the greater the support they provide. Strong muscles can help to prevent a prolapse descending further. Your physiotherapist will advise you on the correct technique and how many/often to perform them.




2. **Avoid heavy lifting**, such as moving furniture, turning mattresses, digging the garden or carrying heavy shopping bags. If you do need to lift, make sure you bend your hips and knees, keeping your back straight. Avoid bending in the middle.
3. **Avoid vigorous sports**, such as running, tennis, lifting weights and sit-ups. Suitable alternatives include swimming, walking and low impact exercise classes.
4. **Avoid constipation**. Repeated straining to open the bowels will push a prolapse further down. Eat a diet with plenty of fruit and vegetables and make sure you have plenty to drink.
5. **Watch your weight**. Being overweight can lead to increased pressure on the muscles and ligaments, which support the womb.
6. **Stop smoking**. Smoking causes coughing and persistent coughing puts pressure on the pelvic floor muscles. Seek medical help for other causes of persistent coughing.
7. **Avoid standing for too long**, if your prolapse is causing discomfort. Rest as much as you can or adapt your activities so you are not on your feet for long durations. Resting with your hips raised higher than your head may help to relieve discomfort.

8. **Sexual Intercourse** will not make your prolapse worse, but sometimes difficulty with intercourse is experienced. Applying a lubricant to the area can make intercourse more comfortable. Experiment with different positions to find the most comfortable for you.

Is there anything else that can be done?

-  For some patients a pessary may be appropriate. This is a device that fits into your vagina to help support a prolapse.
-  In those that have passed the menopause, topical oestrogen cream may be useful; however this is not suitable for everybody.
-  Surgery can be performed to correct a prolapse, however there are risks. Your consultant would discuss this with you. Following surgery, recovery will take several weeks, for a successful outcome all the above advice should be followed.

Useful contact

If you have any questions about the information in this leaflet please contact the Physiotherapy Department
 **Tel. (01803) 655340**

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