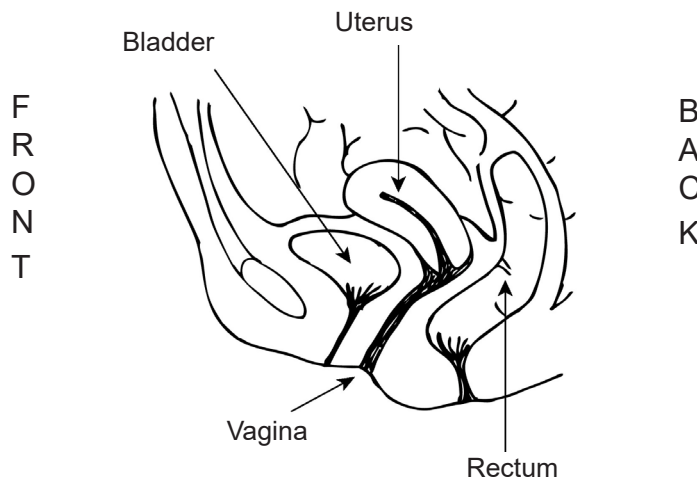


## Obstetrics and Gynaecology Department

# Pelvic Organ Prolapse

### What are pelvic organs?

The pelvic organs include the uterus (womb), cervix (neck of the womb), bladder, rectum (back passage) and the vagina.



**Normal Female Pelvis (side view)**

### What is pelvic organ prolapse?

Vaginal/pelvic organ prolapse occurs when an organ in the pelvis, such as the bladder or uterus, descends or slips out of place, into the vagina. The rectum and intestine can also prolapse into the vagina.

### Who gets it?

Vaginal/pelvic organ prolapse affects women, and the risk increases with age. Some women inherit a condition in which the pelvic floor muscles are weak.

### What causes it?

Vaginal/pelvic organ prolapse is caused by a weakening of the pelvic floor muscles, and supports of the bladder, uterus, and other pelvic organs.

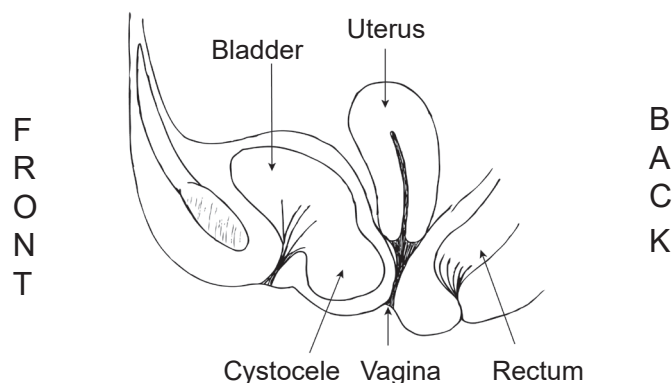
These muscles can naturally weaken with age and as a result of the stress of childbirth.

Frequent straining or heavy lifting, obesity, and heavy smoking can also be contributing factors.

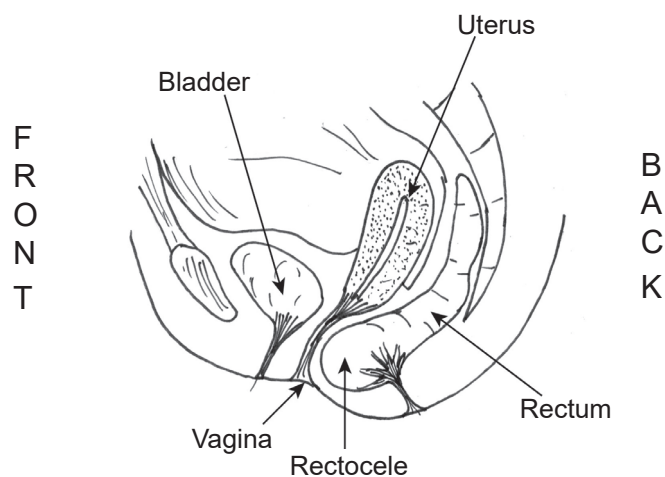
## Types of prolapse

Bladder prolapse may also be called a cystocele.

### Cystourethrocele (bladder and uretha prolapse)

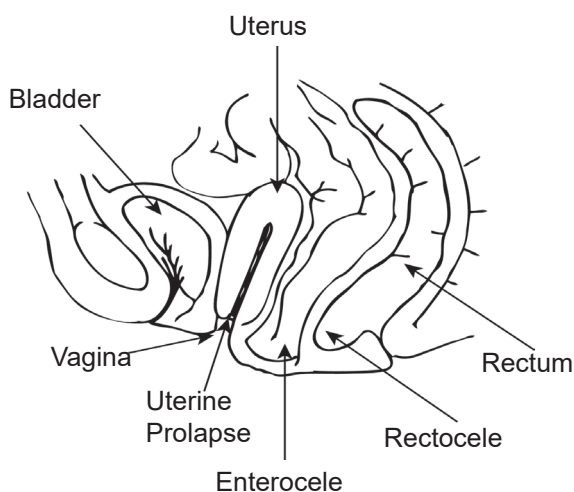


Rectal prolapse also called a Rectocele is caused by a defect in the back of the vagina, which allows the rectum to protrude into the vagina.



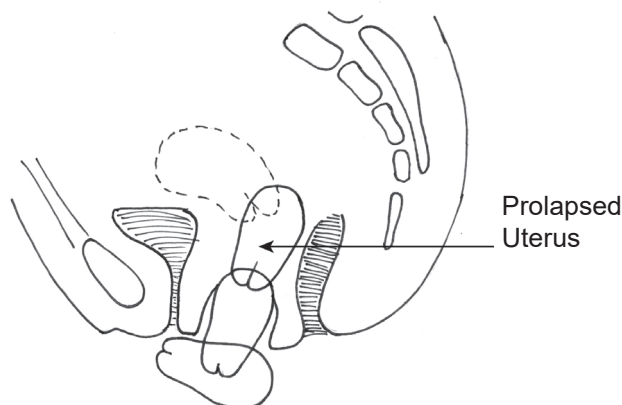
Enterocoele is caused by a defect high in the back of the vagina, which allows the small intestine to bulge into the vagina.

### Enterocoele (small bowel prolapse)



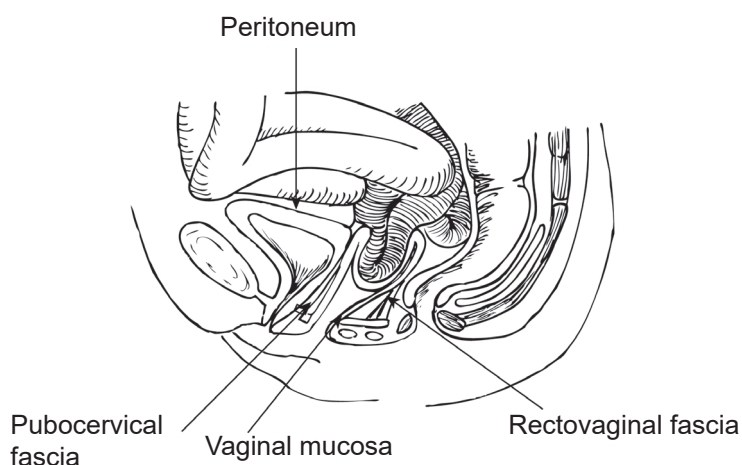
Uterine prolapse - the uterus can descend into the vagina by itself or with prolapse from another part of the vagina.

### Uterine prolapse



Vaginal vault prolapse occurs after a previous hysterectomy and is caused by tears in the tissues, which attach the top of the vagina to the pelvic sidewall. When the top of the vagina descends down, it can cause the front and the back of the vagina to descend as well.

### Vaginal vault prolapse



### What are the symptoms?

The symptoms of vaginal/pelvic organ prolapse can range from mild to severe, depending upon the position of the prolapsed organ.

- Mild prolapse may not cause any symptoms.
- Moderate prolapse may cause a feeling of pressure in the vagina, discomfort in the lower abdomen and/or lower back, and discomfort during sexual intercourse.
- Severe prolapse causes the same types of symptoms, but the pelvic organ is dropped down so far that it is visible or protruding through the vaginal opening. In most cases, standing for long periods of time causes the discomfort to worsen.
- Prolapse can also cause urinary symptoms, including incontinence, and a feeling of being unable to completely empty the bladder. Urine may leak when the patient laughs, coughs, or strains in any way.
- Symptoms related to the bowel include constipation, flatulence, and difficulty holding in bowel movements.

## How is it diagnosed?

Vaginal/pelvic organ prolapse is diagnosed through a thorough pelvic examination. Your doctor will also study your medical history for factors that can contribute to this condition. He or she may order diagnostic tests, such as urinalysis and some type of urodynamic study to evaluate the presence of urinary incontinence.

## What is the treatment?

### Conservative management

In mild cases, your doctor will recommend pelvic floor exercises to help strengthen the pelvic floor muscles. This involves contracting the vaginal muscles for a series of 10 to 15 repetitions, at least 3 times per day. In moderate cases, the doctor may recommend inserting a plastic device called a pessary into the vagina to help hold the uterus and bladder in place. The pessary needs to be checked and changed periodically. Your doctor may also prescribe medication to control urinary incontinence.

## Surgery

### General Information

Surgery may be needed when vaginal pessaries and pelvic floor exercises have not helped or are unsuitable. Surgery helps to repair the sagging organ and reinforce the supporting ligaments. In the case of uterine prolapse, the uterus (womb) can be removed through a procedure called vaginal hysterectomy at the time of the repair.

Women who are of child bearing age and those who wish their womb to be conserved may be suitable for procedures that do not involve removal of the uterus. You can discuss this further with your Doctor/Consultant.

### How is the prolapse repair done?

The repair is commonly carried out through the vagina. At the time of the operation the vaginal skin is opened up and the weakened connective tissue is repaired and the bladder or bowel coming down into the vagina is put back in position. The operation is usually carried out under spinal or general anaesthesia. Following the operation you may have a pack inserted in the vagina to control bleeding and a catheter inserted into the bladder to rest it. These are usually taken out the next day.

### What is a mesh and will it be used?

A mesh is a material used to support repair work in the vagina. It may be needed in those who have had repair work in the past that had not worked or when the prolapse keep coming back.

Some women with very weak connective tissue may also need it. There are different types of mesh. Some are made from animal tissues and some are synthetic. Due to the problems that meshes can cause it may not be suitable for you.

You can discuss this further with your Doctor/Consultant.

### How long will I stay in Hospital?

Hospital stay can be for 2-3 nights but could be longer if other procedure had been performed. You could also be discharged same day as the operation if you are suitable. You can discuss this further with your Doctor/Consultant.

### What are the complications of prolapse repair?

Most complications following repair operation are minor and treatable. These include difficulty with passing urine, vaginal discharge and urine infection. In the long term painful sex may result from the vagina being too small or from scar formation. The prolapse may also come back. You can discuss these further with your Doctor/ Consultant.

## What can I return to work and resume normal activities?

This depend on the complexity of the operation / repair work, your own speed of recovery and the type of work you do.

As a general rule, return to work can be reviewed any time after 2 weeks but could be longer. Activities like sexual intercourse and swimming should be delayed for 6 weeks to allow adequate vaginal wound healing and prevent infection of the wound. Before 6 weeks it is also advisable to use the shower and avoid using the bath. Moderate and reasonable exercise can be started when you feel able to but heavy lifting and abdominal muscle exercises that involve heavy straining should be delayed for 3 months. Driving should be avoided until you feel able to and can do an emergency stop. Please check with your own insurance company for further details.

## Self-care tips

All patients with prolapse should avoid any type of activity that requires excessive straining in the pelvic area, follow healthy diet, and maintain a healthy weight.

You can help prevent vaginal/pelvic organ prolapse by learning how to do pelvic floor exercises and making them a part of your everyday routine. Do not strain to move your bowels. If you have trouble with constipation, make sure your diet contains enough fiber, and ask your doctor how to relieve these symptoms. Avoid frequent heavy lifting. If you are overweight, modify your lifestyle, as recommended by your doctor, to include diet and exercise.

## If you have any comments about this leaflet or the service you have received you can contact :

Urogynaecology Secretaries

Telephone: 01484 355624

[www.cht.nhs.uk](http://www.cht.nhs.uk)

## If you would like this information in another format or language contact the above.

Potřebujete-li tyto informace v jiném formátu nebo jazyce, obraťte se prosím na výše uvedené oddělení

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"إذا احتجت الحصول على هذه المعلومة بشكل مغاير أو مترجمة إلى لغة مختلفة فيرجى منك الاتصال بالقسم المذكور أعلاه"