

Pelvic organ prolapse

Information for patients

What is a prolapse? - The organs within a women's pelvis (uterus, bladder and rectum) are normally held in place by ligaments and muscles known as the pelvic floor. A prolapse refers to the bulging or herniation of one or more pelvic organs into or out of the vagina.

The pelvic floor - The pelvic floor muscles are a group of muscles at the base of your pelvis that run from your pubic bone at the front of your body to your spine at the back, rather like a hammock or sling. The muscle is kept slightly tense so you maintain continence and support. If these muscles become weak they sag so you lose support for your pelvic organs and also continence of your bladder and bowel

Why does a prolapse happen? - A prolapse is caused by weakening of the tissues that support the pelvic organs. The risk of developing pelvic organ prolapse can be increased by:

- your age – prolapse is more common as you get older;
- childbirth, long or difficult labours, multiple births or large babies – up to half of all women who have had children are affected by some degree of prolapse;
- menopause – such as weakening of tissue and low levels of the hormone oestrogen;
- being overweight – which creates extra pressure in the pelvic area;
- previous pelvic surgery – such as a hysterectomy or bladder repair;
- repeated heavy lifting and manual work;
- long-term coughing or sneezing – for example, if you smoke, have a lung condition or allergy;
- repeated excessive straining when going to the toilet because of long-term constipation.

Signs and symptoms of a prolapse are:

- a sensation of pressure, fullness or heaviness in the pelvic area;
- a bulge or feeling of 'something coming down';
- discomfort and or pain in the pelvis;
- bladder problems – frequent infections;
- incontinence, frequency, urgency, a slowstream or difficulty in emptying your bladder fully;
- bowel problems – constipation, straining, urgency of stool and incontinence;
- sexual intercourse problems – a prolapse may get in the way during sexual intercourse and cause pain and discomfort.

Types of prolapse

Cystocele – involves the front wall of the vagina or bladder

Rectocele – involves the back wall of the vagina and the rectum

Uterine – involves the womb (uterus)

Enterocoele – involves the small bowel

Treatment

Lifestyle changes - weight loss, a high fibre diet to avoid constipation and straining. Avoidance of heavy lifting and advice on smoking cessation - reduce irritants which can make you make you cough.

Pelvic floor exercises - any muscle in the body needs exercise to keep it strong so that it functions properly. Pelvic floor exercises can strengthen the pelvic floor and therefore give more support to the pelvic organs. Your specialist nurse will recommend an individualised exercise programme which will be tailored to your needs.

Pessary - for some large prolapses conservative treatment alone is not enough and a special device known as a pessary may be used to provide support and relieve pressure on the bladder and bowel. This is usually fitted by a GP or nurse.

Surgery - may be needed as a last resort.

For more information or advice, please contact:

Continence Team

024 7696 1427

OR

District Nurses

0300 200 0011

If you require this publication in a different format or language, please contact the Trust's Equality and Diversity Department on 024 7653 6802