

Do you need further help?

If you have any concerns or would like to ask further questions then please do contact your women's health physiotherapist for further advice and treatment. You can also contact the below number or your GP for advice regarding carpal tunnel syndrome not related to women's health.

Our phone number
020 8487 6022
9.00 – 16.00

Queen Mary's Hospital outpatient
physiotherapy department

Pelvic Organ Prolapse

Patient information leaflet

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What is prolapse?

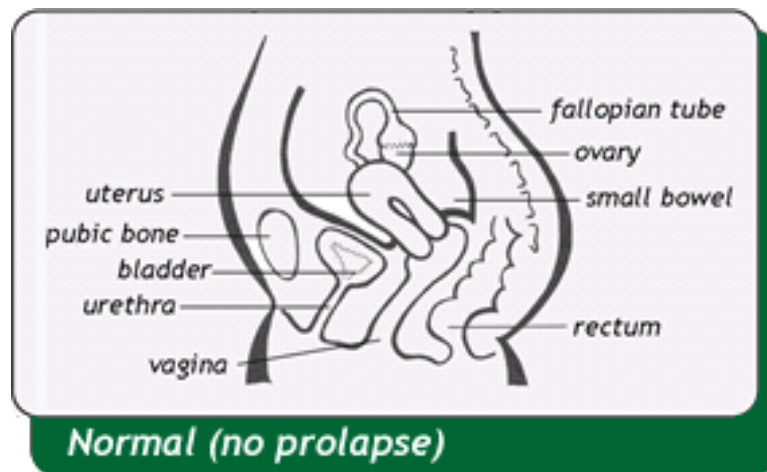
Pelvic organ prolapse is a very common condition, particularly amongst older women and those that have had children. It is estimated that half of women who have children will experience some form of prolapse in later life.

Pelvic organ prolapse occurs when the position of the pelvic organs is altered in some way. While prolapse is not considered a life-threatening condition, it may cause a great deal of discomfort and distress.

Types of prolapse

There are a number of different types of prolapse. They are divided into three categories depending on the part of the vagina affected – the front wall, the back wall or the top.

It is not uncommon to have more than one type of prolapse.



Cystocele

This is when the bladder falls towards the vagina and creates a bulge in the front vaginal wall. Sometimes the bladder and urethra can prolapse together. This is called a cystourthrocele. This is the most common type of prolapse.

Rectocele

This occurs when the end of the large bowel bulges into the back wall of the vagina. It is different from a rectal prolapse (where the rectum falls down out of the anus).

Enterocoele

Part of the small intestine that lies just behind the uterus can slip down between the rectum and the back of the vagina.

Uterine Prolapse

This is when the womb (uterus) drops down into the vagina. It is a very common type of prolapse. It is graded according to how far the uterus has dropped.

Vaginal Vault Prolapse

The vaginal vault is at the top of the vagina. It can fall in on itself following hysterectomy (surgical removal of the womb). Vault prolapse occurs in about 15% of women who have a hysterectomy for management of prolapse.

What can cause a prolapse?

A number of different factors can cause or contribute to pelvic organ prolapse. These can include:

- Pregnancy and childbirth – multiple births (especially close together), large babies and use of forceps are particularly significant
- Ageing and the menopause – this is associated with decreasing oestrogen (a hormone) and the weakening of muscles with age
- Obesity, large fibroids or tumours – this creates extra pressure in the abdominal area and on the pelvic floor
- Chronic coughing or straining
- Heavy lifting – women who do a lot of repetitive heavy lifting are at increased risk
- Genetic conditions – women with a genetic collagen deficiency are at increased risk, as collagen helps keep tissues plump and elastic
- Previous pelvic surgery – this may damage nerves and tissues in the pelvic area
- Spinal cord conditions and injury – this may interfere with nerve supply to pelvic floor muscles
- Ethnicity – studies have shown that white and Hispanic women have the highest rates of pelvic organ prolapse

What are the symptoms?

The most common symptom of pelvic organ prolapse is a feeling of dragging or heaviness in the pelvic area. There may be a 'bulge' in the front or back wall of the vagina. Sometimes, this bulging may extend to the outside of the vagina.

Depending on the location of the prolapse, difficulties with continence (bladder or bowel) may be experienced. Also, there may be some discomfort and lack of sensation during sexual activity.

Sometimes women can have a prolapse without having symptoms at all.

What can physiotherapy do?

It is important to remember that physiotherapy cannot fix your prolapse, however research has shown it can help in managing the symptoms of prolapse.

The following information may reduce the discomfort associated with prolapse –

- Do pelvic floor muscle exercises – this is the most important exercise to do. Your physiotherapist will teach you how to do these properly
- Avoid standing for prolonged periods – try to have a lie down for 30 minutes in the afternoon to take the weight off your pelvic floor
- Avoid straining while opening your bowels – try to avoid constipation by drinking plenty of water and eating a high fibre diet
- Wear supportive pants – some women find that firm-fitting pants or a girdle can give some physical support
- Get some exercise – it is important to do some general low-impact exercise on most days of the week. Yoga, Pilates or swimming can be especially helpful
- Protect yourself from incontinence – if you are concerned about leaking from the bladder or bowel, sometimes a pad or liner can be useful in the short term. Wet wipes can also be useful to carry in order to keep clean and avoid odours. You must mention any incontinence to your physiotherapist or G.P.
- Explore alternatives to sexual intercourse – sometimes sex can be painful or uncomfortable with a prolapse. Experiment with different positions and techniques either on your own or with a partner

What are the other options?

Sometimes physiotherapy alone may not be enough to reduce the symptoms of a prolapse. Some further treatment options can include:

- Hormone Replacement Therapy – This may help strengthen the vaginal walls and pelvic floor muscles by increasing oestrogen and collagen levels in the body
- Vaginal Pessaries – This is a small device, inserted into the vagina, which can help hold the prolapsed organ in place. They come in many different types and sizes.
- Surgery – This should always be a last option when treating pelvic organ prolapse. The rate of repeat surgery for prolapse operations is 30%. The choice of surgery depends on many factors – the type of prolapse, age, desire for further children, general health and personal preference, amongst others.

Following surgery, it is important to continue your pelvic floor exercise programme to optimize the outcome from the operation.