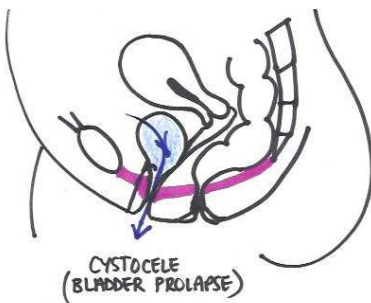
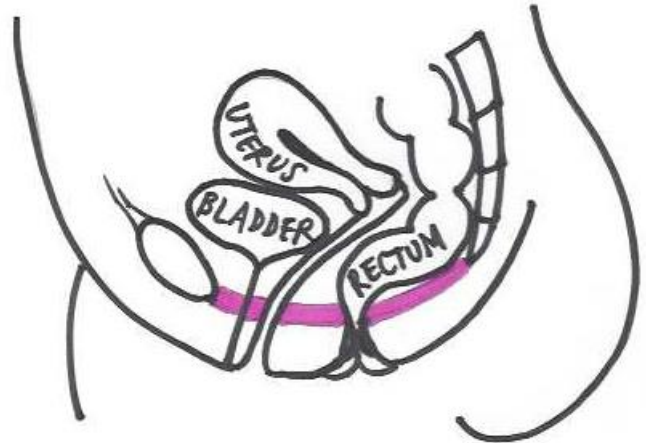


# Pelvic Organ Prolapse

This leaflet provides information about pelvic organ prolapse. If you have any further questions or concerns, please speak to the staff member in charge of your care.

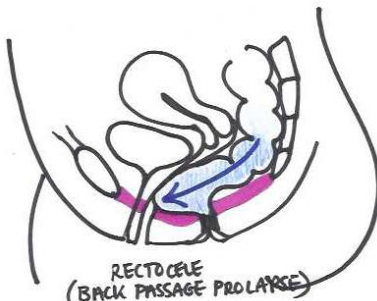
## What is Pelvic Organ Prolapse?

A pelvic organ prolapse is a common condition that can affect women of all ages. It occurs when one or more of your pelvic organs loses some of their normal support and pushes down into your vagina. This could either be your bladder (anterior wall), uterus (uterine), rectum (posterior wall) or a combination of all three. Prolapse is very common and affects around 50% of women who have had a vaginal birth. It can also affect women who have not been pregnant or given birth.



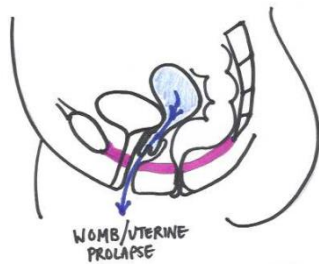
Anterior wall Prolapse

An *anterior wall prolapse* (previously known as cystocele) is the most common prolapse. It occurs when the bladder pushes into the front wall of the vagina. This may cause difficulty in emptying the bladder which could cause infections. It may also cause an increase in urinary frequency (day or night), incontinence and difficulty in starting the flow of urine.



Posterior wall Prolapse

A *posterior wall prolapse* (previously known as rectocele) occurs when the rectum pushes into the back wall of the vagina. This may cause difficulty emptying or incomplete emptying of the bowels. It may also cause an increase in the sudden urge to empty your bowels or worsen constipation.



Uterine Prolapse

A *uterine prolapse* occurs when the womb moves down into the vagina due to lack of support. The cervix sits lower in the vagina. This may be noted when you have a smear test, but you may not be aware of the symptoms.

## What are the signs and symptoms?

Not all prolapses are symptomatic; however, you might have experienced one or more of the following symptoms:

- Feeling of a bulge or heaviness into your vagina
- Lower back pain
- Urinary or bowel incontinence
- Difficulty emptying bladder or bowel
- Needing to pass urine more frequently
- Pain or discomfort during intercourse

## Why have I got it?

Prolapse can be caused by several factors which affect the support system of the vagina.

Some of the main factors that can contribute are:

- Pregnancy and childbirth
- Obesity and being overweight
- Pelvic floor muscle weakness
- Constipation - chronic straining
- Heavy lifting
- Family history
- Age
- Menopause and hormonal changes
- Chronic respiratory conditions
- Previous pelvic surgeries

## What can I do about it?

Pelvic organ prolapse is not life threatening and with the correct management may improve.

These are some of the options for management of your prolapse:

- Adopt **good bladder and bowel habits** and avoid becoming constipated
- **Reduce heavy lifting** where possible
- **Avoid long periods of standing** or take short breaks if you are unable to avoid this

- **Lose weight** if you are overweight. We know that being overweight increases prolapse symptoms for multiple reasons. There are many resources on the NHS website for weight management (see link below). If you are struggling with this speak to your GP for further help.
- Improve your **pelvic floor muscle function** by completing pelvic floor exercises that focus on strengthening and relaxing your muscles
- Your GP may discuss other options with you such as a vaginal support pessary or oestrogen treatment, or refer you to a gynaecologist for further management

It may take between 6-12 weeks of consistent pelvic floor strengthening before you notice any improvement in your symptoms. This might seem like a long time; however, it is important you persevere as these exercises can make a significant difference to your symptoms.

## Can I still exercise?

Yes. Exercise is important and appropriate exercise can improve your symptoms. Some activities are known to cause an increased pressure on your support systems including your pelvic floor. If you are experiencing prolapse symptoms during a certain activity, it is advisable to modify this activity until your pelvic floor is strong enough to withstand the increased pressure. You should only continue with this activity once it no longer worsens your prolapse symptoms. These activities commonly increase the pressures:

- High impact exercise - for example jumping, running, HIIT. You could consider temporarily replacing these with swimming, cycling, Pilates, yoga, fast walking, or other low impact exercise
- Heavy lifting - this could include carrying your food shopping home, lifting and carrying toddlers, long walks with a baby carrier on, or lifting weights in the gym. Think about reducing loads and modifying daily activities whilst you are improving pelvic floor strength. Sometimes lifting is unavoidable, in these instances try squeezing and holding your pelvic floor muscles through the lifting action
- Finally, during any exercise it is important that you do not hold your breath. Try breathing out on exertion

## Useful sources of information

Pelvic health physiotherapy resource page:



Also accessible via:

[Patient Resources - St George's University Hospitals NHS Foundation Trust](#)

NHS Weight management resources:

[Lose weight - Better Health - NHS](#)

## Contact us

If you have any questions or concerns about your symptoms, please speak to your GP or midwife to get a referral to pelvic health physiotherapy.

Our website: [Pelvic Health Physiotherapy - St George's University Hospitals NHS Foundation Trust \(stgeorges.nhs.uk\)](#)

**For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit [www.stgeorges.nhs.uk](http://www.stgeorges.nhs.uk)**

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## Additional services

### Patient Advice and Liaison Service (PALS)

PALS can offer you advice and information when you have comments or concerns about our services or care. You can contact the PALS team on the advisory telephone line Monday, Tuesday, Thursday and Friday from 2pm to 5pm.

A Walk-in service is available:

Monday, Tuesday and Thursday between 10am and 4pm

Friday between 10am and 2pm.

The Walk-in and Advisory telephone services are closed on Wednesdays.

Please contact PALS in advance to check if there are any changes to opening times.

PALS is based within the hospital in the ground floor main corridor between Grosvenor and Lanesborough wings.

**Tel:** 020 8725 2453 **Email:** [pals@stgeorges.nhs.uk](mailto:pals@stgeorges.nhs.uk)

### NHS UK

The NHS provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health. **Web:** [www.nhs.uk](http://www.nhs.uk)

### NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones. **Tel:** 111

## AccessAble

You can download accessibility guides for all our services by searching 'St George's Hospital' on the AccessAble website ([www.accessable.co.uk](http://www.accessable.co.uk)). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.



**Reference:** PHP\_POP\_04 **Published:** April 2025 **Review date:** April 2027