

Pelvic organ prolapse

Prolapse is common. It won't go away if you ignore it, and help is available. For best results seek help from your doctor, physiotherapist or continence nurse advisor who will advise you on the best way to deal with prolapse.

What is a vaginal (pelvic organ) prolapse?

Your pelvic organs include your bladder, uterus (womb) and rectum (back passage). These organs are held in place by tissues called 'fascia' and 'ligaments'. These tissues help to join your pelvic organs to the bony side walls of the pelvis and hold them inside your pelvis.

Your pelvic floor muscles also hold up your pelvic organs from below. If the fascia or ligaments are torn or stretched for any reason, and if your pelvic floor muscles are weak, then your pelvic organs might not be held in their right place and they may bulge or sag down into the vagina. This is known as a pelvic organ prolapse (POP).

What are the signs of prolapse?

There are a few signs that you may have a prolapse. These signs depend on the type of prolapse and how much pelvic organ support has been lost. Early on, you may not know you have a prolapse as there will be no symptoms, but your doctor or nurse might be able to see your prolapse when you have your routine Pap smear test.

When a prolapse is further down, you may notice things such as:

- a heavy sensation or dragging in the vagina
- something 'coming down' or a lump in the vagina
- a lump bulging out of your vagina, which you see or feel when you are in the shower or having a bath
- sexual problems of pain or less sensation
- your bladder might not empty as it should, or your urine stream might be weak
- urinary tract infections might be reoccurring, or
- it might be hard for you to empty your bowel.

These signs can be worse at the end of the day and may feel better after lying down. If the prolapse bulges right outside your body, you may feel sore and bleed as the prolapse rubs on your underwear.

What causes a prolapse?

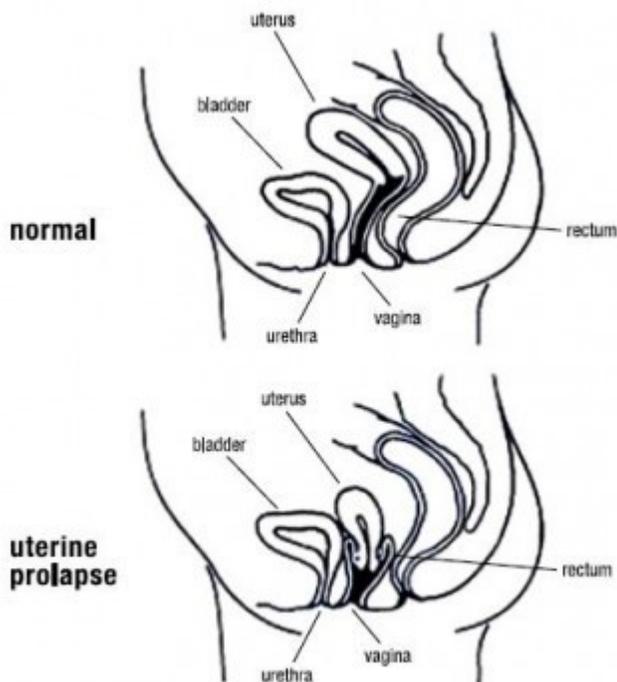
Childbirth is the main cause of a prolapse. On the way down the vagina, the baby can stretch and tear the supporting tissues and pelvic floor muscles. The more vaginal births you have, the more likely you are to have a prolapse.

Other things that press down on the pelvic organs and the pelvic floor muscles that can lead to prolapse are:

- chronic coughing (such as smoker's cough or poorly controlled asthma)
- heavy lifting (washing baskets, supermarket bags or children), and
- constipation - chronic straining to empty the bowel can cause prolapse.

Types of prolapse

Pelvic organs may bulge through the front wall of the vagina (called a cystocele), through the back vaginal wall (called a rectocele or an enterocele) or the uterus may drop down into the vagina (uterine prolapse). More than one organ may bulge into the vagina.



Who is likely to have a prolapse?

Prolapse tends to run in families. It is more likely after menopause or if you are overweight. But it can happen in young women right after having a baby.

- About half of all women who have had a child have some level of prolapse, but only one in five women need to seek medical help.
- Prolapse can also happen in women who haven't had a baby, mainly if they cough, strain on the toilet, or lift heavy loads.
- Even after surgery to mend prolapse, one in three women will prolapse again.
- Prolapse can also happen in women who have had their womb removed (that is, had a hysterectomy). In a case like this, the top of the vagina (the vault) can prolapse.

What can be done to prevent prolapse?

It is much better to prevent prolapse than try to fix it! If any women in your close family have had a prolapse, you are more at risk.

As prolapse is due to weak pelvic tissues and pelvic floor muscles, all women should keep their pelvic floor muscles strong - no matter what their age.

Pelvic floor muscles, just like any other muscles, can be made stronger with the right exercises. It is important to have your pelvic floor muscle training checked by an expert such as a pelvic floor physiotherapist or a continence nurse advisor.

If you have been told you have a prolapse, these experts are the best people to help plan a pelvic floor muscle training program to suit your needs.

What can be done to treat prolapse once it has happened?

Prolapse can be dealt with simply or with surgery depending on the level of prolapse.

The simple approach

Prolapse can often be treated without surgery, chiefly in the early stages, and when the prolapse is mild. The simple approach can mean:

- pelvic floor muscle training, where a program of treatment is planned to suit your individual needs, with the advice of a pelvic floor physiotherapist or continence nurse advisor
- learning what caused your prolapse, and making needed lifestyle changes, such as improving your diet, fluid intake, exercising and losing weight

- being aware of good bowel and bladder habits to avoid straining on the toilet, or
- having a pessary (a plastic or rubber device that fits into your vagina) carefully measured and placed into the vagina to provide inside support for your pelvic organs.

The surgery approach

Surgery can be done to repair torn or stretched support tissues and ligaments. There are different ways to do this surgery including:

- abdominal approach
- vaginal approach
- laparoscopic (keyhole)
- robotic

The surgery makes the vaginal wall stronger and helps the tissues support the pelvic organs. Talk to your surgeon about what is the best surgery option for you.

After surgery

To prevent prolapse coming back again, you should make sure you:

- have expert training to make sure your pelvic floor muscles work to support your pelvic organs
- don't strain when using your bowels
- keep your weight within the right range for your height and age
- learn safe ways of lifting, including sharing the lifting of heavy loads
- see your doctor if you have a cough that won't go away, and
- see your doctor if simple things don't seem to make it better.

Where can I find out more?

Please contact reception on 02 42 855016 and give your contact details to the receptionist. Pam will then contact you to discuss your issues.

Adapted from information supplied by the Continence Foundation of Australia