Information for you about Pelvic Organ Prolapse

What is pelvic organ prolapse?

The pelvic organs in a woman's pelvis (uterus, bladder and rectum) are normally held well in place by ligaments, muscles and connective tissue. If the supporting structures are weakened or become overstretched, the pelvic organs can bulge (prolapse) from their natural position into the vagina. This is known as a pelvic organ prolapse (POP). If it is mild to moderate, you may or may not become aware of it. If it is large enough, it may protrude outside of the vagina and be more likely to cause you discomfort and functional problems. There can be different kinds of prolapse, depending on which part of the vaginal wall is affected. The uterus, bladder or rectum may be involved. Following a hysterectomy, if the structures which support the top of the vagina weaken, a vault prolapse can occur. It is also quite common for there to be more than one type of prolapse at the same time.

How common is pelvic organ prolapse?

We are unsure about exactly how many women may be affected by POP because many women may not have visited their doctor, but we do know that it is much more common than we may think.

Why does it happen?

There are certain factors that may contribute to the chance of you having a prolapse. These can include:

- Being pregnant and giving birth are the most common causes of weakening the pelvic floor. This may be more likely if the birth was assisted (forceps/ ventouse delivery), your baby was large, or the labour was prolonged. In general, the more births a woman has, the more likely she is to develop a prolapse in later life, although this is not always the case.
- Prolapse is more common as you age, particularly after the menopause. This is to do with hormonal changes, but POP is not uncommon in younger ladies, especially following childbirth.
- Being overweight can weaken the pelvic floor, because of added pressure on your intra-abdominal area.
- Lots of heavy lifting or high impact exercise (particularly in the first few months post-natal). This may also be related to your occupation.
- Hypermobility/ being very flexible can sometimes be a contributing factor.
- There may be a degree of genetic tendency to developing a pelvic organ prolapse. If other female members of your family have suffered from a pelvic organ prolapse, it may be more likely that you do.
- Constipation can lead to straining when opening your bowels. This can increase intra-abdominal pressure, as can coughing, (particularly a persistent cough).

What are the symptoms of pelvic organ prolapse?

Symptoms can be variable, and depend on the severity and type of your prolapse. You may not have any symptoms at all, or these may vary both over the course of the day, time of the month and from month to month. Symptoms may include a heavy or dragging sensation or of something 'coming down', that you may feel as a lump or bulge into the vagina.

The lump or bulge may sometimes become visible to you below the opening of your vagina if your POP is more severe.

If the front wall of your vagina is affected by your bladder prolapsing, you may find that you have other symptoms such as an increased frequency of passing urine, some difficulty passing urine, some leaking of urine or a recurrence of urinary tract infections.

If the back wall of your vagina is affected by your rectum prolapsing into your vagina, you may notice an increased frequency of constipation, lower back pain or a feeling that you are unable to fully empty your bowels.

Prolapse can in some cases affect sexual activity. You may find that you have a reduced sensation when having intercourse or possibly some discomfort, particularly in certain positions.

What can I do to help manage my pelvic organ prolapse?

There are a number of conservative options of treatment to consider, before surgery. This may especially be the case, if your prolapse is not severe. At the very least, it is important to consider these strategies, to prevent your prolapse becoming worse.

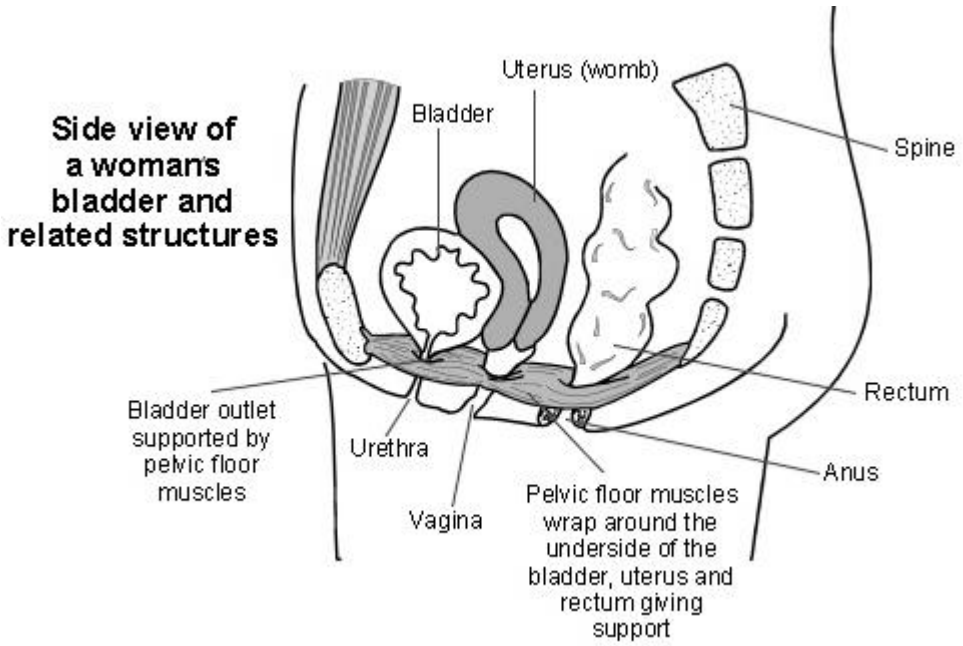
- If you are overweight, losing weight can help reduce strain on your pelvic floor
- Avoiding constipation is important where possible. Try to eat a well-balanced diet and keep well hydrated. You can liaise with your GP about any other treatment options for constipation.
- When opening your bowels, position yourself well, leaning a little forward. Try to avoid straining as much as possible.
- Try to avoid too much heavy lifting and if you do need to lift, try to engage your pelvic floor in preparation as you do so.
- Be cautious with high-impact activity or exercise. If you undertake such activity, make sure you speak to your physiotherapist about this.
- If you smoke, you may benefit from stopping, to reduce the likelihood of repetitive coughing.

Exercises to help

It is very important to maximise the function and strength of your pelvic floor muscles, which work collectively against gravity to support your pelvic floor and counteract your pelvic organ prolapse. Pelvic floor muscles need to be exercised like any other weak muscles.

Pelvic Floor Muscles

The pelvic floor muscles are a 'hammock' of muscles underneath your pelvis. They attached at the front of the pelvis to the pubic bone and span backwards to attach at the base of the spine around the sacrum and coccyx (tailbone). The opening of the bladder, birth canal (vagina) and the bowel all pass through the pelvic floor.



Pelvic Floor Exercises

A pelvic floor muscle contraction is performed by closing and drawing up your front and back passage. Imagine you are trying to stop yourself from passing wind and at the same time trying to stop your flow of urine. The feeling is one of ''squeeze and lift'. In the beginning it may be easier to do the exercises in lying, but you can progress them to sitting and standing.

There are two types of exercises you should do;

1. **Quick and strong**

Squeeze as hard as you can and then relax. Rest a second and then repeat up to 10 times.

2. **Endurance**

Squeeze and hold for up to 10 seconds. You must feel the muscle relax after each contraction. Aim to repeat it as many times as you can, building up to a maximum of 10 times.

DO NOT Pull in your stomach excessively
DO NOT Squeeze your legs together
DO NOT Tighten your buttocks
DO NOT Hold your breath.

You must aim to do these exercises at **least 3 times a day**. Generally, it takes 3-6 months to get a muscle really strong again. Do not do so many that the muscle begins to ache, remember it is quality not quantity!

Other Treatment Options?

Surgery

- The severity of your symptoms are likely to affect the kind of treatment you have, and determine whether or not surgery is considered an option. Not everyone with a prolapse will need surgery, but it may be that you want to consider this option if the other interventions you have tried have not adequately helped. In nearly every situation it is better to try conservative intervention first rather than invasive surgery and this is where physiotherapy should be able to help you.

- Surgery for prolapse aims to re-support the pelvic organs and help to ease your symptoms. It cannot always cure the problem completely. There are a number of possible operations that a Gynaecologist will be able to discuss with you. The most suitable operation for you would depend on your circumstances, such as your age, general health or wish to be sexual active. If you plan to have children, you may be advised to delay surgery until your family is complete.

Pessary

- A pessary can be a useful way of supporting your prolapse. It is a plastic or silicone device that fits into the vagina to support the pelvic organs. There are many different sizes and types to suit different people. This is more likely to be effective for prolapses affecting the front wall of your vagina or uterus.

- Those who may wish to avoid surgery, or would like to consider having more children in the future may find a pessary a good option to try.

- A pessary can be fitted by your doctor or specially trained health professional and it can take trial and error to get the correct size. It will need to be removed and refitted intermittently and you may be taught to do this yourself. It is possible to have sexual intercourse with certain types of pessary in situ. In other cases, it may need to be removed.