Pelvic Organ Prolapse:

- a guide for women

POGP
PELVIC OBSTETRIC & GYNAECOLOGICAL PHYSIOTHERAPY

EDUCATES, SUPPORTS AND PROMOTES SPECIALIST PHYSIOTHERAPISTS

Glossary

pelvic organ prolapse - the downward movement of a pelvic organ into the vagina

vagina - a muscular tube from the external genitalia (labia and vulva) to the end of the uterus (**cervix**)

uterus - the hollow organ in which a foetus / baby develops in pregnancy (sometimes called the womb)

rectum/back passage - where stool / faeces / poo is stored just before a bowel movement

anus - the opening at the end of the rectum where the stool comes out

bladder - where urine is stored until you go to the toilet to pass water/ have a pee

pelvic floor muscles - the group of muscles spanning the base of your bony pelvis, held in place by ligaments which support the pelvic organs. Pelvic floor muscle exercises / Kegels will help keep these muscles strong

vaginal pessary - a device worn inside the vagina to support the walls which have dropped

symptoms - a feeling of a physical change caused by the prolapse

hysterectomy - an operation to remove the uterus.

incontinence - loss of urine or stool when it was not intended

episiotomy - a cut made to the perineum at the time of delivery of a baby

menopause - when a woman stops having periods due to hormonal changes. Average age for the menopause is 51 years

intra-abdominal pressure - an increase in the pressure in the tummy which causes strain downwards

Useful websites

https://www.rcog.org.uk/en/patients/patient-leaflets/pelvic-organ-prolapse/

www.nhs.uk/livewell/loseweight

www.nhs.uk/smokefree/help-and-advice/support

Introduction

This booklet is for women who know they have or feel they might have symptoms associated with a pelvic organ prolapse.

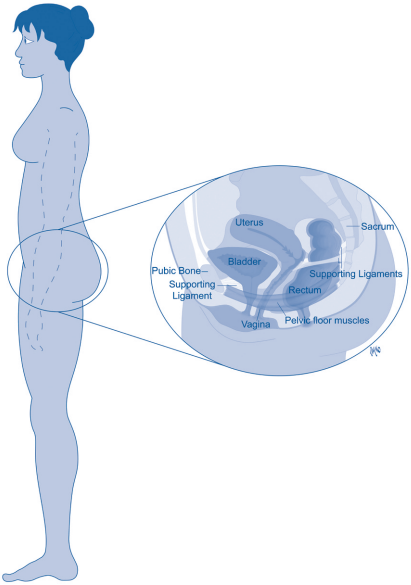
The information will help you understand what a prolapse is, what the causes may be and what you might be able to do to improve the symptoms you are experiencing.

Prolapse is very common affecting about 1 in 3 women who have had children.
Many women do not seek help until their symptoms become very bothersome.
This booklet has information which may help you prevent your prolapse from getting worse, and reduce the bother from your symptoms.

What is a pelvic organ prolapse and what are the symptoms?

Pelvic organ prolapse, often referred to as 'prolapse', is defined as an anatomical change where a pelvic organ which may be the bladder, bowel, rectum or uterus moves downwards in the vagina causing the symptom of 'something coming down' or a feeling of vaginal heaviness. The bulge may be felt inside or outside the vagina. Prolapse may also cause bladder, bowel or sexual symptoms.

The pelvic organs - the bladder, the vagina, the uterus and the rectum - are held and supported inside the bony pelvis by ligaments and muscles; commonly called the 'pelvic floor'.



The pelvic floor muscles help to support the pelvic organs and control the bladder and bowel to prevent incontinence. If either the pelvic floor muscles or the supporting structures weaken, the pelvic organs can bulge into the vagina causing the vaginal walls to move downwards resulting in a prolapse.

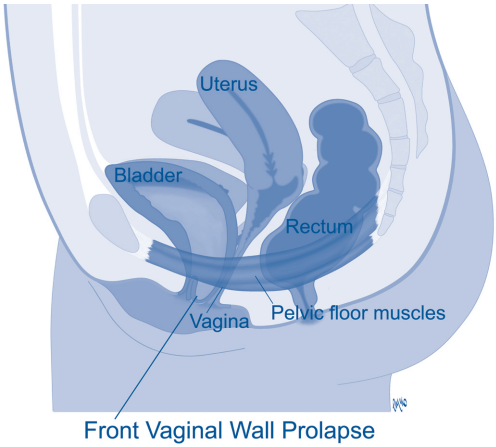
A prolapse can be mild causing very little / no bother or it may be severe causing many problems and badly affecting your quality of life. How much the prolapse interferes with your life may relate to whether the downward bulge is felt within the vagina or can be felt or seen beyond the entrance to the vagina. It is common for a prolapse to vary from day to day with some days when you are not aware of it and other days when you are very aware of your prolapse. You may already know what activities will make the symptoms worse e.g. after a long day of standing or after opening your bowels.

The most common symptom is the feeling of 'something coming down' or a feeling of vaginal heaviness/bulge. Other common symptoms of the bladder and bowel can be caused by a prolapse but may also be unrelated to the prolapse.

There are different types of pelvic organ prolapse and it is quite common to have more than one type of prolapse at the same time.

Front vaginal wall prolapse (previously called a cystocele)

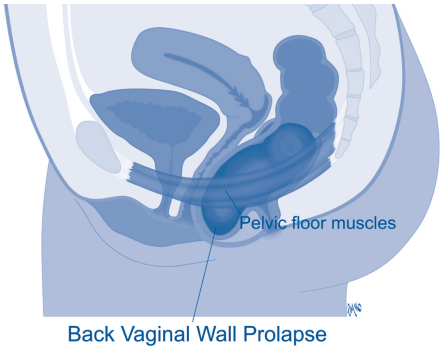
This is the most common prolapse. The wall supporting the bladder bulges down into the vagina. This may contribute to **bladder symptoms** such as:



Front Vaginal Wall Prolapse

- problems with emptying which may mean frequent urinary tract infections
- urgency - a strong need to empty the bladder
- frequency - needing to go to the toilet more often including at night (nocturia)
- incontinence - leakage of urine which may be related to coughing/activity or may be associated with urgency
- difficulty in starting to pass urine or a slow flow when emptying the bladder. You may find that you have to change position on the toilet to empty your bladder properly

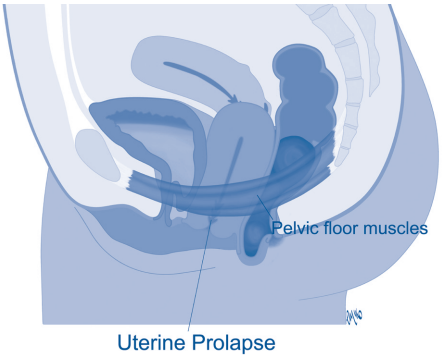
Back vaginal wall prolapse (previously called a rectocele)



The wall supporting the rectum/back passage bulges down into the vagina. This may contribute to **bowel symptoms** such as:

- difficulty emptying your bowels or incomplete emptying which leads to straining more than normal
- bowel or wind leakage and smearing/ staining at the anus
- bowel urgency - a sudden need to open your bowels
- needing to use your fingers to press around the vagina or anus to help empty your bowel

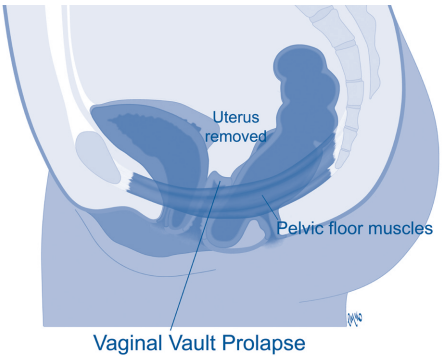
Uterine prolapse (previously known as the womb coming down or 'fallen womb')



The uterus moves downwards into the vagina due to the lack of support. The cervix will then sit lower in the vagina which might be noticed when you have a smear test. This does not necessarily mean that you have a prolapse.

Vaginal vault prolapse

After a hysterectomy, when the uterus has been removed, the top of the vagina (known as the vault) can bulge downwards.



Vaginal symptoms may include:

- a feeling of something coming down
- a feeling of bulge felt within or outside the vagina. The bulge can sometimes be seen with a mirror, or felt at the vaginal entrance
- laxity - a feeling that the vagina is wider, looser or more open than normal
- difficulty inserting or keeping tampons in. They may also shift position and be uncomfortable

Sexual symptoms:

- obstructed intercourse - a feeling that vaginal intercourse is not possible because something is in the way
- discomfort or pain during sexual intercourse
- anxiety about whether sex with a prolapse is safe or may cause damage

Pain symptoms:

- backache, abdominal discomfort and vaginal pain can be associated with prolapse but are not usually the main symptom

Prolapse symptoms are often worse at the end of a day, with prolonged standing or at times of increased intra-abdominal pressure e.g. heavy lifting, coughing or straining to go to the toilet. Symptoms may ease with rest and may come and go according to daily activities.

What causes pelvic organ prolapse?

Prolapse is caused by a number of factors which affect the support system of the vagina.

The factors known to be related to pelvic organ prolapse are listed below with a short explanation why.

Pregnancy and childbirth:

This is the most common factor particularly where there has been a vaginal delivery. The weight of the growing baby puts strain on the pelvic organs and pelvic floor muscles and the pregnancy hormones cause relaxation of the supporting ligaments in preparation for delivery.

An episiotomy, vaginal tear or a delivery requiring forceps can add to the damage that may weaken the supporting structures in later life.

Pelvic floor muscle exercises while you are pregnant will help maintain the strength of your pelvic floor muscles.

Obesity and being overweight:

The more weight your body has to manage, the more pressure there is through the pelvis and onto the pelvic organs. Large weight increases can put extra strain on your pelvic organ supports and increase the likelihood of prolapse.

Heavy lifting:

If your job or daily life includes heavy lifting or repeated bending, the increased abdominal pressure pushing downwards may make a prolapse more likely, particularly if the pelvic floor supports are not strong enough.

Family history:

A strong family history of pelvic organ prolapse may increase your chances of developing a prolapse. This is thought to be due to an inherited weaker collagen type. Collagen helps provide strength to the ligaments and vaginal supports.

Age:

The older you are the more likely you are to have a prolapse. Along with other changes due to ageing, muscle strength and the vaginal supports may weaken.

Menopausal changes:

Some of the hormonal changes that come with the menopause can make vaginal symptoms more bothersome. After the menopause the lower levels of vaginal oestrogen may affect the symptoms of prolapse.

Constipation:

Chronic constipation and straining to empty your bowels may make prolapse more likely and make an existing prolapse worse. This is due to increased intra-abdominal pressure directed down onto the pelvic floor which causes strain and stretch.

Chronic cough:

If you have asthma or other conditions that cause you to have a persistent cough, this may make a prolapse more likely. Again this is due to repeated increases of intra-abdominal pressure causing strain on the pelvic floor.

Previous pelvic surgery:

If you have already had an operation to repair a prolapse, or a hysterectomy, your risk of developing a subsequent prolapse is increased.

What can you do to help a pelvic organ prolapse?

Pelvic organ prolapse is not a life threatening condition, and not all prolapses get worse; some may improve. If you have been told that you have a pelvic organ prolapse you may have the following choices:

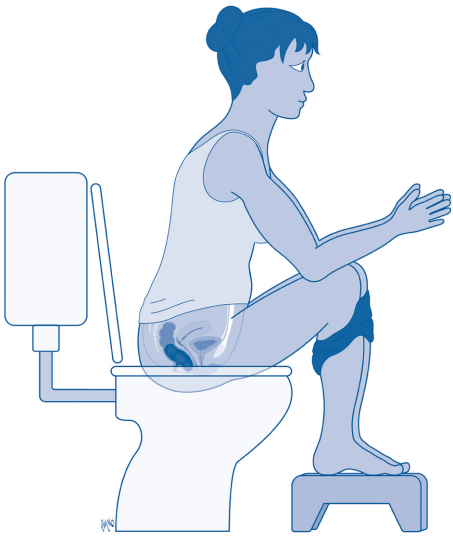
- do nothing and wait and see how your symptoms change
- adopt good bladder and bowel habits
- make lifestyle changes to reduce the downward pressures through your pelvis e.g. weight loss, no heavy lifting
- improve the strength of your pelvic floor muscles to increase the vaginal support
- try a vaginal pessary which will support the vaginal walls (see glossary)
- have an operation if the doctor has suggested that this might help

You may choose to do nothing if your prolapse is not bothersome. However research suggests you can prevent your prolapse getting worse by following the advice below.

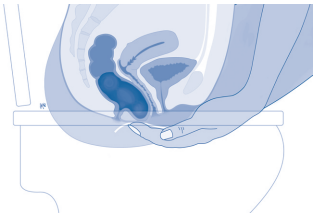
Bowels

It is important to avoid constipation. This puts extra strain on the pelvic floor muscles and can worsen prolapse symptoms. Eating plenty of fruit, vegetables and fibre can help. Make sure you are also drinking enough (between 1.5 to 2 litres of fluid per day).

- do not strain
- sit fully on the toilet: do not 'hover'
- have your feet apart and raised up on a stool/support, with your arms resting comfortably on your legs
- keeping your tummy relaxed; don't tighten your abdominals
- avoid breath holding; try to have a relaxed breathing pattern
- a slight bearing down will help the stool to open the back passage for the bowel movement



Some women may find it helpful to support the perineum (the area between the back passage and the vagina) when emptying their bowels. Applying some pressure vaginally on the bulging wall towards the back passage may help to empty the bowels more fully and effectively.



Bladder

- do not rush to pee 'just in case', but try to go when your bladder needs emptying
- after peeing, you may also find it helpful to lean forward and back several times to help make sure that all the urine comes out
- do not push or strain to empty your bladder; you might increase the prolapse
- try not to reduce your daily fluids to avoid frequency

Sex

Having sex with a prolapse is safe and will not damage or make the bulge worse. It may help to try different positions for sexual intercourse, and use a suitable lubricant to help with vaginal dryness and discomfort with penetration

Weight

Being overweight puts extra strain on the pelvic floor muscles. Your symptoms may improve if you lose weight. Contact your GP for help and try some of the many websites available e.g. **www.nhs.uk/livewell/loseweight**

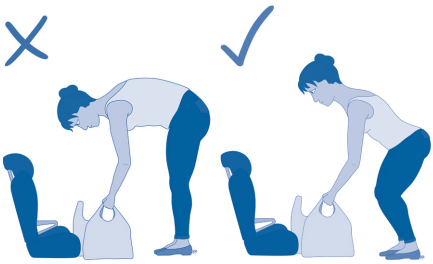
Reducing your intra-abdominal pressure

Reduce your cough:

- use the prescribed medication for any chest complaint and follow your specific medical advice.
- if you are a smoker, try to stop. Ask your GP for advice about what is available locally to help you stop such as cessation groups or patches. There are several helpful websites such as **www.nhs.uk/smokefree/help-and-advice/support**

Lifting:

- it is not only the weight of the object you lift but how often you are bending and lifting during the day.
- try to get into a good lifting habit for all tasks, even the light ones (see picture). Tighten your pelvic floor muscles before each lift.



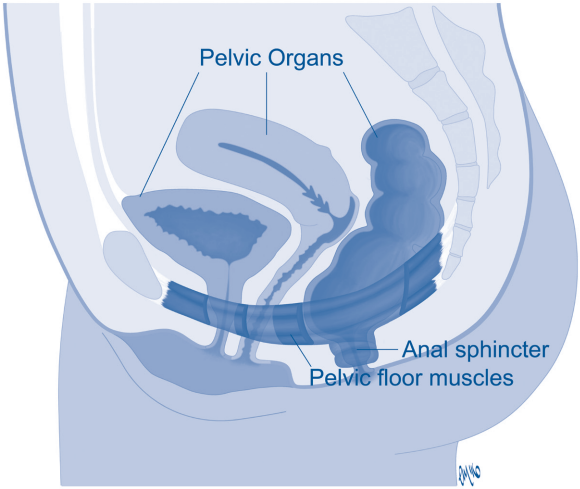
- try to split loads for carrying, making more frequent trips, and lift correctly when picking up from low down.

Exercise and activities:

Avoid activities that make the symptoms worse such as standing for long periods. Try to break up your day wherever possible into shorter periods of standing with sitting in between.

High impact exercise such as jumping, running or aerobics (e.g. any activity when both feet are off the ground at the same time) may worsen your symptoms especially if your pelvic floor muscles are not strong. Activities using weights may also cause too much downward pressure. Try low impact exercise instead such as modified aerobics, cycling, a cross trainer, fast walking, pilates or swimming. If your normal exercise routine makes your prolapse symptoms worse, seek advice about how they can be modified or try different activities.

Improving your pelvic floor muscles



The pelvic floor muscles act like a hammock to support the pelvic organs. Pelvic floor muscle exercises will strengthen the muscles and retrain them to be effective in supporting the pelvic organs making the symptoms of prolapse less bothersome.

Pelvic floor muscle exercises (sometimes called Kegels) should include long squeezes as well as short, quick squeezes. You should work the muscles until they tire and do the exercises regularly to help the muscles become stronger and more effective. If your prolapse is bulging beyond the vaginal entrance, you should do these exercises lying down with the bulge pushed back up. If your prolapse is less severe you may find it easier to do these exercises in sitting.
Imagine that you are trying to stop yourself from passing wind at the same time as trying to stop passing urine. You should feel a squeeze and a lift inside. Do not hold your breath.

Long squeezes

- tighten your pelvic floor muscles, hold them tight, then release and let them fully relax. How long can you hold the squeeze?
- repeat the squeeze and hold until the pelvic floor muscles tire. How many times can you repeat the squeezes?

Short squeezes

- quickly tighten your pelvic floor muscles,then immediately let them go again. How many times can you do this quick squeeze before the muscles get tired?
- always let the muscles fully relax after each squeeze

Pelvic Floor Muscle Exercises

- aim to do 10 long squeezes, holding each for 10 seconds, relax the muscles for 10 seconds then do 10 short squeezes
- you may need to start with 'little and often' if you find that you can only hold the squeeze for a short time, or only do a few before the muscles tire
- you should do your pelvic floor muscle exercises at least 3 times each day. You may find it easier to start your programme when you are sitting or lying down
- build up your exercise routine gradually over the weeks and months. You should notice an improvement in 3 - 5 months and then keep practising your pelvic floor muscle exercises once a day to maintain the improvement
- as your muscles improve, aim to do your exercises in other positions such as standing up. Eventually you can practise these exercises whilst doing activities such as walking and bending

The Knack

Draw up and tighten your pelvic floor muscles before any activity which increases the intra-abdominal pressure, to help the pelvic floor resist the downward movement of pelvic organs and prolapse.

There are many devices available to help with pelvic floor muscle training, for example pelvic floor muscle stimulators. There is no reason why women with a prolapse should not use these as long as the probe stays in and is comfortable.

It is important that you do your pelvic floor muscles exercises correctly. If you are having difficulty ask to be referred to a specialist physiotherapist for proper assessment, and further advice (see inside back cover).

Vaginal Pessaries

A vaginal pessary is a device that sits inside the vagina to support the vaginal walls and uterus. It is made of plastic or silicone and once fitted will need to be checked and replaced a few times each year. There are several types of pessary, and it may take several attempts to find the right one for you. Some healthcare professionals can fit you with a pessary and teach you to manage it yourself. If you do self-manage with a pessary, some women find they only wish to wear the pessary during activities that make their prolapse symptoms worse. Once correctly fitted, many women say that they are unaware of the pessary.

Pessaries **can** be used for all types of prolapse but do not work for everyone and may not improve your symptoms or level of prolapse.

Commonly women notice an increase in vaginal discharge when using a pessary, which may be bothersome.

If you wish to try a pessary, speak to your GP or gynaecologist.

Oestrogen

A course of vaginal oestrogen medication may help with some of the symptoms particularly vaginal dryness and milder bladder symptoms such as urgency. The vaginal tissues can benefit from an oestrogen supplement. Oestrogen is commonly prescribed at the same time as a vaginal pessary is fitted.

Surgery

A wide variety of operations are available for the treatment of prolapse. The main aim of surgery is to correct the vaginal bulge and improve the symptoms from the prolapse.

The choice of operation depends on a number of factors including type and severity of prolapse, general health including previous pelvic floor operations and other symptoms particularly relating to bladder, bowel and sexual function.

The most common procedures are vaginal operations where the front (anterior colporrhaphy) or back (posterior colporrhaphy) walls of the vagina are repaired. Abdominal surgery for prolapse includes hysterectomy which can also be performed vaginally.

You will find more detailed information on surgery for pelvic organ prolapse in the Patient Information section on the following websites:

www.rcog.org.uk
www.bsug.org.uk

Pelvic Organ Prolapse Symptom Score

This symptom score can be used from time to time to help you check how your prolapse symptoms are changing.

Answer the following questions, thinking about how you have been, on average, **over the PAST FOUR WEEKS. (Please cross one box in each row)**

How often during the last four weeks have you had the following symptoms:	**Never**	**Occasionally**	**Sometimes**	**Most of the time**	**All of the time**
Q1 a feeling of something coming down from or in your vagina?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
Q2 an uncomfortable feeling or pain in your vagina which is worse when standing?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
Q3 a heaviness or dragging feeling in your lower abdomen (tummy)?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
Q4 a heaviness or dragging feeling in your lower back?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
Q5 a need to strain (push) to empty your bladder?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
Q6 a feeling that your bladder has not emptied completely?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
Q7 a feeling that your bowel has not emptied completely?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4

Q8 which of the symptoms above (questions Q1 to Q7) causes you most bother? Please enter a number from 1 to 7 in the box, or cross "Not applicable" ☐ Not applicable ☐

Total up the scores for Q1 – Q7. The best possible score would be 0 – meaning that you haven't been aware of these symptoms at all, and the worst would be 28 – meaning that all of these symptoms bother you all of the time.

Getting help

If you have any difficulty with the exercises in this booklet, or find that your symptoms are not improving, ask to be referred, or if available, refer yourself to a physiotherapist with experience in treating women with pelvic floor muscle problems.

To find your nearest specialist physiotherapist visit:

pogp.csp.org.uk

or contact:

POGP administration Fitwise Management Ltd. Blackburn House Redhouse Road Bathgate West Lothian EH47 7AQ

T: 01506 811077 **E:** info@fitwise.co.uk

If your ability to follow the advice in this booklet is affected by any health problem, contact your local specialist physiotherapist who will be able to help with appropriate alternatives.

Other relevant booklets are available from: pogp.csp.org.uk

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