



**ST. MICHAEL'S  
HOSPITAL**  
Dún Laoghaire

Pelvic Floor Centre

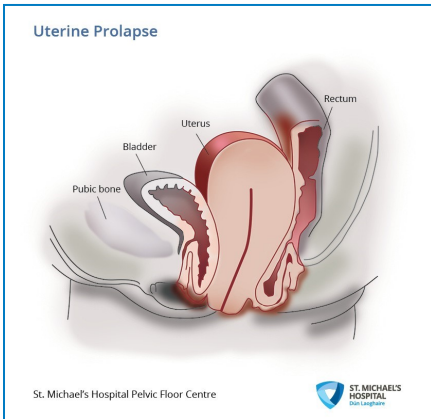
# **Pelvic organ prolapse**



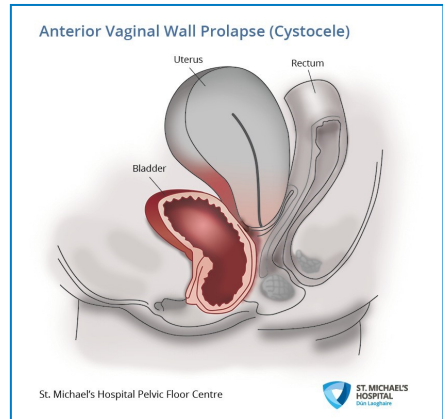
## Pelvic Organ Prolapse

A pelvic organ prolapse may occur when the supporting connective tissue in the vagina weakens and the bladder, uterus or bowel descend through the vaginal wall.

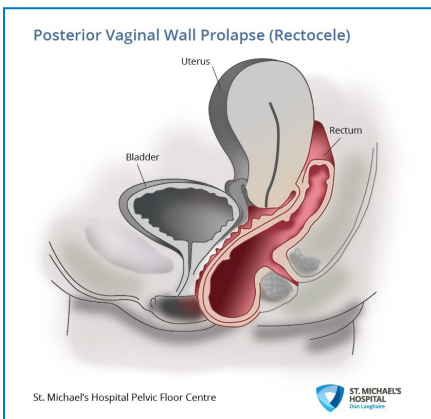
It may be felt as a 'bulge' or heaviness in the vagina. Prolapses are named after the organ affected. These are highlighted in the illustrations below:



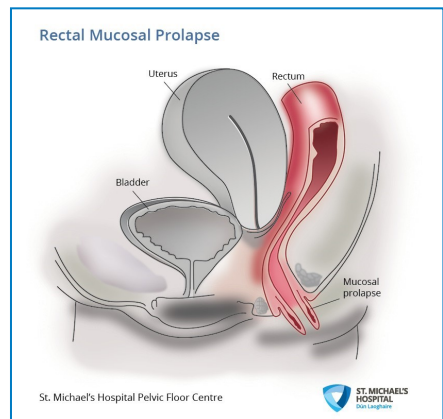
A prolapse of the uterus is called a 'uterine prolapse'



A prolapse of the bladder is called a 'cystocele' or 'anterior vaginal wall prolapse.'



A prolapse of the rectum is called a 'rectocele' or posterior wall prolapse.



The anal mucosa can also prolapse through the anal canal and occasionally cause a narrowing of the lower end of the rectum.

A 'vault' prolapse can also occur after a hysterectomy. This is when the vaginal vault starts to fall down (not illustrated)

## Symptoms of Pelvic Organ Prolapse (POP) can vary but often include—

- Heaviness in the vaginal passage
- A dragging sensation or a feeling of 'something coming down'
- Vaginal laxity
- Increased urinary urgency or incontinence
- Recurrent urinary tract infections
- A feeling of incomplete emptying of bladder or bowel
- Difficulty passing a complete bowel motion, often requiring digitation
- Discomfort with sexual intercourse

Pelvic organ prolapses can be mild, moderate or severe. They can be uncomfortable and interfere with quality of life, but some women may not realise they even have a prolapse.

They are rarely life threatening and if you are aware of some of the contributing factors, you can learn what you can change to help to manage your prolapse.

## Contributing factors may include—

- Pregnancy and childbirth history
- Hormonal or menopausal changes
- Genetic predisposition
- Increased Body Mass Index (BMI)
- Chronic constipation—straining and bearing down
- Chronic respiratory conditions—coughing
- Heavy lifting
- Standing for long periods daily
- Higher level exercise regimes

Some of these factors we cannot change but many of them we can learn to manage.

Every movement you make has the potential to protect your prolapse or conversely, increase the pressure on it.

Small changes in the way we do our daily activities can make big differences in the control of our symptoms and vaginal prolapse.

The National Institute for Health and Care Excellence (NICE) guidelines recommend that women with symptomatic mild POP should trial a pelvic floor muscle training programme for at least 16 weeks.

For further information on managing a pelvic organ prolapse, please see the Pelvic Floor Centre Education Programme video 3.

## If you think that you have a vaginal prolapse, the following guidelines can help you start to manage it

### 1. Learn to contract your pelvic floor muscles

These muscles need to provide support from below to balance the pressure from above. See leaflet on 'Pelvic floor exercises' to find out how to do this. Your pelvic floor muscles are part of your own dynamic support system.

### 2. Learn 'The knack'

This is being able to pull up your pelvic floor muscles prior to any increase in inter-abdominal pressure, such as before coughing, sneezing, lifting, laughing or even going from 'sit to stand' or 'getting out of bed'.

### 3. Maintain a healthy BMI (<30)

Pelvic floor muscles have to work hard to support the body weight above. Keep an eye on your BMI. Any extra weight can put strain on an already challenged support system.

### 4. Pace yourself in standing

Prolapses are gravity dependent so if you are standing for long periods, your prolapse symptoms may appear worse. Pace yourself and either sit or lie down in the middle of your day to 'rest' your prolapse.

### 5. Lifting

Repetitive lifting can put strain on a prolapse. There is no 'ideal' weight to lift to prevent a prolapse. Lift smaller 'weights' if possible (i.e. divide load in two). Engage your pelvic floor first with 'The Knack', and keep breathing. Avoid lifting if symptoms get worse.

### 6. Supportive underwear

Can help to give you some support from below if you are in a profession where you need to stand for long periods or want support while exercising.

### 7. Review your exercise regimes

Exercise is important for all aspects of our health but some exercises can stress the pelvic floor and others are 'pelvic floor friendly'. As a rule, if an exercise increases your symptoms, discontinue it until you have had advice from a women's health physiotherapist.

### 8. Keep breathing! Do not hold your breath

Breath holding puts excessive downwards pressure on the pelvic floor and can exacerbate symptoms.

SVHG document control

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