

Introduction to pelvic organ prolapse what is a prolapse?



Bladder & Bowel UK

What is a prolapse?

Pelvic organ prolapse (POP) occurs when the muscles and ligaments of the pelvic floor weaken, causing pelvic organs like the bladder, uterus (womb) or rectum (back passage) to drop into or out of the vagina.

Pelvic organ prolapse is common, affecting 1 in 10 women over the age of 50 years. Mild prolapse often causes no symptoms, and treatment is not always necessary.

What are the symptoms?

- The feeling of a lump in or outside of the vagina.
- A bulge or dragging sensation in the vagina that may worsen at the end of the day.
- A feeling of heaviness, pressure, or fullness in the pelvis.
- Urinary problems such as incontinence, urinary frequency, urgency, or a poor flow.
- Bowel difficulties, such as a feeling of incomplete emptying or needing to support the vaginal wall when opening your bowels.
- Discomfort during sexual intercourse.

Are there other symptoms to be aware of?

- Frequent UTIs: You might experience recurrent urinary tract infections.
- Vaginal irritation: The prolapse can irritate the vaginal walls, which can be painful.

What causes pelvic organ prolapse (POP)?

- **Childbirth:** The strain of vaginal birth can weaken the pelvic floor muscles and connective tissue. Factors like multiple births, large babies, difficult deliveries, forceps, or vacuum-assisted births also increase the risk.
- **Aging:** Muscles and connective tissue weaken with age, including hormonal changes during menopause.
- **Obesity:** Excess weight puts added pressure on the pelvic floor.
- **Chronic straining:** Repeated straining from chronic coughing, constipation, or heavy lifting can weaken the pelvic floor.
- **Genetics:** A family history of POP or weak connective tissue can increase your risk.
- **Pelvic surgery:** Hysterectomy can be a risk factor for vaginal prolapse.

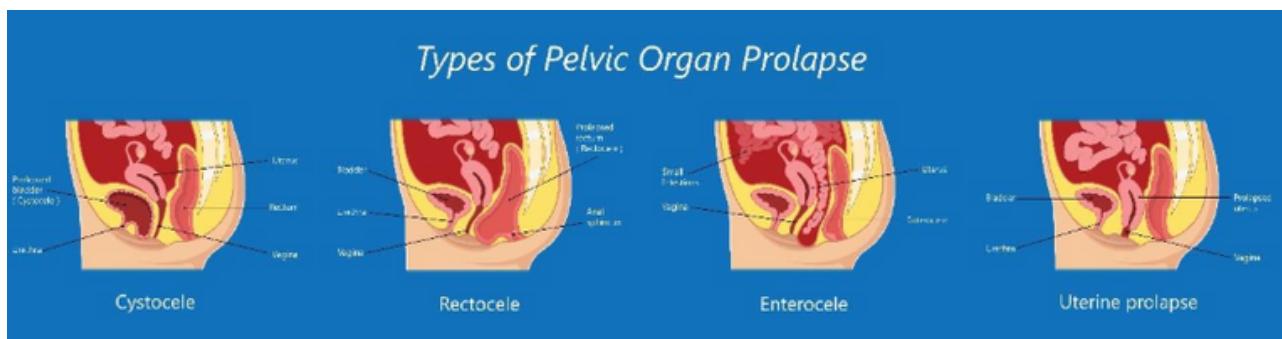
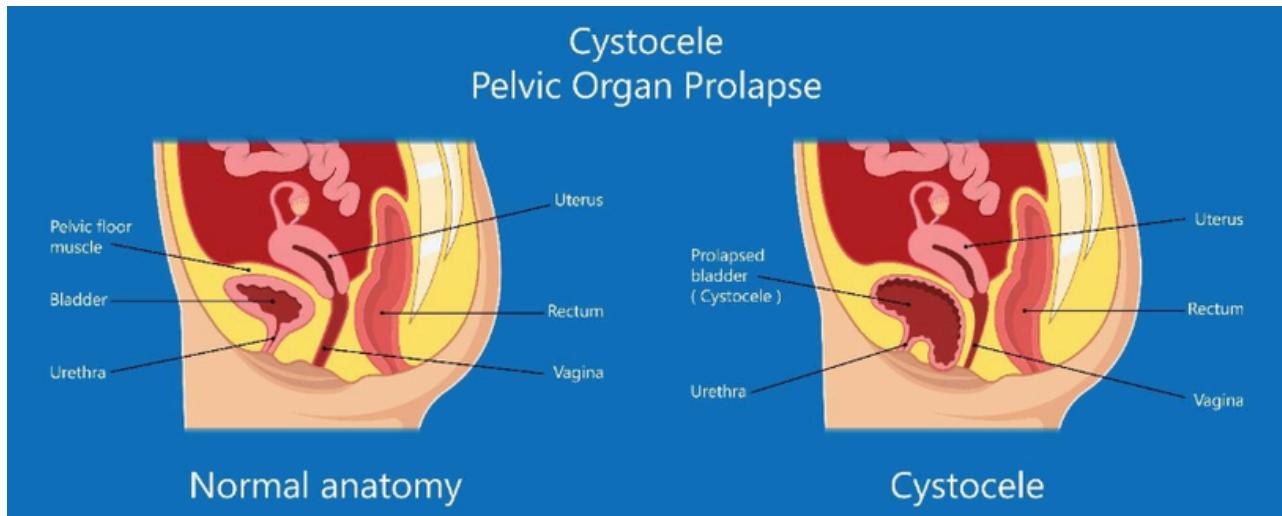
Types of Prolapse

- **Anterior Vaginal (Front) Wall Prolapse ; Bladder prolapse (sometimes known as a Cystocele):** The bladder bulges into the anterior (front) vaginal wall. This is a very common type.
- **Posterior Vaginal (Back) Wall Prolapse:(sometimes known as a Rectocele):** The rectum pushes into the posterior (back) vaginal wall.
- **Enterocoele:** An enterocoele is a pelvic hernia where the small intestine pushes into the space between the rectum (back passage) and the vagina.
- **Uterine prolapse:** The uterus slips down into the vaginal canal.
- **Vault prolapse:** prolapse of the apex (top) of the vagina, following a hysterectomy.

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Is there treatment available?

Speak with your doctor, who will undertake an examination to determine the severity of the prolapse & discuss the treatment options with you.

Treatment for pelvic organ prolapse depends on the severity of symptoms.

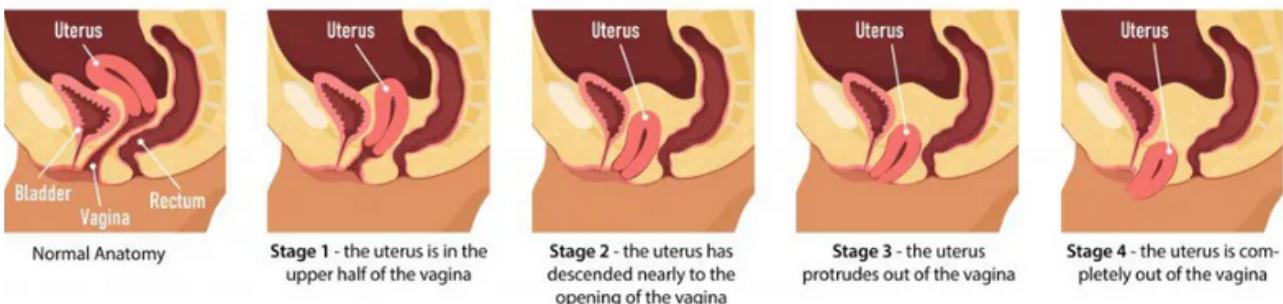
1. Do nothing
2. Lifestyle changes
3. Pelvic floor exercises
4. Vaginal pessary
5. Surgery

The first option is to "Do nothing" particularly if you have no symptoms or discomfort, as prolapse is rarely life-threatening. Other options can include lifestyle changes, pelvic floor exercises, and vaginal hormone therapy. For moderate to severe cases, a vaginal pessary may be recommended for support. Surgery is an option when other treatments are not successful or appropriate.

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STAGES OF PROLAPSE



Lifestyle changes

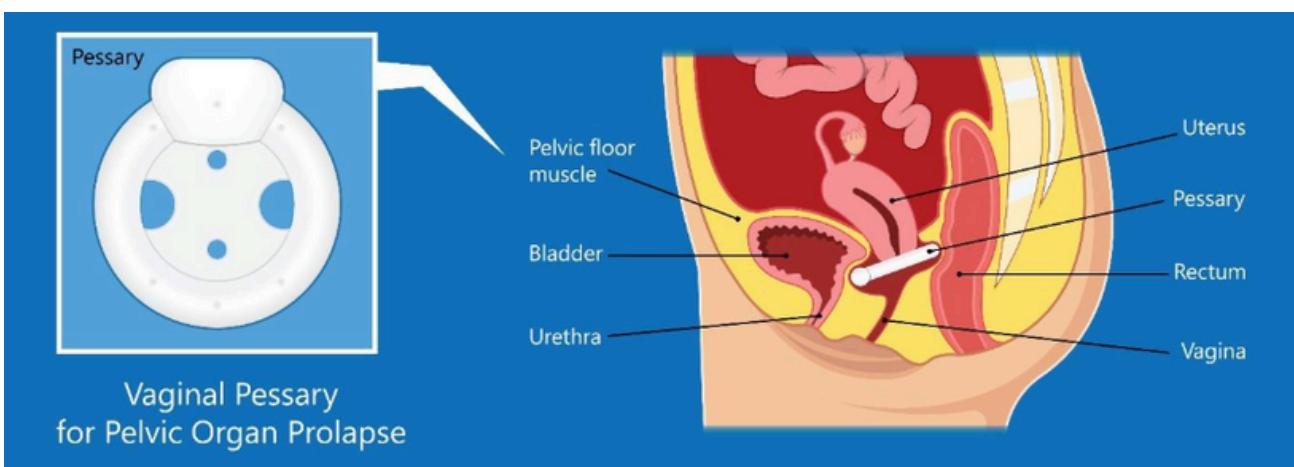
Maintain a healthy weight, avoid constipation by eating more fibre and drinking plenty of water. Avoid heavy lifting and activities that put a lot of strain on the pelvic floor.

Vaginal hormone treatment: Vaginal tablets or creams containing oestrogen can be recommended for mild prolapse, especially after menopause. Ask your doctor if this might be an option for you.

Pelvic floor exercises: Strengthen the muscles that support your pelvic organs. You may be referred to a physiotherapist specialising in prolapse for guidance on performing these exercises correctly. ([see BBUK leaflet pelvic floor exercises](#))

Vaginal pessary:

A vaginal pessary is a non-surgical device inserted into the vagina to support pelvic organs and relieve symptoms of pelvic organ prolapse or stress incontinence. It can also be used as a temporary measure to manage symptoms during recovery or for those who are not candidates for surgery. Pessaries are made of soft, flexible silicone and come in various shapes and sizes, which are fitted by a healthcare professional based on individual needs.



Surgical treatments

There are many types of surgical treatments dependent on the type of prolapse, your symptoms, age, general health, if you are sexually active, and if you have completed your family. Surgery is very individual, and no two women will have the same surgery even if they have the same prolapse. This is a discussion that you will have with your Gynaecologist.

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Write down all your questions so that you can be a well prepared as possible when you speak to your doctor. It is important to be aware that there is a possibility that prolapse may return after surgery.

Further information

- [Royal College of Obstetrics and Gynaecology – Pelvic organ prolapse](#)
- [International Urogynaecological Association – Leaflets](#)
- [International Urogynaecological Association – Pelvic organ prolapse](#)
- [Pelvic Floor exercise app](#)

Find more information about bladder and bowel health in our information library at www.bbuk.org.uk. You can also contact the [Bladder & Bowel UK confidential helpline \(0161 214 4591\)](#)

For further advice on bladder and bowel problems speak to your GP or other healthcare professional.

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