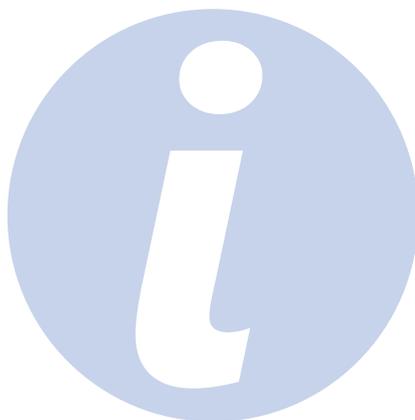


Pelvic organ prolapse



Information for patients

Continence Service



PROUD TO MAKE A DIFFERENCE

SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST



What is a pelvic organ prolapse?

A pelvic organ prolapse occurs when the uterus (womb), vagina, bladder or bowel slips out of place, resulting in a bulge within the vagina. You may be aware of a heaviness or a dragging sensation inside the vagina, and a bulge may even be visible when looking with a mirror. It may also be possible to touch the bulge at the entrance to the vagina.

These pelvic organs are normally held in place by muscles, ligaments and connective tissues. If these tissues are weakened or damaged, a pelvic organ prolapse can occur.

What are the signs and symptoms of a pelvic organ prolapse?

- Sensation of heaviness or pulling in your vagina
- Distinct bulge in your vagina
- Persistent aching in your lower back, groin and also above the pubic bone
- Trouble passing urine or stools, occasionally with intermittent flow
- Incomplete emptying of your bladder
- Urinary leakage with coughing or sneezing
- Urinary or bowel urgency
- Frequently passing urine due to pressure on your bladder
- Frequent urinary tract infections
- Greater than normal amounts of vaginal discharge
- Painful or difficult sexual intercourse

What causes a pelvic organ prolapse?

The pelvic floor and associated supporting ligaments and tissues can be weakened or damaged in many ways, including:

- Pregnancy (especially multiple births)
- Vaginal childbirth (especially large babies, quick deliveries and/or assisted deliveries)
- Obesity
- Chronic constipation (and associated straining)
- Getting older and particularly after the menopause (due to low levels of the sex hormone oestrogen)
- Constant coughing
- Persistent heavy lifting
- Occasionally after gynaecology surgery
- In rare case, fibroids

What are the different types of pelvic organ prolapse?

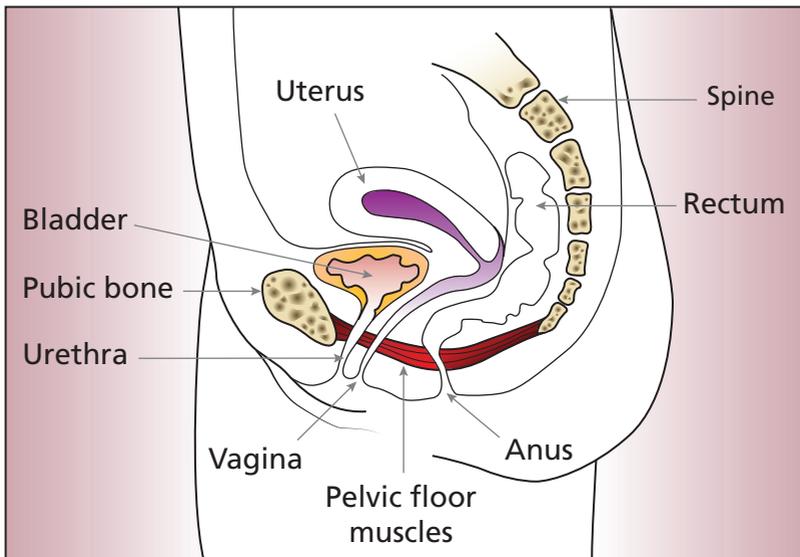
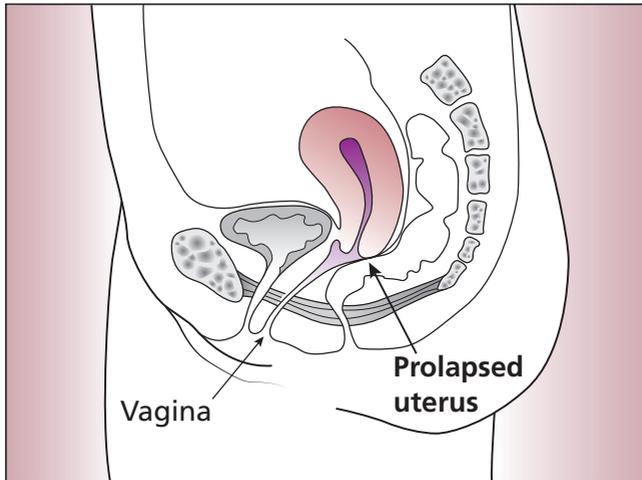
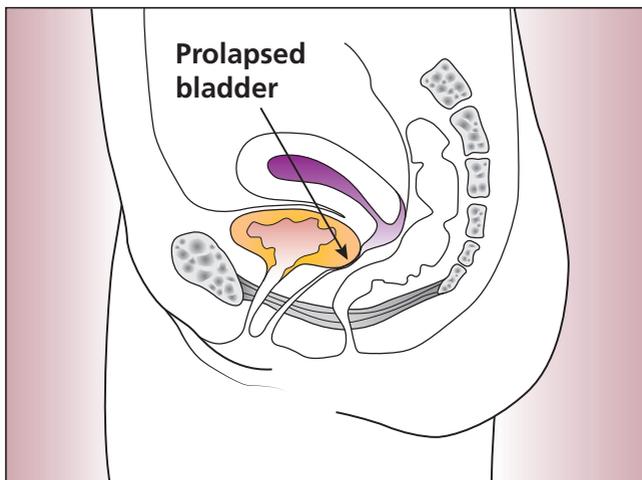


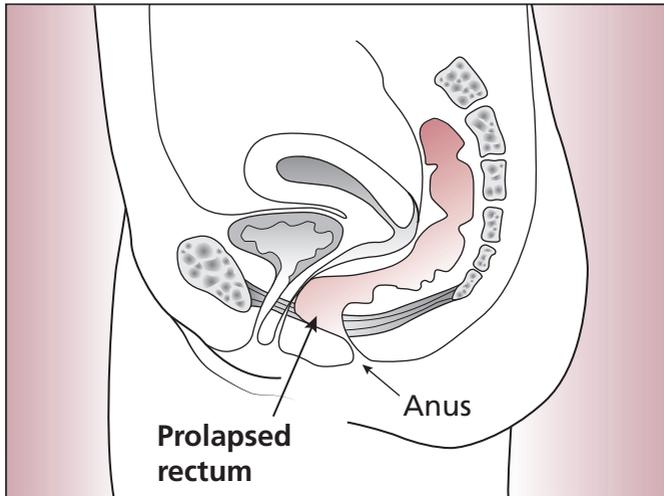
Diagram showing normal positions of pelvic organs



The most common type of prolapse is the uterine (womb) prolapse, where the womb drops down into the vagina. There may be just a small descent, but if severe, it may drop so low that any straining pushes it out of the body.



Another common type of prolapse is called an anterior wall prolapse. This occurs when the bladder pushes onto the front wall of the vagina. This may cause you difficulty in emptying the bladder and some women may experience urinary incontinence.



A posterior wall prolapse occurs when the rectum (back passage) pushes onto the back wall of the vagina. This may cause you some difficulty in emptying your bowels and can cause or aggravate constipation. You may also experience low back pain with this type of prolapse.

It is possible to have more than one type of prolapse at the same time.

Although your symptoms might indicate the type of prolapse you have, your diagnosis can only be made after an internal examination.

What can I do to help?

1. Pelvic floor exercises are extremely important. The pelvic floor muscles support all the internal organs. The stronger the muscles, the greater the support they provide. Strong muscles can help to prevent a prolapse descending further. Your continence nurse or physiotherapist will advise you on the correct technique and on how many, and how often, to perform them.
2. Avoid heavy lifting, such as moving furniture, turning mattresses, digging the garden or carrying heavy shopping bags. If you do need to lift, make sure you bend your hips and knees, keeping your back straight. Try to tighten your pelvic floor muscles.
3. Avoid vigorous sports, such as running, tennis, lifting weights and sit-ups. Suitable alternatives include swimming, walking and low impact exercise classes.
4. Avoid constipation. Repeated straining to open the bowels will push a prolapse further down. Eat a diet with plenty of fruit and vegetables and make sure you have plenty to drink.
5. Watch your weight. Being overweight can lead to increased pressure on the muscles and ligaments which support the pelvic organs.
6. Stop smoking. Smoking causes coughing and persistent coughing puts pressure on the pelvic floor muscles.
7. Avoid standing for too long if your prolapse is causing discomfort. Rest as much as you can (lying down is preferable) or adapt your activities so you are not on your feet for long durations.
8. Sexual Intercourse will not make your prolapse worse, but sometimes difficulty with intercourse is experienced. Applying a lubricant to the area can make intercourse more comfortable. Experiment with different positions to find the most comfortable for you.

Is there anything else that can be done?

For some patients a ring pessary may be appropriate. This is a device that fits into your vagina to help support a prolapse.

If you are post-menopausal, topical oestrogen medication may be useful; however this is not suitable for everybody.

If you are pre-menopausal and perimenopausal, you may find that your prolapse fluctuates with your monthly cycle. Many women notice their symptoms being worse two days before their period and through their period. When you are aware of these possible fluctuations you can try to manage your prolapse more effectively at this time, by managing your activities of daily living.

Surgery can be performed to correct a prolapse, however there are risks. Please ask your nurse specialist or physiotherapist to discuss this with you if required.

Where can I find further information?

The following organisations have lots of useful information and advice:

The Bladder and Bowel Foundation

www.bladderandbowelfoundation.org

Pelvic Obstetric and Gynaecological Physiotherapy

<http://pogp.csp.org.uk/publications>

NHS Choices

www.nhs.uk



**Sheffield
Hospitals
Charity**

To help support your local hospitals visit
sheffieldhospitalscharity.org.uk

Registered Charity No. 1165762



Yes I donate
ORGAN DONATION

**Alternative formats can be available on request.
Please email: sth.alternativeformats@nhs.net**

© Sheffield Teaching Hospitals NHS Foundation Trust 2021

Re-use of all or any part of this document is governed by copyright and the "Re-use of Public Sector Information Regulations 2005"
SI 2005 No. 1515. Information on re-use can be obtained from the Information Governance Department, Sheffield Teaching Hospitals.
Email sth.infogov@nhs.net