



WHAT IS A VAGINAL (OR PELVIC ORGAN) PROLAPSE?

Your pelvic organs are your bladder, uterus (womb), large bowel and rectum (back passage). These organs are held in place by support tissues called 'fascia' and 'ligaments'. These support tissues help to join your pelvic organs to the bony side walls of the pelvis. They hold the organs up inside your pelvis. These support tissues can be torn or stretched. Your pelvic floor muscles support your pelvic organs from below. If your pelvic floor muscles are also weak, they may not give your pelvic organs proper support. Without strong support, pelvic organs may bulge down into the vagina (birth canal). This is called a prolapse.

WHAT ARE THE SIGNS OF PROLAPSE?

There are a few signs that you may have a prolapse. These depend on the type of prolapse and how much pelvic organ support has been lost. Early on, you may not know you have a prolapse. Your doctor or nurse might see your prolapse when you have your routine Pap test.

When a prolapse sags down, you may notice things such as:

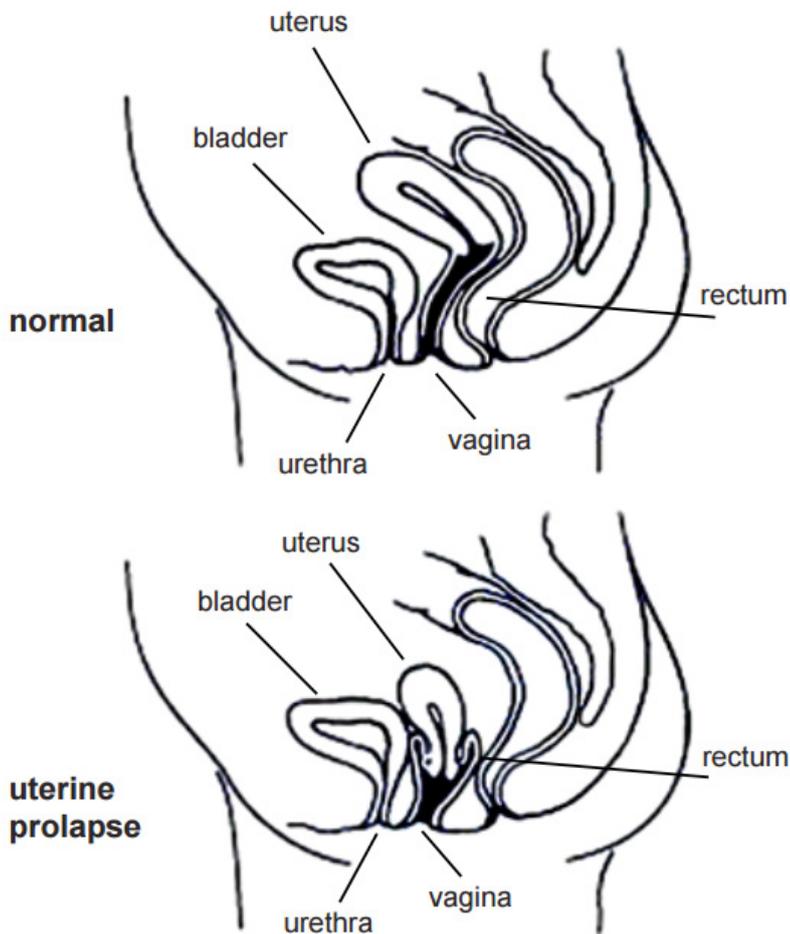
- a heavy feeling or dragging in the vagina
- something 'coming down' or a lump in the vagina
- a lump bulging out of your vagina. You see or feel it when you are in the shower or bath
- sexual problems such as pain or less feeling
- your bladder might not empty as it should
- your urine stream might be weak
- urinary tract infections might keep coming back
- it might be hard for you to empty your bowel.

These signs may be worse at the end of the day and you may feel better after lying down. If the prolapse bulges right outside your body, you may feel sore and bleed as it rubs on your underwear.

WHAT CAUSES PROLAPSE?

The pelvic organs are held up inside the pelvis by strong healthy support tissues. The pelvic floor muscles also provide support from below providing a firm muscle sling. Working together they keep the bladder, uterus and bowel in place within the pelvis. Prolapse can happen if the support tissues or the pelvic floor muscles are damaged or weak.

Childbirth is the main cause of prolapse. The baby can stretch or tear the support tissues on its way down the birth canal. The baby can also stretch and tear the pelvic floor muscles at birth. The more vaginal births you have, the more likely you are to have a prolapse.



The diagrams have been reprinted with kind permission from Women's Health Queensland Wide's Genital Prolapse factsheet. www.womhealth.org.au

There are other things that press down onto the pelvic organs and the pelvic floor muscles that can lead to prolapse including:

- having a cough that goes on for a long time such as with asthma, bronchitis or a chronic cough
- heavy lifting
- constipation with straining to empty the bowel
- being overweight.

TYPES OF PROLAPSE

Pelvic organs may bulge into the vagina:

- through the front wall of the vagina which is called a cystocele
- through the back wall of the vagina which is called a rectocele
- from the top of the vagina which is called an enterocele
- the uterus may drop down into the vagina (uterine prolapse)
- more than one organ may bulge into the vagina.

WHO IS LIKELY TO HAVE A PROLAPSE?

Prolapse is common and tends to run in families. It is more likely after menopause. Being overweight puts extra load on the pelvic organ supports.

Prolapse can happen in young women right after having a baby. Half of all women who have had a child have some level of pelvic organ prolapse. But across the lifespan only one in five women have symptoms that cause them to seek help.

Prolapse can also happen in women who have not had a baby if they cough, strain on the toilet, or lift heavy loads. Even after surgery to mend prolapse, one in three women will prolapse again.

Prolapse can also happen in women who have had their womb removed (this is called a hysterectomy). In a case like this, the top of the vagina (the vault) can prolapse.

WHAT CAN BE DONE TO HELP PREVENT PROLAPSE?

It is much better to prevent prolapse than try to fix it. You are more at risk if any women in your close family have had a prolapse.

Prolapse is due to weak pelvic tissues and pelvic floor muscles. You need to keep your pelvic floor muscles strong no matter what your age.

Pelvic floor muscles can be made stronger with proper training. See the brochure 'Pelvic Floor Muscle Training for Women'. It is important to have your pelvic floor muscles checked by an expert. This might be a continence physiotherapist or a continence nurse advisor. These experts can help plan a pelvic floor muscle training program just for you. This can prevent prolapse. Pelvic floor muscle training can also help if you already have a prolapse.

WHAT CAN BE DONE TO TREAT PROLAPSE ONCE IT HAS HAPPENED?

Prolapse can be dealt with simply or with surgery. This depends on the level of prolapse.

The simple approach

Prolapse can often be treated without surgery, mainly in the early stages when the prolapse is mild. The simple approach can involve:

- pelvic floor muscle training planned to your special needs. You can get advice from a continence physiotherapist or continence nurse advisor
- learning the possible causes of your prolapse and making needed lifestyle changes
- keeping good bladder and bowel habits to avoid straining. See the brochure 'Good Bladder Habits for Everyone'
- having a pessary measured and placed into the vagina. A pessary is a silicone device which is fitted into your vagina. A pessary gives inside support for your pelvic organs. They can be used instead of surgery for some women.

The surgery approach

Surgery can be done to repair torn or stretched support tissues and ligaments. There are different ways to do this surgery including:

- abdominal approach
- vaginal approach
- laparoscopic (keyhole)
- robotic.

The surgery makes the vaginal wall stronger and helps the tissues support the pelvic organs. Talk to your surgeon about what is the best surgery option for you.

After surgery

To prevent the prolapse coming back again, make sure you:

- seek expert advice to make sure your pelvic floor muscles are working to support your pelvic organs
- don't strain when using your bowels. See the brochure 'Good Bladder Habits for Everyone'
- keep your weight within the right range for your height and age
- learn safe ways of lifting and always share the lifting of heavy loads
- see your doctor if you have a cough that won't go away.

SEEK HELP

You are not alone. Poor bladder and bowel control can be cured or better managed with the right treatment. If you do nothing, it might get worse.

Phone expert advisors on the National Continence Helpline for free:

- advice
- resources
- information about local services.

1800 33 00 66* (8am–8pm Monday to Friday AEST)

To arrange for an interpreter through the Translating and Interpreting Service (TIS National), phone 13 14 50 Monday to Friday and ask for the National Continence Helpline. Information in other languages is also available from continence.org.au/other-languages

For more information: continence.org.au, pelvicfloorfirst.org.au, bladderbowel.gov.au

* Calls from mobiles are charged at applicable rates.

