



DynamicHealth



Pelvic Organ Prolapse



Cambridgeshire Community Services NHS Trust: delivering excellence in musculo-skeletal services and pelvic health physiotherapy across Cambridgeshire and Peterborough

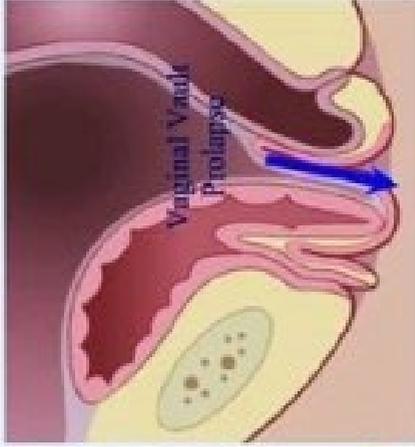
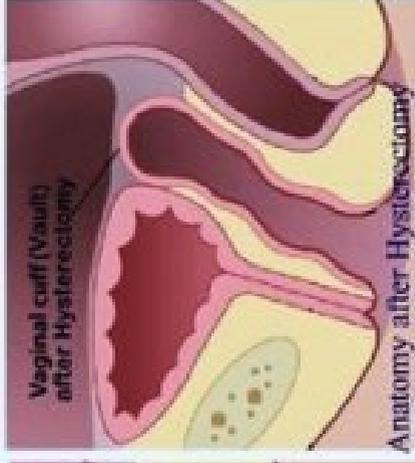
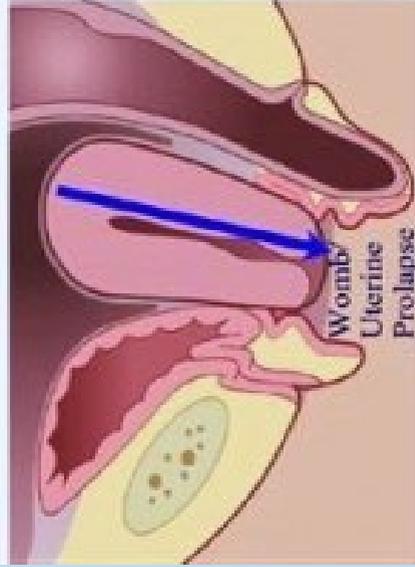
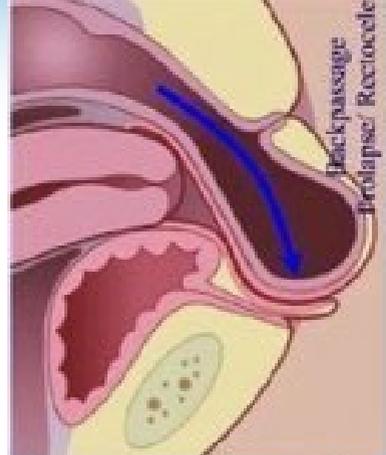
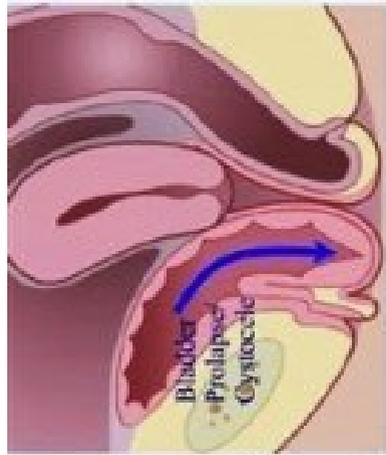
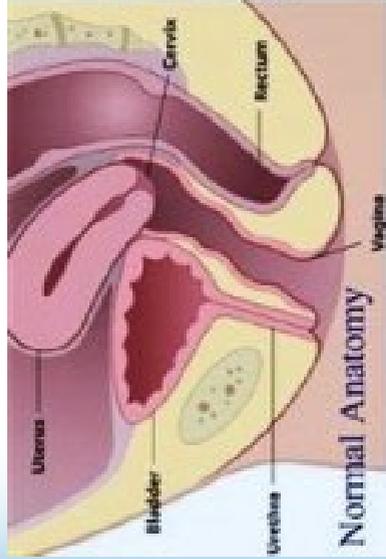
What is Pelvic Organ Prolapse?

The pelvic organs –bladder, vagina, uterus and rectum- are normally held in place by ligaments and muscles (commonly known as the pelvic floor). If these supportive structures stretch, the pelvic organs can bulge (prolapse) from their usual position into or even outside of the vagina.

- Prolapse is very common affecting about 40% of women who have had children.
- Symptoms of a prolapse include a feeling of vaginal heaviness or something 'coming down'.
- A bulge may be seen or felt inside or outside the vagina.
- A prolapse may also cause some bladder and bowel symptoms or impact onto sexual activity however these may be unrelated to the prolapse.
- It is possible to have a prolapse and not experience any symptoms from it.
- A prolapse can vary day to day, week to week and may depend on what activities you have been doing.

There are different types of prolapse and it is possible to have more than one type:

- **Front wall prolapse** - The wall supporting the bladder bulges into the vagina.
- **Back wall prolapse** - The wall supporting the rectum bulges into the vagina.
- **Uterine prolapse**- The uterus moved downwards into the vagina.
- **Vaginal vault prolapse**- After a hysterectomy, the top of the vagina (the vault) bulges downwards.



Prolapse symptoms

- Prolapse symptoms can vary greatly and you may not even be aware that you have a prolapse.
- You may feel a lump coming down in your vagina, or a heavy, dragging sensation.'
- You may be able to see or feel a lump or a bulge. This may be inside your vagina but may come outside of your vagina.
- Symptoms can often be worse if you have been standing or on your feet for a long time or at the end of the day.
- If the **front wall** is 'lax' you may experience the need to pass urine more frequency, it may be more difficult to pass urine or feel that you can't empty your bladder fully. Some women experience frequent urinary infections and some find they may leak with activity.
- If the **back wall** is 'lax' you may struggle to empty your bowel fully. You may feel the need to support around the back passage with your fingers to help pass stools. Some women experience wind leakage or staining/ smearing around the back passage.
- Prolapse can cause back, abdominal or vaginal discomfort but this is not normally the main symptom.
- Prolapse can cause a feeling that intercourse is 'blocked' due to something in the vaginal or can be uncomfortable. Women may worry that having sex can be harmful to the prolapse but this is not the case. Using a suitable lubricant can be very helpful and trying different positions for comfort.

Management options

If you have a prolapse the following may be options for you:

- **Do nothing and monitor your symptoms**—a prolapse is not dangerous or life threatening, it may not get worse.
- **Adopt good bladder and bowel habits**

Bladder:

- ⇒ Take your time when going to the toilet
- ⇒ Don't strain to 'push' the wee out
- ⇒ Try rocking forwards/ backwards at the end of emptying your bladder to make sure it drains fully.
- ⇒ Don't go to the toilet 'just in case', wait until you feel the need to go
- ⇒ Drink adequate fluids –recommendation is 1.5-2 litres per day
- ⇒ Sit fully on the toilet rather than 'hovering'

Bowel

- ⇒ Try placing your knees part and have your feet on a small stool
- ⇒ Keep your tummy and breathing relaxed
- ⇒ Supporting the area between the front and back passage or vaginally on the bulging wall can assist opening your bowel
- ⇒ A slight bearing down rather than a big strain can be a better way of emptying your bowel

- **Lifestyle changes**

- ⇒ Maintain a healthy **weight**
- ⇒ Avoid **constipation** – eat and drink adequate fibre and fluids
- ⇒ Try and limit the weight and frequency of **lifting**. Contract your pelvic floor muscles when you have to lift. Breathing out as you lift can help reduced the pressure within your abdomen
- ⇒ Manage a **chronic cough** –take appropriate medication or if you smoke consider stopping/ reducing.

- **Activity / exercise**

If your symptoms feel worse with certain activities or exercise, consider lower impact activities and shorter bursts of activity. Check you can breathe easily throughout activity or exercise and that you are not holding your breath.

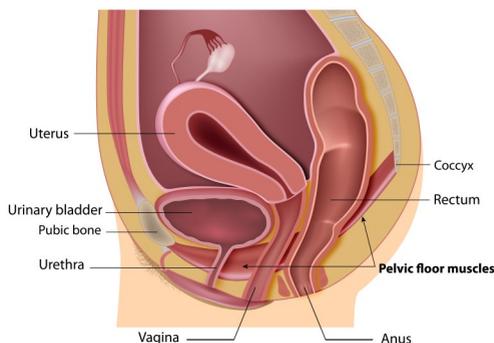
- **Pelvic floor exercises**

The pelvic floor muscles form a hammock underneath your pelvis to provide support to your pelvic organs. These muscles are affected by hormonal changes and may be damaged as a result of childbirth, pelvic surgery, persistent heavy straining due to constipation, a chronic cough, repetitive heavy lifting and from being over weight.

Improving the strength and function of the pelvic floor muscles by regular exercises can provide better support for the pelvic organs and make the symptoms from a prolapse less bothersome.

A pelvic floor contraction is performed by closing and drawing up your front and back passages. Imagine you are trying to stop yourself passing wind and at the same time trying to stop your flow of urine. It should feel a sensation of 'tighten and lift'.

You can do this in all positions – lying, sitting and standing. However if your prolapse feels particularly low you can do the exercises in lying with your prolapse pushed back up to start with, progressing to sitting then standing over time.



Short contractions

Contract your pelvic floor muscles quickly then immediately relax them. Allow them to fully relax before repeating this up to a maximum of 10 times.

Long contractions

Contract your pelvic floor muscles; maintain the contraction whilst you continue to breathe in and out. Do not hold for more than 10 seconds. Allow them to fully relax before repeating this up to a maximum of 10 times.

- ⇒ Aim to do these exercises 3 times a day.
- ⇒ Do not tighten your buttocks, hold your breath, or squeeze your legs together.
- ⇒ Start with a small amount and gradually build up as you feel able.
- ⇒ The exercises should not make you feel uncomfortable, cause you to leak or be more aware of your prolapse.

- ⇒ It can take about 4-6 months to improve the function of your pelvic floor muscles. You will need to always do some amount of exercises to maintain their function.
- ⇒ Gently contract your pelvic floor muscle during any activity that increases the pressure in your abdomen, for example, cough, sneezing and lifting.

- **Vaginal pessary**

This is a plastic or silicone device that is inserted into your vagina to add support to the walls. There are various designs and it can be trial and error to find the right fit for you. If well fitted the pessary should reduce the feeling of a bulge and you should not feel it in your vagina. It is usual for a pessary to be replaced every 3-6 months.

- **Vaginal oestrogen**

A course of vaginal oestrogen in the form of a tablet or cream inserted into your vagina can help alleviate vaginal soreness and dryness. It can also help with symptoms of urinary urgency. It can be helpful to improve the health of the vaginal tissues before a pessary is fitted.

- **Surgery**

There are a variety of operations available for prolapses. These can be discussed with a urogynaecology consultant surgeon alongside the risks and benefits of each type of surgery. Depending on the type of surgery it may be done abdominally or vaginally.

- ⇒ Post-surgery every woman is different in her speed of recovery.
- ⇒ It is normal to feel tired for several weeks, rest when you need to.
- ⇒ You can start gentle pelvic floor exercises as soon as you are comfortable to do so. This can help with the healing process as it improves blood flow to the area.
- ⇒ For the first 2 weeks avoid lifting anything heavier than a kettle of water.
- ⇒ Bin bags, toddlers, shopping and laundry should not be lifted for at least 6 weeks. Then remember to gently activate your pelvic floor muscles during a lift.
- ⇒ Increase your walking as you feel able, aiming to be walking 1.5 hours per day by week 6 of your operation
- ⇒ Swimming may be restarted after about the 5th week, when any bleeding has stopped but build up slowly.
- ⇒ More strenuous sports should not be re-started until after your check up in clinic.

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