Patient Information

Gynaecology

Pelvic Organ Prolapse

What is pelvic organ prolapse?

Pelvic organ prolapse is the bulging of the female pelvic organs (womb, bladder or bowel) into the vagina. Prolapse is caused by weakening of the tissues and pelvic floor that support these organs. Sometimes prolapse can be large enough to protrude outside the vagina.

Why does prolapse happen?

Pregnancy and childbirth are considered to be the most common causes of pelvic organ prolapse, particularly if your baby was large and you had an assisted birth or your labour was prolonged.

Prolapse is also common after menopause.

Obesity, chronic cough, chronic constipation, heavy lifting, connective tissue disorders (e.g. Marfan syndrome or Ehlers-Danlos syndrome) and previous surgery for prolapse (e.g. hysterectomy) can contribute to pelvic organ prolapse.

What are the symptoms of prolapse?

Symptoms depend on the extent of the prolapse and may include:

- You may not have any symptoms at all.
- The commonly encountered symptoms are feeling of a lump coming down or out of the vagina which may need to be pushed back to enable emptying of the bladder or bowel.
- A feeling of pressure in the vagina or dragging sensation.
- A feeling of looseness or discomfort during sexual intercourse.
- Difficulty in passing urine or strong and sudden desire of passing

urine.
- You may experience some leakage of urine on coughing or sneezing or on heavy lifting.
- Recurrent urine infections.

Types of prolapse

There are different types of prolapse depending on which organ is bulging into the vagina.

- Cystocele (anterior wall prolapse): Bladder bulges into the weakened front wall of the vagina.
- Rectocele (posterior wall prolapse): Bowel or Rectum bulges into the weakened back wall of the vagina.
- Uterine prolapse: Uterus and cervix come down into the vagina due to lack of supporting tissues.
- Vault prolapse: top of the vagina comes down in women who have had a hysterectomy previously due to lack of supporting tissues.

Treatment options

A prolapse can affect your quality of life, however if it is not interfering with your normal daily activities treatment may not be necessary.

Conservative management

Conservative management may ease your symptoms and prevent further worsening of prolapse. These include: weight loss, smoking cessation, avoiding heavy lifting and avoiding constipation. Pelvic floor exercises can also be helpful at reducing the dragging, heavy sensation caused by prolapse, although it will not reduce the size of the prolapse.

Vaginal pessaries

A vaginal pessary is a device made out of rubber or silicone that is inserted into the vagina to support the prolapse.

A doctor or specialist nurse will fit the pessary. There are a selection of types and sizes of pessary available and it may sometimes take a few attempts to find a comfortable fitting pessary. After having a pessary fitted, you should walk around to make sure it feels comfortable and check that you can pass urine normally. If the pessary falls out or is uncomfortable, a different type or size of pessary can be fitted during the same appointment.

Pessaries are checked and replaced every 3-6 months. During this appointment, you will be examined to ensure the vaginal tissues are healthy. An oestrogen cream may be prescribed once the pessary is fitted to keep the skin of the vagina healthy.

Vaginal pessaries are generally safe to use with few side effects. However, you may notice an increase in vaginal discharge that is usually white/cream/yellow in colour. Any blood stained or offensive smelling discharge should be reported to your GP or specialist nurse. Occasionally, pessaries can rub the skin of the vagina causing ulceration, which is why they need to be checked regularly.

Very rarely, if left for too long or forgotten, pessaries may be very difficult to remove if the vaginal skin has grown over the edges of the pessary. This may sometimes require a removal under anaesthetic and rarely cause a connection between the vagina and bladder or vagina and rectum.

It is possible to have sexual intercourse with some types of pessary, although you and your partner may be aware of it.

Surgery

Prolapse surgery usually improves or cures the symptom of ‘something coming down’ or a lump in the vagina in approximately 80 – 90% of women. The operation you will need depends on the type of prolapse you have:

- Anterior repair for cystocele (Repair of the front wall of the vagina): Anterior vaginal wall repair or cystocele repair is done to support the

weakened front vaginal wall so the bladder is supported back in position. This is carried out using your own tissue without the use of mesh.

- Posterior repair for rectocele (Repair of the back wall of the vagina): Posterior vaginal wall repair or rectocele repair is done to support the weakened back vaginal wall so the bowel is supported back in position. This is carried out using your own tissue without the use of mesh.
- Perineorrhaphy- This involved repairing the weakened muscles of the perineum (the area between the vaginal and back passage opening), using absorbable stitches.
- Vaginal hysterectomy: Vaginal hysterectomy is the removal of your womb through vaginal route to treat the prolapse of uterus or the womb. This operation can be combined with anterior or posterior wall repair depending on the extent of the prolapse.
- Vaginal Sacrospinous fixation (attach the top of the vagina or the cervix to a pelvic ligament named sacrospinous ligament with a stitch) for vault (top of vagina) prolapse.
- Colpocleisis : Colpocleisis is an operation which closes the vagina partly or completely.
- Laparoscopic (key-hole) sacrohysteropexy for uterine prolapse (supporting the womb with a strip of plastic mesh inserted through key-hole approach from the tummy).
- Laparoscopic (key-hole) sacrocolpopexy (supporting the top of the vagina with a strip of plastic mesh inserted through key-hole approach from the tummy) for vault (top of vagina) prolapse.

All operations have risks and benefits and your specialist will talk to you about these in more detail. **None of the operations listed above involve the use of vaginally inserted mesh.**

Patient Information

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