

# Pelvic Organ Prolapse

## A PATIENT'S GUIDE



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**Pelvic organ prolapse occurs when pelvic structures, such as the bladder, uterus or rectum, bulge or protrude into the vaginal wall. This often results in the sensation of vaginal pressure or bulge. Patients may describe it as feeling like they are sitting on a soft egg or ball or as if something is hanging from the vagina.**

### TALKING ABOUT PROLAPSE

An estimated 34 million women worldwide are affected by prolapse. Yet, studies show that women are embarrassed to discuss it with each other – or even with their doctors.

As a result, the silence that persists on this topic leaves most women unaware that they do not have to live with this condition. Rest assured, there is help.

Statistics confirm how common prolapse is: 1 out of 2 women over the age of 45 suffers from this health issue.

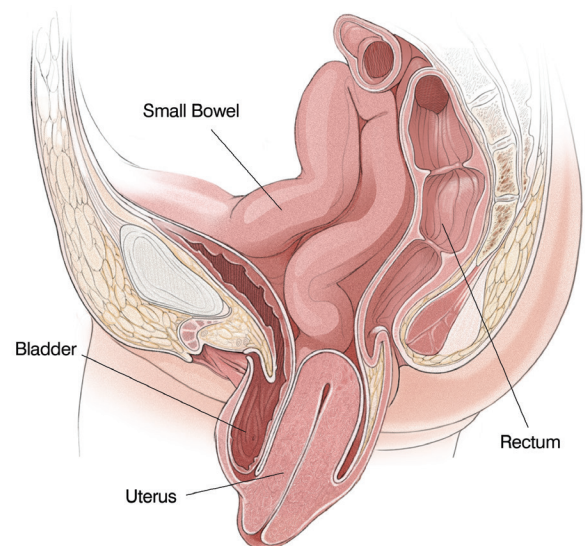
### HOW DO I KNOW IF I HAVE PELVIC ORGAN PROLAPSE?

There are many symptoms that can indicate pelvic prolapse.

- A bulge or lump in the vagina
- The vagina protruding from the body
- Difficult or uncomfortable sexual intercourse
- Vaginal discomfort, pressure, irritation, bleeding or spotting
- Frequent need to urinate
- A feeling that the bladder is not emptying completely
- Delayed or slow urinary stream

If you have any of these, it is important to talk to your doctor, who can determine whether your symptoms are due to prolapse or another condition. Frequently, pelvic prolapse is concurrent with overactive bladder, incontinence or sexual dysfunction.

### Pelvic Organ Prolapse



## WHAT CAUSES PELVIC ORGAN PROLAPSE?

Prolapse is caused by muscles and ligaments that have been weakened or damaged. The most common causes of prolapse include:

- **Age:** As the body ages, the pelvic muscles and ligaments can weaken, increasing the risk of vaginal prolapse.
- **Childbirth and Pregnancy:** The stresses and strains of childbirth (especially multiple, difficult childbirths or large babies) can often weaken or damage pelvic muscles and ligaments.
- **Hysterectomy:** Important supportive ligaments may be removed during a hysterectomy, which can result in an increased risk of prolapse afterwards (called vaginal vault prolapse).
- **Menopause:** Estrogen changes may play a role as the muscles and ligaments may become weaker after menopause.
- **Obesity:** Added body weight can strain muscles in the pelvic area, and over time, this can weaken muscles, which can lead to vaginal prolapse.
- **Previous Surgery:** Surgeries, especially in the pelvic area, may affect muscles and other supportive tissue.
- **Straining:** Women who experience repetitive straining, for example, due to chronic constipation, chronic cough, or who have jobs that involve heavy lifting.
- **Ethnicity:** Studies suggest that vaginal prolapse occurs more often in women of Northern European descent and less frequently in women of African-American descent. Hispanic and Asian women may have an increased risk of developing cystocele, which is the prolapse of the bladder.
- **Genetics:** Vaginal prolapse may run in families – a woman with a mother or sister who had a prolapse may be more likely to develop prolapse.

## TREATMENT OPTIONS FOR PROLAPSE

Treatment may vary depending on the type of prolapse and your symptoms. Treatment will also be chosen based on the severity of the condition, as well as your general health, age, and desire to have children.

### Non-Surgical Conservative Management:

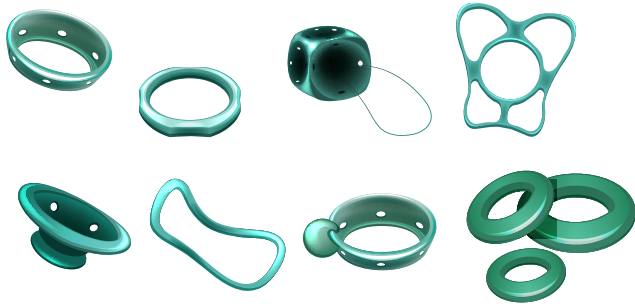
**Pelvic Floor Physical Therapy:** Pelvic floor exercises called Kegel exercises can help strengthen the pelvic floor muscles. In mild cases of uterine prolapse, these exercises may be the only treatment needed. To be effective, Kegel exercises must be done daily. These exercises are often used to treat mild cases of prolapse or in conjunction with other prolapse treatments.

**Bowel Regimen:** A bowel regimen may be recommended to help you have a bowel movement without needing to strain as this can cause prolapse. This generally involves fiber and good hydration. Medications may also be needed.

**Hormone Replacement:** Topical estrogen may help restore the integrity of the tissues.

**Vaginal Pessary:** A pessary is a vaginal support device made from medical-grade silicone that supports the prolapsed organ. A pessary is a safe, minimally invasive option for treating prolapse.

Pessaries come in different shapes and sizes. Your provider or one of our pessary placement specialists will fit you for the correct pessary and teach you how to care for and maintain it, including how to remove, clean, and reinsert it. Our goal is to ensure that your pessary relieves your symptoms and restores your sense of well-being.



### Custom-Fit Pessaries

Our pessary placement specialists will work with you personally to ensure that you are custom fit with the appropriate pessary that is most comfortable for you.

A follow-up office visit will be scheduled after your initial fitting. You will be asked if you had any side effects, such as discomfort, expulsion, persistent bulge or pressure symptoms, persistent or new incontinence, difficulty with urination, bowel movements, vaginal bleeding or discharge.

At the follow-up visit, the pessary is removed and cleaned with soap and water. The vagina is examined for erosions. If the pessary fits well and there were no side effects, your provider can teach you how to remove, clean, and reinsert the pessary.

If you cannot or choose not to remove and reinsert your pessary, you can return to our clinic for routine pessary cleaning and assessment.

We offer most women estrogen cream to treat co-existing vaginal atrophy and dryness. This is generally applied 2 to 3 times per week.

In some women, the width of the vaginal opening may decrease in size after several weeks of pessary use. For these women, a new smaller size pessary will be prescribed to allow for easier removal and insertion.

### SURGICAL TREATMENTS FOR PROLAPSE

Minimally invasive surgery to correct pelvic organ prolapse can offer relief from the discomfort and pain associated with this condition. There are several procedures performed to correct pelvic organ prolapse for patients who fail or decline pessary management including:

- **Vaginal vault suspension** – This surgery is performed to treat vaginal vault prolapse. The vagina is attached to strong tissue in the pelvis or the sacral bone located at the base of the spine to provide the necessary support.
- **Cystocele and rectocele repair** – Through an incision in the vaginal wall, prolapsed organs are re-positioned into the proper place and secured, closing the vaginal wall to keep the organs in their normal position.
- **Sacral colpopexy** – Through small abdominal incisions, mesh is inserted and used to hold the pelvic organs in their correct, natural position. This minimally invasive surgery can be performed robotically, laparoscopically, or through the vagina instead of the abdomen. Sacral colpopexy for total vaginal prolapse is sometimes performed after a hysterectomy to hold the pelvic organs in place and provide support for the vagina.

Other surgical options may include hysterectomy, sacral hysteropexy (uterine lift), and if a candidate, colpocleisis (vaginal shortening).

*One in four women over the age of 18 reports suffering from a pelvic floor disorder, including pelvic organ prolapse. Despite this statistic, many women never talk to a doctor about the problem. Some women are embarrassed or believe it's just a normal part of aging.<sup>1</sup>*

<sup>1</sup><https://www.yalemedicine.org>