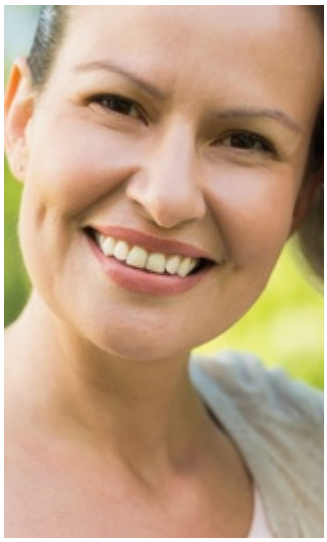
Pelvic organ prolapse

By Dr David Moore, 21 August 2013

What is prolapse?



Pelvic organ prolapse, or simply prolapse, is a condition unique to women. It occurs when the tissues that support and hold the pelvic organs (the uterus, bowel, and bladder) in their normal positions become damaged and weakened.(1) As a result, one or more of these organs prolapse (or drop) into the vagina. Sometimes, doctors give prolapse a more specific name, depending on which organ is prolapsing, or which vaginal wall or compartment is protruding (anterior, posterior, or uterine/apical compartments).

How common is prolapse?

Precise rates of prolapse are not known because many women with symptoms do not seek medical attention. However, prolapse probably affects around 40% of all women, and at least one in ten women will undergo surgery for prolapse at some time in their lives, making it a very common condition.(2)

What causes prolapse?

The supporting tissues may have an inherited weakness or, more usually, become torn, stretched, and/or weakene
Pregnancy and childbirth are the most important factors, and prolapse may affect up to one third of all women who hav
may also become weakened in association with obesity, longstanding constipation or coughing, straining and heavy
especially the reduction of oestrogen after menopause, leads to further weakening.

What are the symptoms of prolapse?

Not all women have symptoms. When present, symptoms vary from minimal to quite distressing, and depend upon w
Symptoms are often worse after exercise, prolonged standing, or at the end of the day, and may include:

- Sensation of a lump or bulge in the vagina, perhaps even protruding from the vagina
- A pressure or dragging sensation in the lower pelvic area or lower back

- Discomfort with sexual intercourse
- Urinary and bowel problems: repeated bladder infections, difficulty emptying your bladder or bowel, bladder leakag incontinence). Some women may need to press on the bulge in the vagina with a finger in order to empty their bladd
- Bleeding may occur due to irritation and trauma to the prolapsed tissue from clothing
- Unfortunately, embarrassment and loss of self-esteem are also common symptoms

How is prolapse diagnosed?

Prolapse is diagnosed during pelvic examination by your doctor. Small degrees of prolapse may be noticed at the tim prolapse by a gynaecologist may include examining the bulge of the vaginal walls in different positions, and you may determination of the maximum extent of the prolapse.

Can prolapse be prevented?

The chance of getting prolapse can be reduced by:

- Losing weight if you are overweight
- Avoiding constipation by dietary changes or medications
- Avoiding heavy lifting or straining
- Ceasing cigarette smoking

How is prolapse treated?

Treatment of prolapse is generally only indicated for women with bothersome symptoms. In such cases, treatment optior or a combination of these. The choice of treatment will depend upon the extent of your prolapse, the severity of your sy treatment methods.

Pelvic floor rehabilitation exercises (also called Kegel exercises) may be recommended by your doctor. These aim to stre may reduce the severity of your prolapse, even to the point of eliminating your symptoms. They may also reduce the rat and may reduce the risk of prolapse symptoms returning after corrective surgery. Although instructive aids can easily be gynaecologists (including Dr Moore) would suggest that best results are seen when these exercises are taught and m special training in womens pelvic floor rehabilitation. Dr Moore hasestablished professional relationships with, and can excel in this area.

Vaginal pessaries are small devices (often made of silicone) that are inserted inside a womans vagina to support the v They come in different shapes and sizes, and are fitted largelyby trial and error. Pessaries are useful alternatives for wom unfit for surgery due to other medical conditions. They can also be used for women who are planning further pregnan cause prolapse symptoms to return. Finally, pessaries are useful for women who need to delay their surgery, to cont pessaries need to be removed and cleaned regularly, and some types require removal before sexual intercourse.(4)

Surgery aims to reconstruct the pelvic floor by resuspending and strengthening the walls of the vagina, returning the particular surgical procedure undertaken depends on the type of prolapse and whether the woman has had previous p procedure also depends on the presence of faecal or urinaryincontinence, and a womans preference after discu hysterectomy (removal of the uterus) is not a prolapse procedure; while it may be performed at the same time as a necessary in all cases, and the need for hysterectomy will be discussed in each womans case. As many women with pro incontinence, a surgical procedure to treat incontinence may be combined with a prolapse repair.(5) Dr Moore will fully surgical treatment, including the risks and benefits in your particular case.

References

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About Dr David Moore

David is a Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, a Queensland. He is highlyskilled in the management of complex and high-risk pregnancies, and has specia endometriosis, pelvic floor and incontinence surgery. David has completed a Master of Reproductive Medi management of fertility problems, and can offer the full range of assisted reproductive treatments. He is a Queensland Medical School, and has published both medical journal and textbook contributions.

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