



[Dr David Moore](#) » [Gynaecology](#) » [Pelvic organ prolapse](#)



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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)

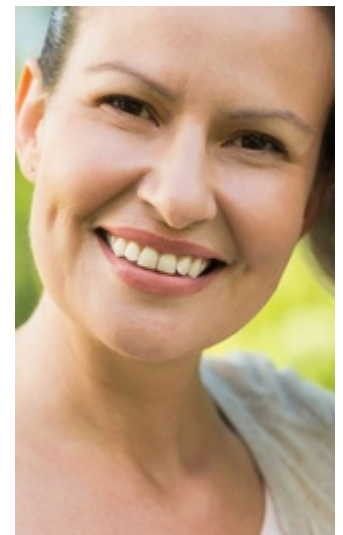
What causes prolapse?

The supporting tissues may have an inherited weakness or, more usually, become torn, stretched, and/or weakened. Pregnancy and childbirth are the most important factors, and prolapse may affect up to one third of all women who have had a pregnancy. They may also become weakened in association with obesity, longstanding constipation or coughing, straining and heavy lifting. 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 weight. 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 leakage ([incontinence](#)). Some women may need to press on the bulge in the vagina with a finger in order to empty their bladder
- 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 time of a pelvic exam. A gynaecologist may include examining the bulge of the vaginal walls in different positions, and you may be asked to perform a Valsalva maneuver to determine 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 options include pelvic floor rehabilitation exercises, pessaries, or a combination of these. The choice of treatment will depend upon the extent of your prolapse, the severity of your symptoms, and your preferences for treatment methods.

Pelvic floor rehabilitation exercises (also called Kegel exercises) may be recommended by your doctor. These aim to strengthen the pelvic floor muscles and may reduce the severity of your prolapse, even to the point of eliminating your symptoms. They may also reduce the risk of prolapse symptoms returning after corrective surgery. Although instructive aids can be used, gynaecologists (including Dr Moore) would suggest that best results are seen when these exercises are taught and monitored by a specialist in women's pelvic floor rehabilitation. Dr Moore has established professional relationships with, and can excel in this area.

Vaginal pessaries are small devices (often made of silicone) that are inserted inside a woman's vagina to support the vaginal walls. They come in different shapes and sizes, and are fitted largely by trial and error. Pessaries are useful alternatives for women who are unfit for surgery due to other medical conditions. They can also be used for women who are planning further pregnancy and want to prevent prolapse symptoms from returning. Finally, pessaries are useful for women who need to delay their surgery, as they can 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 pelvic floor to its normal position. The particular surgical procedure undertaken depends on the type of prolapse and whether the woman has had previous pelvic surgery. The choice of procedure also depends on the presence of faecal or urinary [incontinence](#), and a woman's preference after discussion with her doctor. Hysterectomy (removal of the uterus) is not a prolapse procedure; while it may be performed at the same time as a prolapse repair, it is not necessary in all cases, and the need for hysterectomy will be discussed in each woman's case. As many women with prolapse also have [incontinence](#), a surgical procedure to treat [incontinence](#) may be combined with a prolapse repair.(5) Dr Moore will fully discuss the options for 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 highly skilled in the management of complex and high-risk pregnancies, and has specialised in the management of endometriosis, pelvic floor and incontinence surgery. David has completed a Master of Reproductive Medicine and is a specialist in the management of fertility problems, and can offer the full range of assisted reproductive treatments. He is a Lecturer at the Queensland Medical School, and has published both medical journal and textbook contributions.

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