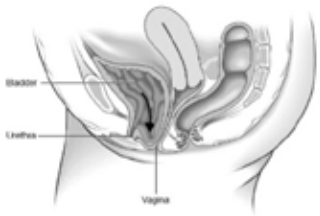
Northern Health and Social Care Trust

Pelvic Organ Prolapse

Our bladder, bowel and uterus (womb) are supported in our pelvis by ligaments and the pelvic floor muscles. If the ligaments and/or pelvic floor muscles become overstretched and weaken they are not able to do their job as effectively and this can lead to pelvic organ prolapse. You may experience the sensation of 'something coming down', or an awareness of bulging or heaviness felt within the vagina.

There are three main types of Pelvic Organ Prolapse.

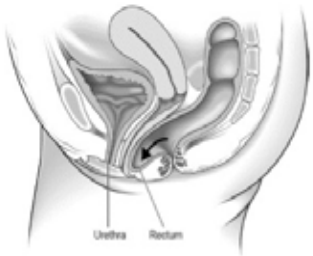


Anterior vaginal wall prolapse (Cystocele)

The bladder places pressure backwards against the top vaginal wall causing it to bulge backwards into the vagina.

Symptoms may also include:

- Urinary urgency – sudden, overwhelming urge to pass urine
- Urinary frequency – the need to go to the toilet more often
- Difficulty starting the flow of urine or a slow flow when emptying the bladder
- Incomplete emptying of the bladder

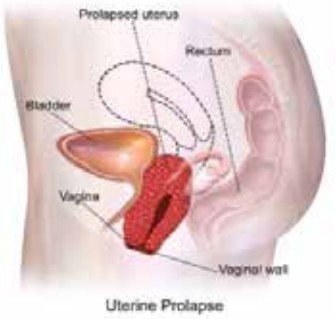


Posterior vaginal wall prolapse (Rectocele)

The rectum places pressure against the vaginal wall causing it to bulge forwards into the vagina.

Symptoms may also include:

- Urgency – sudden, overwhelming desire to open your bowels
- Anal incontinence – includes difficulty controlling the need to pass wind and the leakage of faeces from the back passage
- Staining of your underwear
- Difficulty opening your bowels resulting in straining and feeling of incomplete emptying
- The need to apply pressure to the perineum (skin between the vagina and back passage), around the back passage or on the back wall of the vagina to assist with opening bowels



Uterine Prolapse

Uterine prolapse

The uterus (womb) moves downwards within the vagina so the cervix will be sitting lower. If the uterus protrudes out of the vagina this is called a procidentia.

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Pelvic Organ Prolapse

What can you do to help your symptoms?

Pelvic floor exercises

These will not reverse the changes that have occurred in the connective tissue BUT improving the function of the pelvic floor can help to provide support to the pelvic organs thereby reducing the pressure on the connective tissue.

They can help to reduce your awareness of the prolapse, make you feel more comfortable and reduce the risk of the prolapse progressing

Positions of ease

These inverted or 'anti-gravity' positions can help to ease the symptoms of prolapse by reducing the effects of gravity and encouraging the pelvic organs back into a more natural position.

Ensure good bladder habits

Some people may experience difficulty emptying their bladder fully. This could be related to an anterior vaginal wall prolapse or difficulty relaxing the pelvic floor muscles fully.

It is important to not strain to empty your bladder i.e. do not push the flow of urine out faster than it comes naturally when you are relaxed, instead utilise bladder emptying techniques.

Manage constipation

Regularly straining to go to the toilet has an impact on the pelvic floor and can increase prolapse symptoms

General tips for managing constipation are getting enough fibre within your diet and drinking 1.5-2 litres of fluid per day. Ensure that you are eating regularly and being as active as you can. Also think about how you are sitting on the toilet – a squatting position is ideal.

Please see other available leaflets for further information on the above

Additional advice

Weight management
Maintaining a healthy weight can help to reduce pressure on the pelvic floor.

Management of respiratory conditions
A persistent cough puts pressure on the pelvic floor and supporting connective tissues. Ensure you are taking any prescribed medications and discuss with your GP as required.

In addition to developing a persistent cough, smoking can cause changes within the connective tissues. Support to stop smoking can be found on the Northern Health and Social Care Trust website at www.northerntrust.hscni.net/live-well/stop-smoking.

Daily tips and strategies

Avoid breath holding when you are undertaking activities which require a higher level of exertion.

Consider completing higher intensity activities in the morning.

Avoid wearing clothing which is tight/restrictive around the abdomen.

Ensure that you are not holding tension throughout the day e.g. sucking in your abdomen or clenching your bottom.

Acknowledgements: Images (anterior vaginal wall/posterior vaginal wall prolapse) – "Reproduced from: Royal College of Obstetricians and Gynaecologists. "Pelvic organ prolapse" patient information leaflet. London: RCOG; March 2013, with the permission of the Royal College of Obstetricians and Gynaecologists."

Image (Uterine Prolapse): Wikimedia Commons