



## BASIC INFORMATION

### DESCRIPTION

The loss or weakening of the specific structures (cardinal ligaments) that support the pelvic organs (bladder, uterus, rectum). As a result, these organs can prolapse (fall down) through the pelvic floor, which frequently causes symptoms. The prolapse may occur to one specific organ or several. Sites of pelvic organ prolapse include:

- Bladder (cystocele).
- Urethra, the tube that carries urine from the bladder to the outside of the body (urethrocele).
- Vagina—after a hysterectomy (vaginal vault prolapse).
- Small bowel (enterocele).
- Rectum (rectocele).
- Uterus (uterine prolapse). (Uterine prolapse is discussed in a separate topic.)

### FREQUENT SIGNS AND SYMPTOMS

- Pelvic pressure, feeling of fullness.
- Back pain.
- Vaginal bleeding.
- Painful sexual relations.
- Recurrent urinary tract infections.
- Trouble in urinating.
- Urinary incontinence (involuntary loss of urine).
- Constipation.
- Cervix may be seen protruding from the vagina.
- Discharge from the cervix and vagina when secondary infection occurs.
- Difficulty in walking comfortably.
- Symptoms may worsen with prolonged standing, and they may improve on lying down.
- In mild cases, a woman may not have symptoms. Prolapse may be discovered on a routine gynecological exam.

### CAUSES

The muscles (levator ani muscle) and ligaments that normally hold the pelvic organs in place become stretched or slack, most often due to a long or difficult childbirth or multiple childbirths.

### RISK INCREASES WITH

- Childbirth.
- Obesity.
- Abdominal or pelvic tumors.
- Ascites (fluid accumulation in the abdomen).
- Intra-abdominal pressure (due to coughing, constipation).
- Aging (post-reproductive years).
- Intrinsic collagen abnormalities, such as Ehlers-Danlos syndrome.

### PREVENTIVE MEASURES

No specific measures. Avoid risk factors where possible; maintain a healthy weight; do pelvic floor exercises daily.

### EXPECTED OUTCOME

- There are conservative treatments (nonsurgical) that can help relieve the symptoms.
- For most cases, surgery is usually the best option. It has a good success rate.

### POSSIBLE COMPLICATIONS

- Symptoms associated with pelvic prolapse can have a profound impact on a woman's quality of life.
- Advanced stages may culminate in ulcers, which are thought to be caused by friction.
- Postsurgery infection or bleeding (rare).
- Prolapse recurs after treatment.



## TREATMENT

### GENERAL MEASURES

- Diagnosis includes a pelvic examination to determine the organs involved and the extent of the prolapse. This is usually done with, and then without, a full bladder and performed in different positions (lying, standing and sitting). Imaging studies help to show the pelvic floor defects.
- The severity of symptoms, a woman's age, other medical conditions, the desire for future pregnancy, and sexual activity will help determine the treatment plan.
- For women with a prolapse, but no symptoms, treatment is often not necessary.
- In mild cases, pelvic floor (Kegel) exercises to strengthen the muscles of the pelvic floor may be helpful.
- A pessary (such as a plastic ring or cube) may be placed within the vagina to support the pelvic organs. Different types and sizes of supportive pessaries are available.
- For more severe prolapse, surgical procedures are available that have good success rates, offer fast recovery time and less postoperative pain. The choice depends on the degree of prolapse, the condition of the pelvic support system, and which other structures are involved.
- For self-care, avoid wearing constricting clothing (such as girdles) and avoid lifting heavy objects.
- For more information, visit your local library or do a web search.

### MEDICATION

Estrogen (oral or vaginal cream) may be prescribed to help improve blood supply to the pelvic organs.

### ACTIVITY

No restrictions unless surgery is performed.

### DIET

- High-fiber diet can help prevent constipation.
- Weight loss diet may be suggested if you are overweight.



## NOTIFY OUR OFFICE IF

- You or a family member has symptoms of a prolapse.
- Symptoms recur or new ones develop after treatment.