PATIENT EDUCATION

The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

Pelvic Support Problems

*About one half of women who have given birth develop some degree of **pelvic organ prolapse (POP)**. POP also can occur in women who have never had children. This problem is caused by the weakening of the muscles and tissues that support the organs in the pelvis. When these muscles weaken, organs such as the **vagina** or **uterus** can prolapse (drop down). Most women with these problems have minor symptoms or no symptoms at all. For women with symptoms, the correct diagnosis and treatment can bring relief.*

This pamphlet explains

- *POP and its symptoms*
- *types of pelvic support problems*
- *diagnosis and treatment*

Pelvic Organ Prolapse

The pelvic organs include the vagina, uterus, ***bladder***, ***urethra***, and ***rectum***. These organs are held in place by muscles of the ***pelvic floor***. Layers of connective tissue also give support.

POP occurs when tissue and muscles can no longer support the pelvic organs. Muscles may become torn or stretched. The main cause of this is pregnancy and vaginal childbirth. Other causes of pelvic support problems include menopause, aging, and repeated heavy lifting. Conditions that create pressure on the abdomen can cause POP, including the following:

- Being overweight or obese
- Being constipated and straining to have bowel movements
- Chronic coughing caused by smoking, asthma, or other medical conditions

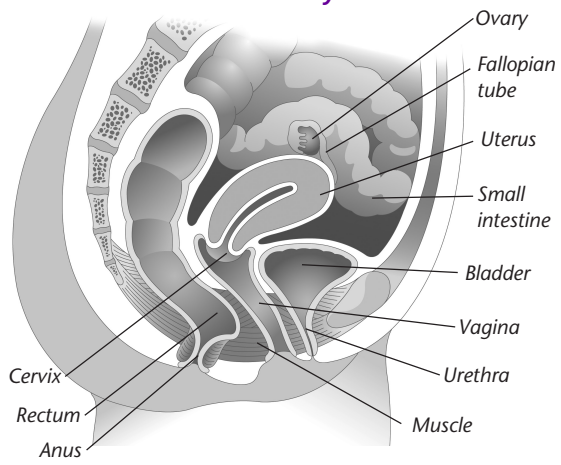
POP may be hereditary, which means it may run in families. Some women are born with weaker pelvic floor muscles. This puts them at higher risk of prolapse. Women with repeated pelvic trauma, such as paratroopers, also can develop POP.

POP can occur at any age, but most women who develop symptoms do so after menopause. As the population ages, more women will develop this condition and other bowel and bladder disorders.

Symptoms

Symptoms can come on gradually and may not be noticed at first. Many women have no symptoms and

Normal Female Anatomy



The pelvic organs are held in place by muscles and connective tissue.

do not know they have a prolapse. An ***obstetrician–gynecologist (ob-gyn)*** or other health care professional may discover a prolapse during a physical exam.

Mild cases of POP are those in which the organs have dropped only a short distance. Sometimes a bulge can be felt inside the vagina. Mild prolapse may never get worse and may not require treatment. For severe cases of POP, organs may push out of the vaginal opening. Women with symptoms may experience the following:

- Feeling of pelvic pressure or fullness
- Bulge in the vagina
- Organs bulging out of the vagina
- Leakage of urine (***urinary incontinence***)
- Difficulty completely emptying the bladder
- Problems having a bowel movement
- Lower back pain
- Problems with inserting tampons or applicators

Types of Pelvic Support Problems

There are several types of prolapse that have different names depending on the part of the body that has dropped:

- ***Anterior vaginal wall prolapse***—bladder
- ***Posterior vaginal wall prolapse***—rectum
- ***Uterine prolapse***—uterus
- ***Vaginal vault prolapse***—top of the vagina

Anterior Vaginal Wall Prolapse

An anterior vaginal wall prolapse occurs when the tissue between the bladder and the vagina weakens and stretches. This allows the bladder to drop from its normal place into the vagina. Urine may leak when a woman is walking, laughing, lifting, or sneezing. The amount of urine lost may be only a few drops or it may be enough to require wearing pads.

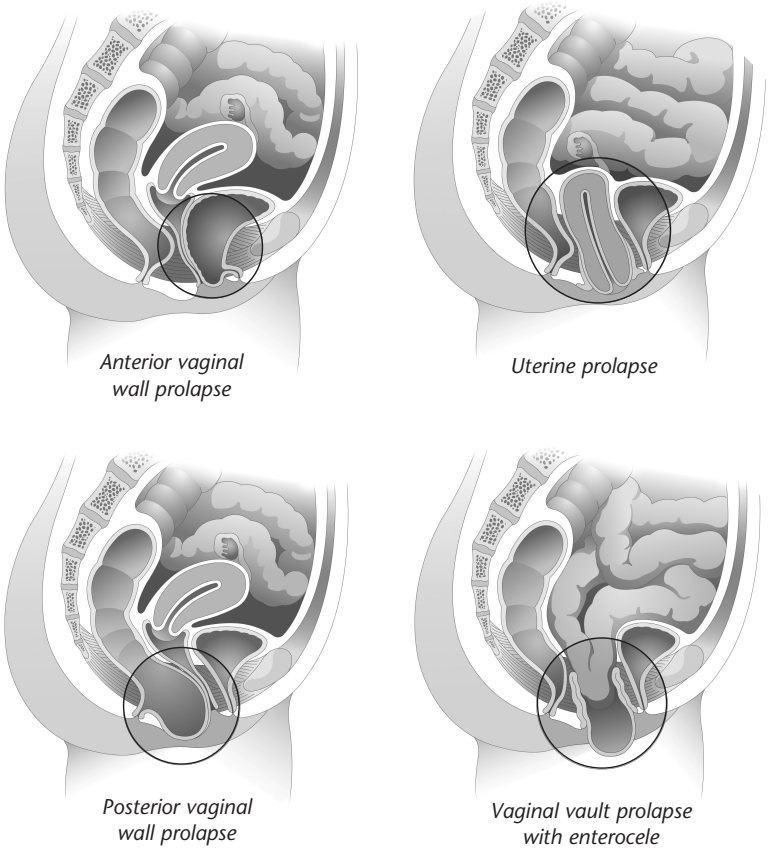
Sometimes an anterior vaginal wall prolapse can create a kink in the urethra. If this occurs, a woman may have to strain or reach into the vagina and push up the bladder to pass urine.

Small anterior vaginal wall prolapses are common. The size of the prolapse and your symptoms will guide therapy. These prolapses usually do not cause urination problems and do not need surgery. A large prolapse may cause the bladder to not empty completely.

Posterior Vaginal Wall Prolapse

A posterior vaginal wall prolapse occurs when the tissue between the rectum and the vagina weakens and stretches. This allows the rectum to bulge into the vagina. A large prolapse may make it hard to have a

Pelvic Support Problems



bowel movement. Some women must insert a finger into the vagina to push the bulge out of the way to pass stools.

Uterine Prolapse

When the uterus drops into the vagina, it is called uterine prolapse. The distance the uterus drops may vary. Mild degrees of prolapse are common. Mild uterine prolapse often does not cause symptoms and usually does not need surgery.

Women with more severe uterine prolapse often have a feeling of pelvic pressure or a pulling feeling in the vagina or lower back. The ***cervix*** may stick out from the vagina. This can lead to sores and bleeding from the cervix rubbing on underwear.

Vaginal Vault Prolapse

When the top of the vagina loses its support and drops, it is called vaginal vault prolapse. This problem occurs in women who have had their uterus removed (***hysterectomy***). The degree of prolapse varies. Women who have vaginal vault prolapse may have changes in bladder, bowel, and sexual function. Women who have vaginal vault prolapse also may have an ***enterocele***. An enterocele forms when the small intestine bulges into the vagina.

Diagnosis

Proper diagnosis is key to treating pelvic support problems. Your ob-gyn or other health care professional will ask for your medical history and do vaginal and rectal exams. You may be examined while lying down or while standing. You may be asked to strain or cough during the exam to see if you leak urine. Your ob-gyn or other health care professional also may want to check how completely your bladder empties.

Treatment

Many women do not need treatment. At regular check-ups your ob-gyn or other health care professional will keep track of the problem. If symptoms become bothersome, treatment may be needed. Treatment decisions are based on the following factors:

- Age
- Desire for future children
- Sexual activity
- Severity of symptoms
- Degree of prolapse
- Other health problems

No form of treatment is guaranteed to solve the problem, but the chances of getting some degree of relief are good. If treatment is recommended, you may be referred to a physician who specializes in treating pelvic support and urinary problems.

Symptom Relief

Changes in diet and lifestyle may be helpful in relieving some symptoms. If incontinence is a problem, limiting excessive fluid intake and altering the types of fluid consumed (for example, decreasing alcohol and drinks that contain caffeine), may be helpful. Bladder training (in which you empty your bladder at scheduled times) also may be useful for women with incontinence.

Women with bowel problems may find that increasing the amount of fiber in their diets prevents constipation and straining during bowel movements. Sometimes a medication that softens stools is prescribed. If a woman is overweight or obese, weight loss can help improve her overall health and possibly her prolapse symptoms.

Special Exercises

Pelvic floor exercises, also called Kegel exercises, are used to strengthen the muscles that surround the openings of the urethra, vagina, and rectum (see box "Kegel Exercises"). Doing these exercises regularly may improve incontinence and may slow the progression of POP. A health care professional or physical therapist can help you be sure you are doing these exercises correctly. There also are mobile apps to help women understand their pelvic floor exercises and provide daily reminders to exercise.

Pessaries

A ***pessary*** is a device that is inserted into the vagina to support the pelvic organs. More than 90% of women can be successfully fitted with a pessary. Many women find immediate relief from their symptoms with pessary use.

Pessaries are available in many shapes and sizes. They can be used for short-term or long-term treatment. Pessary choice is based on a woman's symptoms and the type of prolapse. Many women who choose pessaries do so because they want to avoid surgery or plan for future pregnancies.

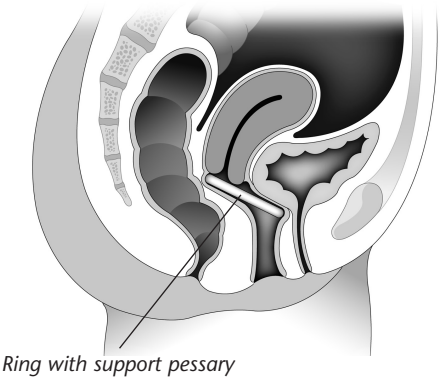
Kegel Exercises

Kegel exercises tone the pelvic muscles. They strengthen the muscles that surround the openings of the urethra, vagina, and rectum. Here is how they are done:

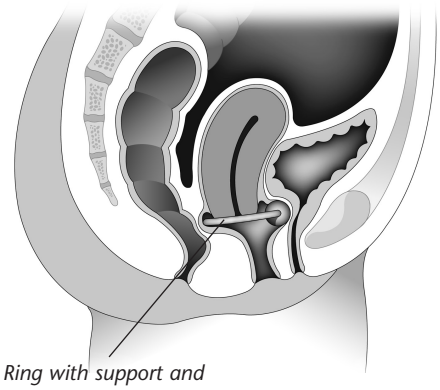
- Squeeze the muscles that you use to stop the flow of urine. This contraction pulls the vagina and rectum up and back.
- Hold for 3 seconds, then relax for 3 seconds.
- Do 10 contractions three times a day.
- Increase your hold by 1 second each week. Work your way up to 10-second holds.

Make sure you are not squeezing your stomach, thigh, or buttock muscles. You also should breathe normally. Do not hold your breath as you do these exercises.

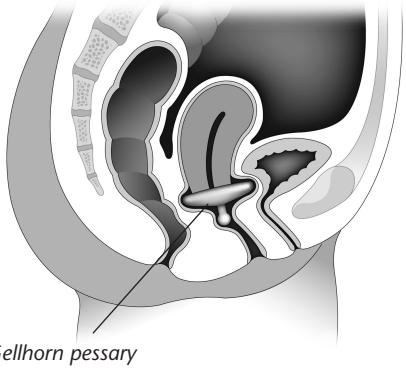
Different Types of Pessaries



Ring with support pessary



Ring with support and knob pessary



Gellhorn pessary

Pessaries are devices that are inserted into the vagina to support the pelvic organs. They are available in many shapes and sizes.

Your ob-gyn or other health care professional can help find a pessary that fits you comfortably. He or she also will show you how to care for your pessary. Most are designed to be removed, cleaned, and reinserted by the user. If you are unable to care for the pessary yourself, you should see your ob-gyn or other health care professional about every 3 months.

Surgery

Surgery may be an option for women who have not found relief with nonsurgical treatments. There are about 300,000 surgeries for POP every year in the United States. Surgery may relieve some, but not all, symptoms. In general, there are two types of surgery: 1) surgery to repair the pelvic floor and 2) surgery to shorten, narrow, or close off the vagina.

Surgery to repair the pelvic floor, called reconstructive surgery, helps restore the organs so they are closer to their original position. Some types of surgery are done through the natural opening in the vagina. Others are done through an incision in the abdomen or with ***laparoscopy***.

Surgery that shortens or closes off the vagina, called obliterative surgery, creates support for prolapsed organs. Vaginal intercourse is not possible after this procedure. Women who choose this surgery usually have decided that vaginal intercourse is less important than addressing their symptoms.

Surgery for prolapse carries some risk of complications, such as bleeding, infection, problems urinating, and pain during intercourse. Also, there is a risk that the prolapse will come back after surgery. The risk factors for repeated prolapse include being younger than age 60 years, being overweight, and having more advanced forms of prolapse before the first surgery.

Finally...

Many women have some degree of pelvic organ prolapse, but not all women with this problem have symptoms. If you do not have symptoms, no treatment is needed. If you have symptoms that bother you, talk with your ob-gyn or other health care professional. The correct diagnosis and treatment can bring relief.

Glossary

Anterior Vaginal Wall Prolapse: Bulging of the bladder into the vagina. Also called a cystocele.

Bladder: A hollow, muscular organ in which urine is stored.

Cervix: The lower, narrow end of the uterus at the top of the vagina.

Enterocele: Bulging of the intestine into the upper part of the vagina.

Hysterectomy: Surgery to remove the uterus.

Laparoscopy: A surgical procedure in which a thin, lighted telescope called a laparoscope is inserted through a small incision (cut) in the abdomen. The laparoscope is used to view the pelvic organs. Other instruments can be used with it to perform surgery.

Obstetrician–Gynecologist (Ob-Gyn): A doctor with special training and education in women's health.

Pelvic Floor: A muscular area that supports a woman's pelvic organs.

Pelvic Organ Prolapse (POP): A condition in which a pelvic organ drops down. This condition is caused by weakening of the muscles and tissues that support the organs in the pelvis, including the vagina, uterus, and bladder.

Pessary: A device that can be inserted into the vagina to support the organs that have dropped down or to help control urine leakage.

Posterior Vaginal Wall Prolapse: Bulging of the rectum or the small intestine into the vaginal wall. Also called a rectocele.

Rectum: The last part of the digestive tract.

Urethra: A tube-like structure. Urine flows through this tube when it leaves the body.

Urinary Incontinence: Involuntary loss of urine.

Uterine Prolapse: A condition in which the uterus drops into or out of the vagina.

Uterus: A muscular organ in the female pelvis. During pregnancy, this organ holds and nourishes the fetus.

Vagina: A tube-like structure surrounded by muscles. The vagina leads from the uterus to the outside of the body.

Vaginal Vault Prolapse: Descent of the vagina after a hysterectomy (removal of the uterus).

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