

What You Should Know About Pelvic Organ Prolapse

Although no one talks about it much, pelvic organ prolapse is a fairly common problem. The term refers to one or more of the pelvic organs slipping downward from their usual positions.

Your pelvis, the area between your hip bones in the lower part of your abdomen, encloses your vagina, uterus, bladder, urethra (tube through which urine passes during urination), and rectum. These organs are held in place by muscles, ligaments, and connective tissues. These support tissues can stretch or tear—usually during vaginal childbirth, especially if you have had more than one baby, a large baby, or a long labor—causing the organs to drop lower in the pelvis. Factors such as menopause, obesity, and normal aging may also contribute.

Uterine and Vaginal Prolapse

Uterine prolapse occurs when the uterus slips downward into the vagina. Slight prolapse may be unnoticeable, but the uterus may drop down so far that its bottom portion, the cervix, is felt as a round bulge at or coming out of the vaginal opening. You may notice a feeling of fullness or pressure in the vagina, discomfort during sex or tampon use, and low back pain. In women who have had a hysterectomy (surgical removal of the uterus), the top part of the vagina may prolapse into the lower vagina.

Anterior Vaginal Prolapse

The anterior vaginal wall supports the bladder. When the vagina slips out of place the bladder will also fall. This prolapse is also called a cystocele. Anterior vaginal wall prolapse can affect bladder function. The muscles controlling urine release may not work efficiently, sometimes causing difficulty starting urination, incomplete bladder emptying, overactive bladder symptoms or leaking of urine with coughing, sneezing, laughing, or exercising.

Posterior Vaginal Prolapse

The posterior vaginal wall lies in front of the rectum. The rectum is where stool is stored before a bowel movement. When the posterior vaginal wall loses its support, the rectum can bulge upwards into the vaginal opening. This prolapse is often referred to as a rectocele. Posterior vaginal wall prolapse can make bowel movements difficult, since bearing down makes the rectum bulge forward, rather than pushing the stool.

Early Stages of Uterine Prolapse

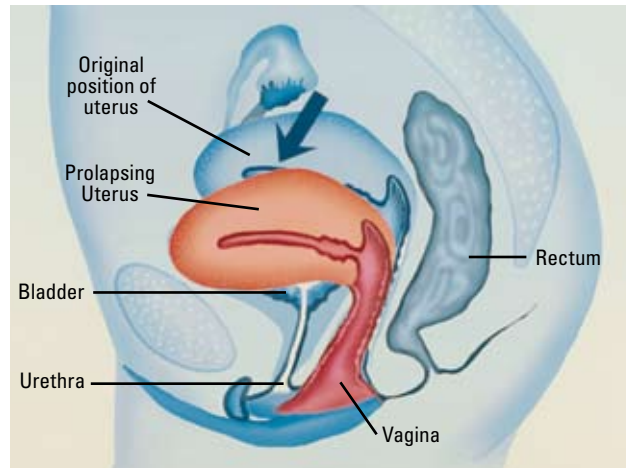


Illustration: Phototake

Treating Prolapse

Your health care professional diagnoses pelvic organ prolapse by taking a health history and doing a pelvic examination. Treatment is usually unnecessary if you have no bothersome symptoms. To help prevent prolapse, avoid straining with constipation and heavy lifting, and maintain a healthy weight. Kegel exercises (see Resources) or physical therapy to strengthen the pelvic support muscles may help control symptoms. If you prefer non-surgical treatment, or have a medical condition that makes surgery inadvisable, a pessary—a removable device placed in the vagina to support the pelvic organs—may be prescribed.

Surgery to return the organs to their proper positions and hold them in place is another way to correct prolapse. If surgery is recommended, be sure you understand the risks and the benefits. Having the information you need is key to making informed decisions about treatment.

RESOURCES

Mayo Clinic

Kegel Exercises

www.mayoclinic.com/health/kegel-exercises/W000119

Harvard Medical School Family Health Guide

www.health.harvard.edu/fhg/updates/update0805c.shtml

National Institutes of Health

www.nichd.nih.gov/health/topics/Pelvic_Floor_Disorders.cfm