

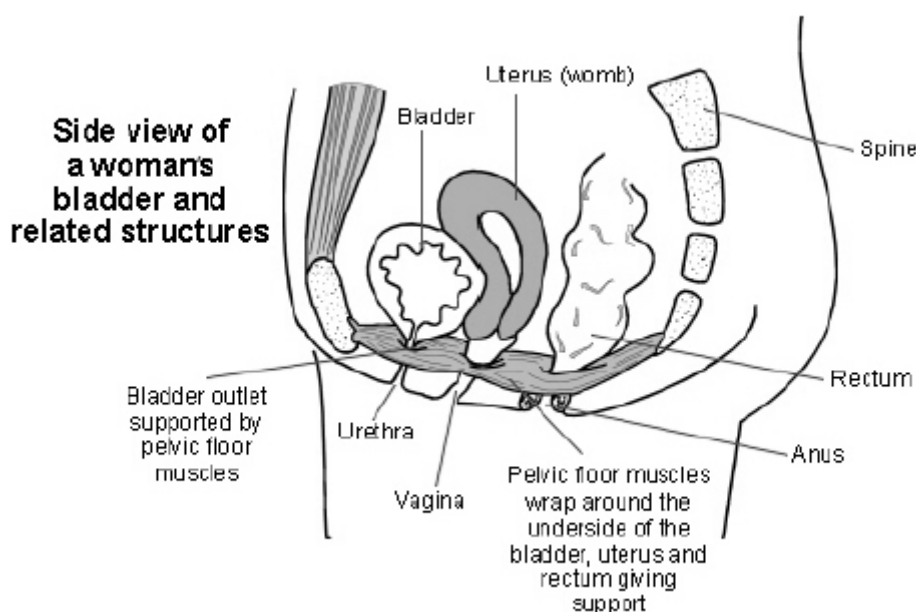
# Treating your prolapse

**This leaflet explains what a prolapse is, and how it can be treated and managed. If you have any questions or concerns, please speak to a doctor or nurse caring for you.**

## What is a prolapse?

The pelvic floor muscles are a group of muscles at the base of your pelvis that run from your pubic bone at the front of your body to your spine at the back, rather like a hammock or sling. They support the organs within your pelvis: your bladder, uterus (womb) and bowel. They also help to control the openings of these organs – the urethra (the tube that urine passes through from the bladder before leaving the body), vagina and anus respectively. See picture below.

When the pelvic floor muscles (and other ligaments that provide support) weaken or stretch, a prolapse can occur. This is where one or more of the organs within your pelvis lacks support and drops or falls down.



Source: diagram copy EMIS and PiP 2006, as distributed on [www.patient.co.uk](http://www.patient.co.uk)

Many women with a prolapse are aware of a 'bulge' and have a feeling of heaviness or 'something coming down'. Your symptoms depend on what type of prolapse you experience. The main types of prolapse are explained on the next page.

## Types of prolapse

### **Cystocele**

This occurs when the bladder slips down, pushing into the front wall of the vagina. This may cause difficulty in emptying your bladder and some women experience urinary incontinence (inability to control when they urinate).

### **Rectocele**

This occurs when the rectum slips down and pushes into the back wall of the vagina. This may cause difficulty in emptying your bowels and often causes and worsens constipation (difficulty in emptying the bowels due to hard stool). Some women also experience low back pain.

### **Uterine prolapse (prolapse of the womb)**

This occurs when the womb drops into the vagina. There may be just a small decent (dropping) but if it is severe, the womb may drop so low that any straining causes it to be seen or felt at the entrance of the vagina.

It is possible to have more than one type of prolapse at the same time.

## What causes a prolapse?

### **Pregnancy and childbirth**

The weight of the baby, hormonal changes and the physical process of labour and birth causes stretching of the pelvic floor muscle and ligaments. Having a large baby, a long labour or the use of forceps and extraction devices can increase the likelihood and extent of prolapse further.

### **Ageing and the menopause**

As with all muscles, as we grow older the pelvic floor muscles weaken and provide less support. Also, during the menopause less oestrogen (female sex hormone) is produced, which can cause the muscles to become less elastic.

### **Obesity, fibroids or tumours**

Women who are overweight, have large fibroids (non-cancerous growths of the muscle on the womb) or pelvic cysts (sacs containing air or fluid) are more likely to develop a prolapse because of the extra pressure these can create in the pelvic area.

### **Straining the pelvic floor muscles**

The risk of prolapse is increased if the pelvic floor muscles are strained or damaged by certain activities, such as:

- regular, heavy manual labour, such as lifting heavy objects
- chronic (long-term) constipation, causing you to strain to open your bowels
- chronic coughing or sneezing from smoking, asthma, bronchitis or hay fever.

### **Previous surgery**

Pelvic surgery, including a hysterectomy or repair operations, may damage nerves and tissues in the pelvic area, increasing your risk of prolapse.

## How can my prolapse be treated?

There are a number of treatments available for prolapse. The treatment that is best for you will depend on the type and severity of your prolapse, which is why it is important that you are assessed by a gynaecologist. Vaginal pessaries and surgery, explained below, are the most common treatments for women with a prolapse.

## **Pessaries**

A pessary is a small device that is inserted into your vagina to support the prolapse and hold it back in place. We mainly use two types:

- a ring pessary, which as the name suggests, is a ring, made out of plastic. This is the most common type of pessary.
- a shelf pessary, which is a flat piece of plastic.

The kind of pessary available to you will depend on the type of prolapse you have. They are not suitable for all women, but you may wish to try one if you:

- are pregnant or wish to have more children in the future
- do not wish to have or are not suitable for surgery
- you are waiting to have surgery.

You will generally be able to have sexual intercourse if you have a ring pessary inserted, but this may be difficult with other types of pessaries. Please ask your doctor or nurse for more information.

If you choose this treatment, your doctor or nurse will assess you and insert the correct type of pessary for your prolapse. They will then ask you to walk around for a while, to stand up and sit down, to check that it is comfortable and that they have inserted the correct size. If it is uncomfortable, it is important to let them know so that they can change it to a size which is more suitable for you.

Occasionally the pessary can fall out. If this happens, don't worry. Just wash the pessary and make an appointment to come back to the clinic to have another one inserted. Bring your pessary with you so that the doctor or nurse knows what size and type you had inserted last time.

You will need to come back to the clinic every three to six months to have your pessary changed. We will send you an appointment for this. The doctor or nurse will reassess you and check whether your pessary is still the correct size for you and whether you have been having any problems with your current pessary. If you have problems with your pessary in between your clinic appointments, particularly if you experience any unusual bleeding, pain or discharge, please contact your doctor or nurse immediately.

## **Surgery**

Some women, after discussion with their consultant, choose surgery to treat their prolapse. There are a number of different operations to correct a prolapse, but the main aim of surgery is to lift the organ(s) back into place. Your consultant will discuss the surgical options with you and recommend which is best for you after taking your age, type of prolapse and general health into consideration.

Without treatment it is likely that your symptoms will gradually become worse, even if you follow the advice below on managing your prolapse.

## Managing your prolapse

### **Avoid heavy lifting**

Do not lift anything that will make you strain, such as moving furniture, turning mattresses, digging in the garden or carrying heavy shopping bags. If you do need to lift, and we all do at some point, make sure that you are using safe lifting techniques – keep your back straight, bend your knees and contract your pelvic floor muscle before you lift. Ask your nurse for a leaflet on how to contract your pelvic floor muscle before lifting anything.

### **Avoid standing for long periods**

Over an hour is often too much. If you stand for too long, your symptoms may be worse by the end of the day. Try to sit for activities that you would normally stand for, such as ironing or preparing food.

### **Avoid vigorous sports**

Avoid certain types of exercise, such as running, tennis, high-impact aerobics, lifting weights and sit ups. Instead, try gentle exercises, for example swimming, walking, cycling, yoga and pilates.

### **Avoid straining to open your bowels**

Eat a healthy diet with plenty of fresh fruit and vegetables, and make sure that you try to drink six to eight cups of fluid a day. This will help to avoid constipation. Make sure you exercise regularly and empty your bowels correctly, without straining. Ask your nurse, doctor, GP, or practice nurse if you are unsure about this.

### **Seek advice for chest infections**

If you get a bad chest infection, seek advice or treatment quickly to minimise coughing. Make sure you contract your pelvic floor muscles every time you cough, laugh or sneeze.

### **Watch your weight**

Keep within your normal weight range to avoid increasing the pressure on your pelvic floor muscle and ligaments. Your GP will be able to tell you whether you are an acceptable weight and what you should do if you are under or overweight.

### **Stop smoking**

Seek advice on ways to quit. If you would like to give up smoking, please speak to your GP for advice, or call the NHS Smoking Helpline on 0800 169 0 169 or visit [www.givingupsmoking.co.uk](http://www.givingupsmoking.co.uk)

### **Advice on sexual intercourse**

Sexual intercourse will not make your prolapse worse, but you may sometimes experience difficulties when making love. To make sex more comfortable, try using a vaginal lubricant but avoid KY jelly as this can dry out vaginal tissues and have the opposite effect. Also experiment with different positions to find the most comfortable for you and your partner.

## Why are pelvic floor exercises important?

The pelvic floor muscles support the pelvic organs. The stronger the muscles, the greater support they provide. Strong muscles can help to prevent a prolapse dropping further. Your nurse or physiotherapist will explain how to perform the exercises with the correct technique and how many you should perform. Learn how to tighten your pelvic floor muscles before you cough, sneeze, blow your nose, laugh, bend or lift.

If you have had a day when you have been on your feet a lot, coughing or sneezing frequently, or you feel your prolapse is worse than usual, spend some time lying down. This reduces the effect of gravity. Try some pelvic floor muscle exercises while you are lying down as this can sometimes help with your discomfort.

It is important that you try the above to help to manage the symptoms of your prolapse and to prevent it becoming worse. Even if you are waiting for surgery, your recovery will be quicker and the operation more successful if you have followed this advice before your surgery. It is also very important to keep up all your hard work and continue with your pelvic floor exercises after your surgery.

## Contact us

If you have any questions or concerns about treating your prolapse, please contact the clinical nurse specialists on **0207 188 3671** (Monday to Friday, 9am to 5pm).

Out of hours, please leave a message and a member of staff will call you back in working hours; alternatively please contact your GP or NHS 111.

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit [www.guysandstthomas.nhs.uk/leaflets](http://www.guysandstthomas.nhs.uk/leaflets)

## Pharmacy Medicines Helpline

If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline.

**t:** 020 7188 8748 9am to 5pm, Monday to Friday

## Your comments and concerns

For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS). To make a complaint, contact the complaints department.

**t:** 020 7188 8801 (PALS) **e:** [pals@gstt.nhs.uk](mailto:pals@gstt.nhs.uk)

**t:** 020 7188 3514 (complaints) **e:** [complaints2@gstt.nhs.uk](mailto:complaints2@gstt.nhs.uk)

## Language and accessible support services

If you need an interpreter or information about your care in a different language or format, please get in touch:

**t:** 020 7188 8815 **e:** [languagesupport@gstt.nhs.uk](mailto:languagesupport@gstt.nhs.uk)

## NHS 111

Offers medical help and advice from fully trained advisers supported by experienced nurses and paramedics. Available over the phone 24 hours a day.

**t:** 111

## NHS Choices

Provides online information and guidance on all aspects of health and healthcare, to help you make choices about your health.

**w:** [www.nhs.uk](http://www.nhs.uk)

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