


Pelvic Health Physiotherapy & Pelvic Organ Prolapse

Pelvic Health Physiotherapy

A thick, light green horizontal line with rounded ends and a small upward-pointing curve on the right side.

What is a pelvic organ prolapse?

Pelvic organ prolapse is a common problem in people with female anatomy, 40% of those over 50 years have some degree of prolapse on examination (*Hagen et al, 2014*).

The organs inside a female pelvis include the uterus (womb), the bladder (where we store urine), and the rectum (where we store faeces). These are held in place by ligaments and the muscles in the bottom of the pelvis (the pelvic floor muscles). If these structures are weakened then one (or more) of these structures can drop or 'bulge' (prolapse) into the vagina. Sometimes the prolapse can be large enough to protrude outside the vagina.

Why does a pelvic organ prolapse happen?

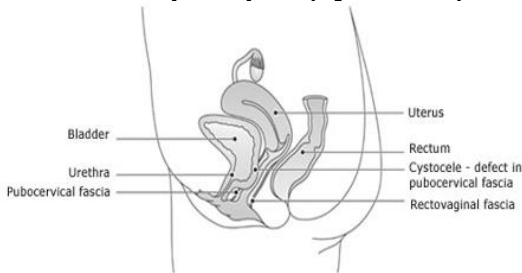
There is no one answer to this question as it is often a combination of factors that contribute to a pelvic organ prolapse. Some of the most common risk factors are listed below:

- Pregnancy and childbirth
- Ageing and menopause
- Weak pelvic floor muscles
- Obesity
- Large fibroids
- Chronic constipation
- Persistent cough
- Heavy lifting
- Previous Surgery

What are the different types of prolapse?

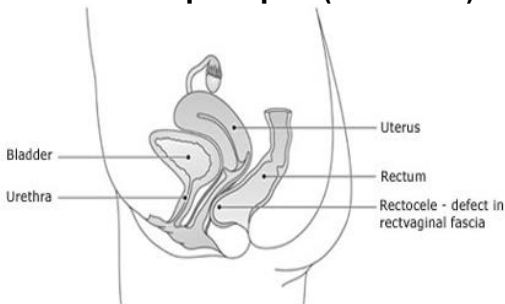
There are different types of prolapse depending on which organ is prolapsing. There are different grades of prolapse depending on how far the organ(s) have descended. It is common to have more than one prolapse at the same time.

Anterior wall prolapse (cystocele)



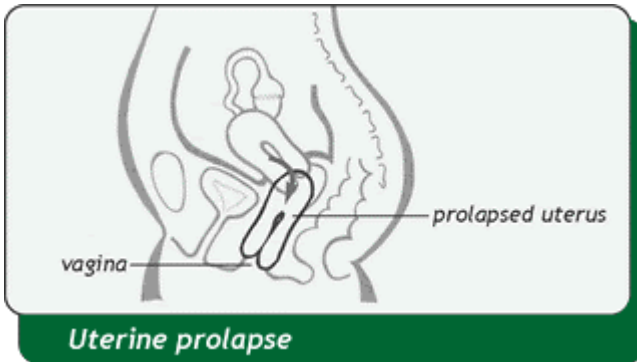
This occurs when the bladder pushes into the front wall of the vagina. This may cause difficulty in emptying the bladder and some people experience urinary incontinence.

Posterior wall prolapse (rectocele)



This occurs when the rectum pushes into the back wall of the vagina. This may cause difficulty in emptying the bowels and can sometimes cause or aggravate constipation. Some people experience low back pain.

Uterine prolapse / Apical prolapse



This occurs when the womb or the top of the vagina (where the uterus has been removed) drops down into the vagina.

There may be just a small descent, but if severe, it may drop low enough that it may be seen or felt at the vaginal entrance.

What are the symptoms of pelvic organ prolapse?

For some, there are no symptoms at all, and a small amount of prolapse can be normal. Symptoms depend on the type and severity of the prolapse, but can include:

- Sensation of a 'something coming down' inside the vagina
- Pressure or heaviness in the vagina
- Backache
- Urinary incontinence or bowel incontinence
- Difficulty with emptying the bladder or bowel
- Needing to pass urine more frequently
- Repeated urine infections
- Discomfort during intercourse

How is a prolapse diagnosed?

A prolapse is diagnosed by a vaginal examination, which is not usually painful. Your medical professional (including your pelvic health physiotherapist) may recommend a vaginal examination to check if you have a pelvic organ prolapse and determine exactly which organ(s) is prolapsing. If you have bowel symptoms your back passage may also be examined using a gloved finger, this will be discussed with you in more detail before the examination.

What can I do to manage my pelvic organ prolapse?

- Practice pelvic floor muscle exercises regularly as instructed by your physiotherapist. These exercises are detailed later in this leaflet. You should practice these 3 times a day.
- Tighten your pelvic floor muscles prior to coughing, sneezing, straining, running, jumping or lifting.
- Avoid heavy pushing / pulling / lifting / carrying. Don't carry heavy toddlers if they are capable of walking.
- Avoid / minimise high-impact exercise (i.e. jogging, aerobics) or activities which increases the pressure in the abdomen (sit-ups or rowing, or heavy housework e.g. vacuuming), until you have discussed this further with your pelvic health physiotherapist. Some people return to this and some choose not to, this will depend on your individual circumstances.

- Try to avoid long periods of standing without a break. Try to sit for activities where it is not essential to stand (e.g. when preparing food or ironing).
- Avoid straining to empty your bowels, eat a balanced diet (including 5 portions of fruit and vegetables per day) and ensure adequate fluid intake (at least 3-4 pints or 1.5L per day) to prevent constipation. There is more information on this later in this leaflet.
- Avoid smoking and chest infections; if you get a bad chest infection seek prompt treatment to minimise coughing.
- Losing weight may help decrease your symptoms.
- If you are caring for a relative and need help with moving them around, seek help - aids may be available to reduce the load.
- Sexual intercourse will not make your prolapse worse but may be uncomfortable. Try using a vaginal lubricant or experiment with different positions to find the most comfortable for both of you.

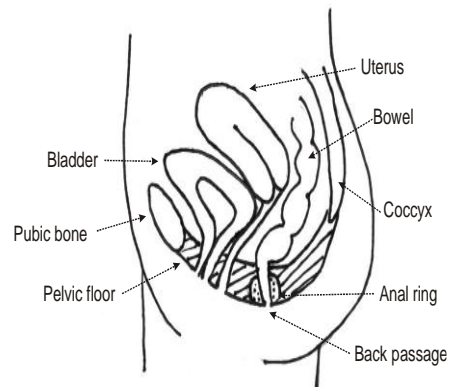
What are the pelvic floor muscles?

The pelvic floor is a large group of muscles that stretch from your tailbone (behind) to your pubic bone at the front forming a bowl shape. They support your pelvic organs including your bladder, bowel and womb. They have a role in sexual function during intercourse.

Your pelvic floor muscles provide extra support when you cough, sneeze or laugh to help prevent leakage from your bladder or bowel. When you pass urine or a bowel motion, your muscles should relax and then tighten again afterwards. This helps to prevent leakage and controls the passing of urine and bowel motions.

What causes pelvic floor weakness?

- Childbirth
- Previous pelvic surgery
- Chronic Cough
- Pelvic Trauma
- Menopausal Changes
- Repeat heavy lifting
- Being Overweight
- Constipation



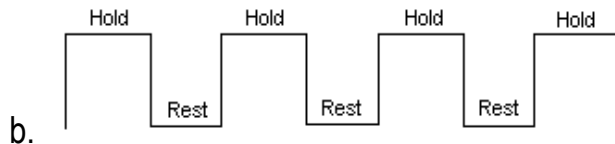
Just like any muscle in the body, it is important to strengthen your pelvic floor muscles.

How to exercise your pelvic floor muscles

Sitting, standing or lying comfortably, slowly tighten the muscles around your anus and vagina, lifting up and in as if trying to stop yourself from passing wind and urine.

Try to avoid tightening your buttocks, squeezing your legs or holding your breath. A feeling of gentle tightening in your lower stomach is normal. Try to complete exercise 1 and 2, three or more times per day.

- 1) To help build endurance in your muscles, contract your pelvic floor and squeeze for as long as you can, then relax and release fully for the same time you have held the squeeze.
 - a. Repeat up to 10 times.



- 2) The muscles need to be able to work quickly and as strong as possible so that they can react to stresses such as coughing, sneezing or running. Imagine the muscles are an elevator. Lift up the muscles to the top floor as quickly as you can. Relax fully. Repeat up to 20 times

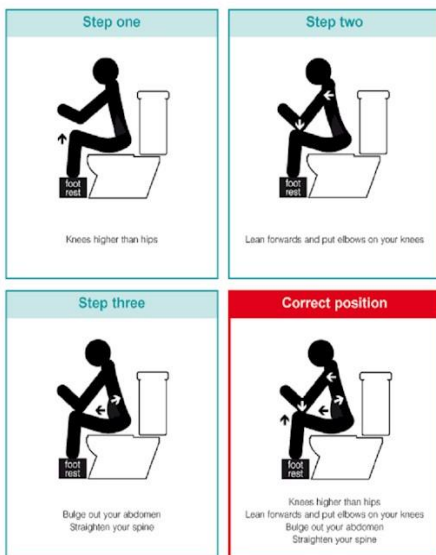


What can I do to reduce straining when opening my bowels?

It is important to avoid constipation. This puts extra pressure on the pelvic floor muscles and can worsen prolapse and pelvic floor symptoms. Eating plenty of fruit and fibre can help. Make sure you are also drinking enough (between 1.5 to 2 litres of fluid per day).








- Do not strain. Sit fully on the toilet and do not ‘hover’
- Have your feet apart and raised up on a stool, with your arms resting comfortably on your legs
- Keep tummy relaxed. Inhale into tummy, exhale, keep your tummy pushed out and relax around back passage (it can be easier to do this if as your exhale you make a noise such as mmmmm or ahhhhh)
- Avoid breath holding: try to have a relaxed breathing pattern. Exhale and let go. Relax your pelvic floor muscles.

Correct position for opening your bowels



You may also want to support the perineum (area between back passage and vagina) when emptying your bowels. Applying some pressure vaginally on the bulging wall towards the back passage may help to empty the bowels more fully and effectively. You can use your fingers or a Femeeze (buy online- <https://www.desmitmedical.com/shop/femmeze-pelvic-organ-prolapse-trainer-for-rectocele>) to apply support at the back of the vagina or between the anus and vagina, this can help to empty your bowels.

Observe your stool type- see chart below. You should aim for type 3 -4 between 3 times a day to 3 times a week, you should not strain to empty your bowels.

<i>THE BRISTOL STOOL FORM SCALE</i>		
<i>Type 1</i>		Separate hard lumps, like nuts (hard to pass)
<i>Type 2</i>		Sausage-shaped but lumpy
<i>Type 3</i>		Like a sausage but with cracks on its surface
<i>Type 4</i>		Like a sausage or snake, smooth and soft
<i>Type 5</i>		Soft blobs with clear-cut edges (passed easily)
<i>Type 6</i>		Fluffy pieces with ragged edges, a musty stool
<i>Type 7</i>		Watery, no solid pieces ENTIRELY LIQUID

What can I do to help my bladder empty?

When there is a pelvic organ prolapse it can make it harder to empty the bladder fully. It is common to leave a small amount of urine in the bladder after emptying, but if we leave a larger volume this can become more of a problem.

It is important to avoid straining to empty the bladder as this extra pressure can make the prolapse worse. You should always give yourself time for the bladder to empty properly and sit fully on the toilet seat (even when away from home). Your pelvic floor muscles cannot relax fully to allow the bladder to completely empty if you are not seated and relaxed.

The tips listed below can also help improve your bladder emptying:

- Sit comfortably (leaning forward slightly) so your pelvic floor muscles are relaxed
- 'Double void' – this is when you finish urinating, you then rock back & forth or stand up, 'wiggle' your hips, sit down again and see if you can get another flow of urine
- Gentle tapping or pressure just above your pubic bone (7-8 times with a few seconds rest between each)
- Rocking backwards and forwards, gently contract your pelvic floor muscles and then let go as you lean forward
- Turn on a tap – the sound of running water can help
- Gentle blowing out or whistling
- Pour a jug/cup of warm water over your vaginal area

- Gently pull some pubic hair or stroke your lower back (just above the buttock crease)

What other treatments can help pelvic organ prolapse?

Treatment options will depend on the type of prolapse, the severity of the prolapse and individual circumstances. Pelvic Health Physiotherapy should always be considered as first line treatment before other options are considered.

- **Vaginal oestrogen cream**

This is applied to the vagina for 2 weeks daily and then twice a week thereafter. It aims to help with any feelings of discomfort or soreness. These feelings may return once the cream is stopped and so many continue to use this permanently. This cream does not resolve the prolapse but can help to reduce discomfort associated with it.

- **Vaginal pessary**

This is a plastic or silicone device that fits into the vagina to help support the pelvic organs. It is left in place to provide to support the prolapse. This may be the option of choice if further children are planned or for women who do not wish to have surgery or for temporary relief from symptoms whilst awaiting other treatments, such as physiotherapy, to take effect.

- **Surgery**

Surgery may be considered if the other treatment options have not adequately helped or if the pelvic organ prolapse is considered more severe. The aim of surgery is to relieve symptoms whilst making sure the bladder and bowel work normally after the operation.

The decision to have surgery may depend on the severity of the symptoms and how much the prolapse affects daily life. If you also have incontinence, it is important this is considered when deciding on surgery, as this can sometimes be made worse after prolapse surgery. You should discuss this in more detail with your urogynaecologist.

Contact information

If you need any further support or advice you can contact the Pelvic Health Physiotherapy team below;

Tel: 01932 722547

Email: asp-tr.stpetersphysioappointments@nhs.net

Further Information

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty.

If they cannot resolve your concern, please contact our Patient Experience Team on 01932 723553 or email asp-tr.patient.advice@nhs.net. If you remain concerned, the team can also advise upon how to make a formal complaint.

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To use the Text Relay service, prefix all numbers with 18001.

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Se precisa de uma tradução por favor contacte: 01932 723553

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यदि आपको अनुवाद की ज़रूरत है तो कृपया इस नंबर पर फोन करें: 01932 723553

Jeżeli chcemy, aby te informacje w innym języku, proszę zadzwonić 01932 723553

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