

*Reviewed by Dr Trisha Macnair.*

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## Prolapse

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### **What is a prolapse?**

As the muscles, ligaments and supporting tissues in the pelvis become weaker, they are less able to hold in the organs of the pelvis such as the womb (uterus) or bladder.

Gravity pulls these organs down and, in the more severe cases, may appear through the entrance to the vagina.

A variety of problems can occur, depending on where the weakness lies and which organs are able to descend, but in every case there is some degree of prolapse of the vaginal wall, which begins to invert (rather like a sock turning inside out).

- Prolapse of the womb or uterus is the most common prolapse, affecting as many as one in eight older women to some degree
- Prolapse of the bladder, known as a cystocele, is less common
- Prolapse of the urethra (the tube that carries urine out of the bladder) is known as a urethrocele
- Prolapse of the intestines is quite rare, and known as an enterocele or rectocele

Some experts say up to 50 per cent of women who have had more than one child will eventually develop a prolapse

### **What causes it?**

Several factors make a prolapse more likely. They include:

- **Age:** prolapse is rare in young women. As a woman passes the menopause and levels of the female hormone oestrogen decline, the supporting tissues of the pelvis can lose their elasticity and strength very quickly.
- **Pregnancy and childbirth:** this is one of the most important risk factors for prolapse. Pregnancy stretches and strains the tissues of the abdomen and pelvis. Then during labour and delivery of the baby, the pelvic floor is stretched as the baby passes through. Trauma, tears or lacerations during delivery compound the problem.
- **Genetics:** research has shown that younger women who develop a prolapse have up to 30 per cent lower levels of collagen (the fibres that form the internal scaffolding of the tissues). This suggests there may be a genetic predisposition, and it certainly seems to run in some families. It is also more common in certain inherited conditions such as Marfan's syndrome and Ehlers-Danlos syndrome, where there's abnormal collagen production.

- **Muscular defects:** uterine prolapse can occur very occasionally in tiny babies who have a weakness of the pelvic muscles or problems with the nerve supply to the area.
- **Wide pelvic inlet:** this is the round gap in the base of the pelvic bones, through which the baby passes during birth and women with this are more at risk because the tissues bridging the gap have to work even harder to hold the organs above in.
- **Chronically increased pressure inside the abdomen:** due to obesity or lung disease, for example, helps push the organs down and out.

### **What are the symptoms?**

Symptoms depend on which tissues descend, and how severe the prolapse is.

They may include:

- A sense of heaviness or pressure in the pelvis
- The appearance of a bulge of tissue in the genital area, which can be quite alarming, and is often red and sore
- Urinary problems, such as having to urinate more frequently, feeling the need urgently, being incontinent (losing control of the bladder) or, conversely, being unable to pass urine when you need to
- Pain in the pelvis or lower back

- Sexual problems, including pain and decreased libido
- Constipation
- Vaginal discharge or bleeding

### **How can I prevent it?**

Women need to be aware of the risks of prolapse and the steps they can take to avoid it, including maintaining a healthy weight, eating plenty of fruit and vegetables to avoid constipation, and learning correct lifting techniques.

There are also specific exercises to keep the pelvic floor muscles strong, sometimes known as Kegel exercises.

For example:

- While urinating, practise interrupting the flow of urine several times by contracting the pelvic muscles
- Practise holding specially designed weighted cones within the vagina
- Once you have some awareness of the 'feel' of the pelvic floor muscles, repeatedly contract them (but not the gluteal or buttock muscles) 50 to 200 times a day for a few seconds at a time

You can get expert advice on pelvic floor exercises from a physiotherapist, who'll be able to teach you the techniques involved (your GP may be able to refer you to one).

It's also important to aim to minimise trauma to the pelvic tissues during childbirth. Some physiotherapists and also some midwives specialise in teaching women how to strengthen their pelvic floor muscles before giving birth, and retrain them after the stretching of the tissues that occurs during delivery of the baby.

### **What's the treatment?**

Once a prolapse has developed, surgery to fix the affected organs is usually the only way to cure it effectively.

However, another option is to use a device known as a vaginal ring pessary. This is rather like a contraceptive diaphragm or cervical cap. It's made of silicone or latex, and placed in the vagina to push back the prolapsed organs and hold them in place. Many women happily manage their prolapse this way.