

Prolapse

Advice & exercise

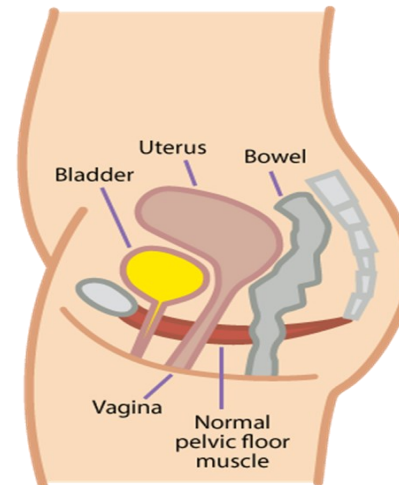
Pelvic Health Physiotherapy

<https://cwmtaf.wales/pelvic-health-physiotherapy>



What is Pelvic Organ Prolapse?

Pelvic organ prolapse occurs when a pelvic organ, such as the bladder, womb or rectum, drops down from its normal position and pushes against the wall of the vagina.



These organs are normally held in place and supported by ligaments and the pelvic floor muscles. When these structures are over stretched or weakened the pelvic organ can prolapse from its natural position.

It is very common, especially in women who have had children.

This picture shows the pelvic organs and how they are positioned in the pelvis.

How does it happen?

- Pregnancy and childbirth are the most common causes as they can lead to weakened pelvic floor muscles, especially with a large baby, a particularly long labour or following an assisted birth (forceps/ventouse)
- Constipation and regular straining can cause excess strain and weaken the pelvic floor
- Being overweight can weaken the pelvic floor
- Prolapse is more common the older you get, particularly after the menopause
- Persistent coughing or prolonged heavy lifting, again causes you to strain your pelvic floor
- Following a hysterectomy (as the top of the vagina is supported by ligaments & muscles) these can weaken and cause a prolapse.

Symptoms of Pelvic Organ Prolapse

Your symptoms will depend on the severity and type of your prolapse. Many women are unaware that they have a prolapse, but symptoms may include:

- Feeling a bulge, dragging pressure or heaviness in the vagina
- Difficulty passing urine or feeling you haven't completely emptied
- Feeling that you need to pass urine more frequently
- Urinary incontinence
- Difficulty emptying the bowel
- Faecal incontinence
- Discomfort using tampons or having difficulty retaining them
- Discomfort during sexual intercourse
- Back or lower abdominal ache

Types of Pelvic Organ Prolapse

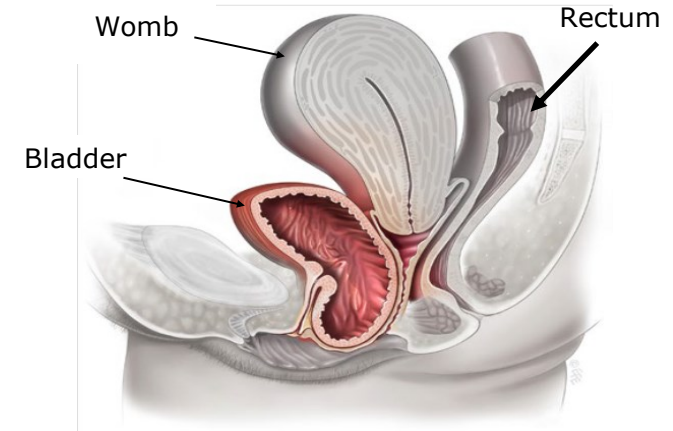
There are different types of prolapse depending on which organ is prolapsing and which part of the vagina is affected.

It is possible to have more than one type of pelvic organ prolapse. There are different degrees of prolapses - it depends on how far it bulges down into the vagina.

The main types of prolapse are shown overleaf.

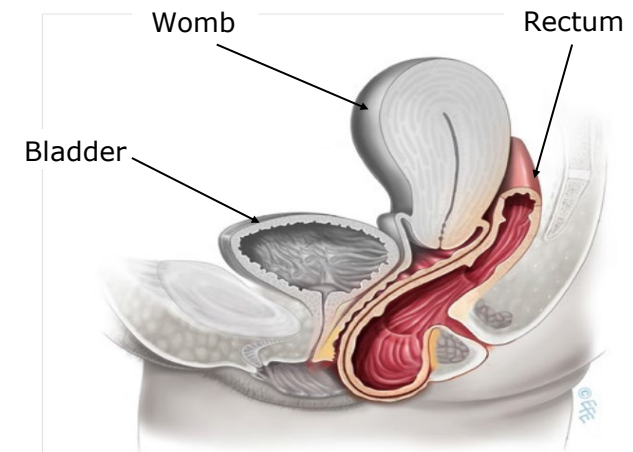
Anterior vaginal wall prolapse or cystocele

This is when the bladder or the urethra bulges into the front wall of the vagina



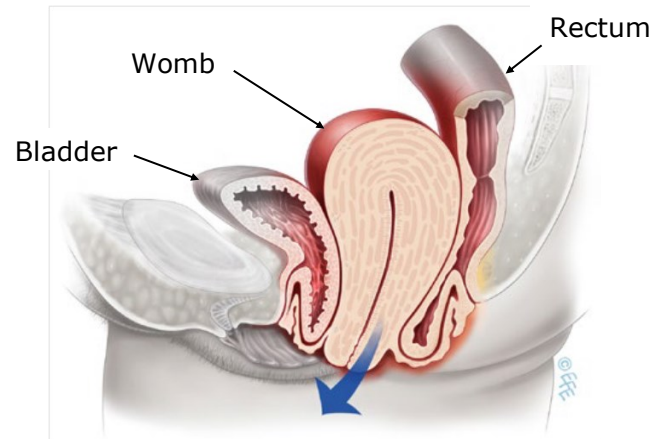
Posterior vaginal wall prolapse or rectocele

This is when the rectum or the small intestine bulges into the back wall of the vagina



Uterine or Vaginal Vault prolapse

This can be either the womb, known as a uterine prolapse, or vaginal vault prolapse (a vault being the top of the vagina after a hysterectomy).



Management and Treatment of Prolapse

The Royal College of Obstetricians and Gynaecologist and the National Institute of Health and Care Excellence recommend a conservative (non-surgical) management approach first before considering surgery.

Options for conservative management are:

- Physiotherapy & pelvic floor exercises
- Lifestyle changes
- Bowel and bladder changes
- Pessary

Many women are able to greatly improve their symptoms following expert advice on these aspects of daily life

If these options do not sufficiently improve symptoms, then surgery might be an option however, not everyone who has a prolapse requires or is suitable for surgery. Surgery will depend on how the prolapse is affecting your daily life.

Prolapse can reoccur in approximately one in four women, even following surgery.

Lifestyle changes

Avoid constipation: Straining to empty the bowel can make a prolapse worse. Try to eat the recommended five portions of fruit or vegetables each day and drink about two litres of fluid daily. Further advice can be obtained from your physiotherapist, continence advisor, GP or Practice Nurse. Laxatives may be useful if these changes are not sufficient.

Loose weight: Being a healthy weight for your height avoids unnecessary strain on your pelvic floor muscles and could make a great difference to your prolapse symptoms – if you are overweight losing even a few pounds may help.

Avoid heavy lifting: Shopping, gardening, caring for babies, toddlers, etc. The list of day-to-day heavy tasks we often do is endless. Try to avoid heavy lifting where possible. If you cannot avoid it, try to lift less often and for short periods of time whilst contracting your pelvic floor muscles.

Manage a chronic cough: If you have a respiratory condition ensure you are taking the correct prescribed medicine. If you smoke you should try to stop. Your GP, Practice Nurse or Stop Smoking Wales can give further advice.

Avoid high impact exercise: Exercise where you always have one foot on the ground at any given time is low impact and will put less pressure on your prolapse. Try swimming, Pilates, yoga, walking or cycling instead.

PELVIC FLOOR EXERCISES

The pelvic floor muscle has 4 roles:

- Supports the pelvic contents
- Helps maintain continence
- Helps with sexual function
- Provides spinal and pelvic stability

How to do the exercise

It is really important to do the exercise correctly:

- Tighten around the back passage as if to stop passing wind
- Tighten around the front as if to stop a wee
- Aim for an upwards and forwards lift, trying to bring the back passage towards the pubic bone
- Make sure you fully release the muscles after each squeeze

Functional use / the Knack

For your pelvic floor muscle to do its job fully, you need to be able to perform a pelvic floor contraction and breathe at the same time.

You also need to ensure that no other muscles are trying to join in:

- Don't pull your belly in
- Don't squeeze your buttocks or inner thighs

Make sure you practice in lying, sitting and standing and then try to progress to squeezing your pelvic floor muscles during walking, lifting and other everyday activities.

You need to learn to actively squeeze your pelvic floor muscles **BEFORE** and **DURING** the activities that cause or worsen your symptoms.

You will need to do two types of exercises for your pelvic floor muscle.

1. Slow hold

Hold onto the squeeze - how many seconds can you hold your maximum contraction for before your muscles get tired?

Gradually increase your holding time to 10 seconds to repeat this up to 10 times. You need to fully rest in-between each squeeze

2. Fast on/off

You then need to perform a **quick maximum squeeze**, Fully releasing **in-between** each squeeze

Aim to do up 10 fast contractions.

Downloading the Squeezy app can help you remember do your exercises 3 times a day and keep you motivated by keeping a record of how you're doing.



**Physiotherapy Appointment booking:-
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Ysbyty Cwm Cynon Physio Dept - 01443 715014

Princess of Wales Physio Dept - 01656 752898