

Equality Statement At South Warwickshire NHS Foundation Trust we are fully committed to equality and diversity, both as an employer and as a service provider. We have a policy statement in our Equality Strategy that clearly outlines our commitment to equality for service users, patients and staff:

- You and your family have the right to be treated fairly and be routinely involved in decisions about your treatment and care. You can expect to be treated with dignity and respect. You will not be discriminated against on any grounds including age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation.
- You have a responsibility to treat other service users, patients and our staff with dignity and respect

Our information for patients can also be made available in other languages, Braille, audio tape, disc or in large print.

PALS

We offer a Patient Advice Liaison Service (PALS). This is a confidential service for families to help with any questions or concerns about local health services.

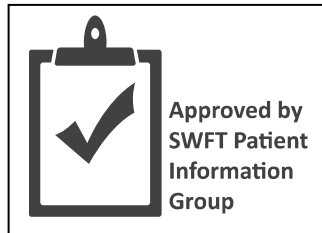
You can contact the service by the direct telephone line on 01926 600 054 by email: Pals@swift.nhs.uk or by calling in person to the PALS Office which is located in the Lakin Road Entrance to the hospital.

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Patient Information

Physiotherapy Department *Prolapse*

What is Prolapse?

Pelvic organ prolapse is a common condition where the walls of the vagina start to collapse and fall inwards. This leaflet explains the different types of prolapse that can occur and provides information about causes, diagnosis, treatment options and prevention, as well as what you can do to ease your symptoms. Prolapse may be found in up to half of women who have had children, but not all will have symptoms and it is more common among older women.

The weakness can happen for a variety of reasons:

- Chronic constipation
- Persistent cough
- Childbirth
- The natural ageing process
- Surgery
- Occupation
- Menopause
- Being over weight
- In the presence of joint hypermobility syndrome

What kind of problems can a prolapse cause?

- A feeling of “something coming down”- the most common symptom is a bulge in the vagina which can cause discomfort.
- Bladder problems- prolapse may be associated with urinary incontinence, going to the toilet more frequently or struggling to empty the bladder.
- Bowel problems- prolapse may lead to difficulty emptying the rectum (back passage). Common symptoms include having to push the lump back and difficulty in getting clean after a bowel motion.
- Sexual intercourse- a prolapse may get in the way during sexual intercourse and cause pain/ discomfort.

Advice

- **Avoid being overweight** – extra weight means the muscles have more work to do. Keeping at your correct weight can make a considerable difference to your symptoms.
- **Avoid constipation** – straining to open your bowels stretches the pelvic floor muscles making them weaker. It is important to drink plenty of fluids and you may need to adjust your diet.
- **Avoid heavy lifting** – lifting increases the pressure in your abdomen and lifting excessive weights puts extra strain on the pelvic floor. Remember to tighten your pelvic floor muscles before lifting, and hold tight until you release the load.
- **Exercise to avoid** – double leg lifts and sit-ups should be avoided as they put severe pressure on the pelvic floor. Avoid high impact exercises e.g. anything involving both feet off the ground at the same time such as jumping.
- **Bladder emptying** – it is important to empty the bladder completely each time you go to the toilet. If you think your bladder may not be completely empty try rocking your pelvis forwards and backwards, it may help to empty a little more.
- **“Gadgets”** – you are advised NOT to buy any of the gadgets and devices until you have spoken to your physiotherapist as they may not be appropriate in management of prolapse.

What is a Pessary?



A vaginal pessary is a device which is inserted into the vagina to hold a prolapsed vaginal wall or uterus in place. Pessaries are made of silicone or vinyl. There are a variety of types but the two different types of pessary that we use most commonly are ring and shelf pessaries. Vaginal

pessaries are used by women who prefer non surgical treatment, when childbearing is not completed or where surgery may not be a safe option due to health problems.

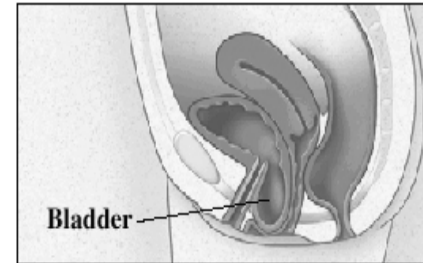


Ring Pessary- is round in shape and comes in different sizes. The size you need will be assessed by a health care professional. Your health care professional will suggest which type of pessary is suitable for you.

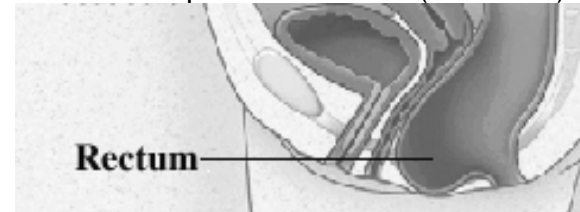
Types of Prolapse

Pelvic organ prolapse occurs when the support of the pelvic organs begins to weaken. This may result in a number of different prolapses.

- Prolapse of the front wall (Anterior) Vaginal Wall



- Prolapse of the Back (Posterior) Vaginal Wall



- Uterine prolapse and Vaginal Vault prolapse (top of the vagina)

When the front or back wall of the vagina prolapses, the organ behind it (the bladder or bowel) usually follows it down and adds to the bulge. The womb (uterus) can lose its

support and descend into the vagina. The top of the vagina can also prolapse if you have had a hysterectomy, called a vault prolapse. Whilst prolapse is not life-threatening it can cause a great deal of distress and discomfort.

All prolapses are graded according to their severity

- **Grade 1:** the uterus or vaginal walls have dropped slightly. At this stage many women may not be aware they have a prolapse. It may not cause any symptoms and is usually diagnosed as a result of a routine examination e.g for smear test
- **Grade 2:** the uterus or vaginal walls have dropped further into the vagina and the bulge can be seen at the vaginal opening.
- **Grade 3:** most of the uterus or vaginal wall has fallen through the vaginal opening.

Treatment of Prolapse

There are four options for treating prolapse

1. **Do nothing**, if the prolapse is not causing any interference with daily life. However avoiding heavy lifting or prolonged standing will reduce the symptoms.
2. **Physiotherapy** may help with the use of pelvic floor exercises, techniques and equipment aimed at stimulating and strengthening the muscles which would aim to relieve discomfort and in mild cases possibly cure the prolapse.
See below for further information about pelvic floor exercises.

For example: hold 4 seconds, rest 4 seconds, repeat 7 times. This is your 'starting block' and should be repeated 3 to 4 times a day

This exercise will build the endurance of the muscles. You will gradually be able to work harder and for longer, i.e. increase your 'hold' time and your 'repetitions'.

The pelvic floor muscles must also be capable of reacting quickly e.g. on coughing or sneezing so you must practice quick contractions.

- Tighten the muscles quickly and strongly and relax. Count how many you can do. Aim for 10 repetitions.

Your exercise programme should consist of:

- Endurance – slow controlled muscle contractions, your 'starting block' followed by
- Quick muscle contractions
- Aim for 3 to 4 sessions a day

The most difficult part of the programme is remembering to do the exercises. The following advice may help trigger your memory

- Coloured stationary dots put in places that will catch your eye e.g. on the fridge, the kettle or your watch.
- Exercise after you have emptied your bladder
- Set an alarm on your watch
- Every time you answer the phone etc.

It takes time and effort, usually from 3 to 6 months, to gain improvement. Persevere, it will be worth it

How Can Pelvic Floor Exercises Help?

Pelvic floor exercises can strengthen these muscles so that they once again give support. The more you use and exercise them, the stronger they will be.

The Basic Exercise

Sit, stand or lie comfortably with your knees slightly apart. Imagine you are trying to stop yourself passing urine or wind and slowly squeeze and lift the muscles, drawing up and closing around the back and then the front passages.

The pelvic floor muscles work closely together with the deep tummy muscles so you may feel some tension around the lower tummy when doing this exercise – this is normal. However you should not:

- squeeze your legs together
- hold your breath
- tighten your buttocks

The Exercise Programme

To improve the function of your pelvic floor muscles it is important to work them hard and regularly. To set your starting programme tighten your pelvic floor muscles and hold the contraction for as many seconds as you can up to 10 seconds.

- How long can you hold the contraction ? seconds

Release the contraction and rest for 4 seconds. Repeat the tighten, hold, release at least 7 times and up to 10 times if you can

- How many times can you repeat the contraction?

3. The use of a mechanical device called a **pessary**. This is used to “hold up” the prolapse and reduce symptoms. The pessaries do not cure prolapse but just control the prolapse whilst the pessary is in place. There are a variety of pessaries available, but the most commonly used one is the ring pessary.
A pessary may be used as an interim measure to determine whether surgery may be of benefit
4. Finally, **surgery**- the most common surgery for prolapse is a pelvic floor repair. This is a term used to describe basic repairs to the pelvic floor. More specifically, the term anterior repair refers to correction of the front wall of the vagina; and posterior repair, to correction of the back wall of the vagina. If the uterus is prolapsing, then it can be removed with a hysterectomy. If you have already had a hysterectomy, then the top of the vagina can be reattached.

The Pelvic Floor Muscles

The pelvic floor muscles are firm supportive muscles which stretch like a trampoline across the bottom of the pelvis from the pubic bone at the front to the tail bone at the back. The openings from your bladder(urethra), womb(vagina) and bowel(rectum) pass through your pelvic floor, and the pelvic floor muscles help to hold these structures in place and to close the bladder outlet and the back passage. These muscles are kept slightly tense to stop leakage of urine from the bladder and faeces from the bowel. When you pass water or have a bowel motion the pelvic floor muscles relax. Afterwards they tighten again to restore control. The closing force of the pelvic floor muscles also stops the bladder from contracting, so being able to hold a pelvic floor muscle contraction will control urgency and help prevent leakage. Weak pelvic floor muscles can also mean decreased satisfaction during sexual intercourse for both you and your partner.

The Muscles of the Pelvic Floor

