

Treatment

Conservative treatment may involve pelvic floor exercises and a high fibre diet to soften the stool and make bowel motions easier. After menopause, the hormone oestrogen is given either directly into the vagina or by tablets or patches. Many women with prolapse do not need further treatment.

If the symptoms are bothersome and the conservative treatment fails, surgery is indicated.

Surgical repair is usually done through the vagina however if there are associated urinary symptoms, or there are other special circumstances, an abdominal approach is chosen. It is better to defer surgery until a woman has had all her children as vaginal delivery will ensure the recurrence of prolapse. A hysterectomy may need to be part of the repair procedure.

If surgery is too risky because of a woman's general health, or because of patient preference, a special device called a pessary may be used to support the pelvic organ. This needs to be removed, cleaned and reinserted regularly by your doctor or a specially trained nurse.

Conclusion

Prolapse is very common and it is not necessary to put up with the symptoms. The right diagnosis and treatment can help restore a life free of discomfort.

Internet: www.urodynamic.com.au



SYDNEY

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Basement, 135 Macquarie Street, Sydney

CHATSWOOD

North Shore Urodynamic Centre
Suite 70, Chatswood Village
47 Neridah Street, Chatswood

CAMPERDOWN

Camperdown Urodynamic Centre
Suite 404, RPAH Medica Centre
100 Carillon Avenue, Newtown

CONCORD

Concord Urodynamic Centre
Level 2, Concord Hospital Medical Centre
209 Hospital Road, Concord West

BANKSTOWN

Bankstown Urodynamic Centre
Suite 2, Level 1, 56 Kitchener Parade, Bankstown

LIVERPOOL

Liverpool Urodynamic Centre
Suite 20, 17 Moore Street, Liverpool

PENRITH

Penrith Urodynamic Centre
Nepean Private Specialist Centre
Suite 1, 1A Barber Avenue, Penrith

For all appointments, please call (02) 9790 6969.



A guide to understanding and treatment of

PROLAPSE

Many women notice changes in the pelvis as they get older and have children. They may have a feeling of pressure or a dragging sensation in the vagina. These symptoms may be due to the prolapse of the pelvic organs. This guide will help you understand the various types of prolapse, their causes, symptoms and the treatment options available.

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The Pelvic Organs

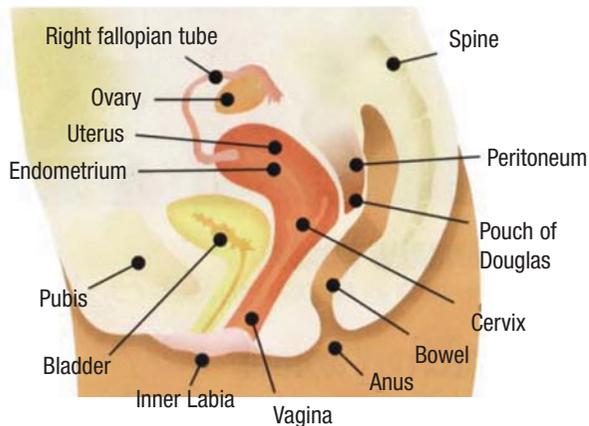
Parts of the body affected by prolapse of the pelvic organs include the urethra, the bladder, the uterus, the Pouch of Douglas, the rectum and the vagina. The bladder stores urine and expels it through a tube called the urethra. The urethra is located at the top of the vagina. Behind the uterus is a space within the pelvic cavity called the Pouch of Douglas; this space contains small bowel. Behind this space is the rectum, which continues along the back of the vagina and ends at the anus. The perineum is the tissue between the opening of the vagina and the anus.

The pelvic organs are supported by:

1. Layers of connective tissue
2. Ligaments
3. Muscles that lie around the urethra, vagina and the anus.

When the supports become stretched they allow the organs to sag or bulge into the vagina. Occasionally these organs protrude through the vaginal opening.

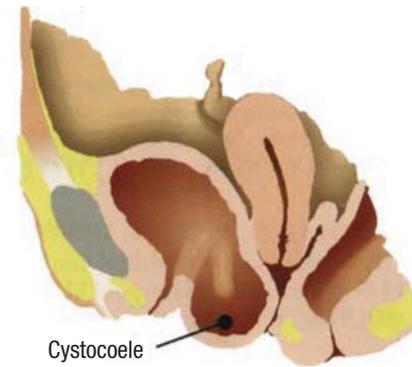
The main causes of prolapse include congenital factors, the stretching or tearing of connective tissue ligaments and muscles during pregnancy and childbirth, as well as the possible weakening of these same supports from lack of oestrogen after menopause. Abnormal increases in abdominal pressure, such as chronic cough, frequent heavy lifting, obesity and constipation can also be factors.



Symptoms

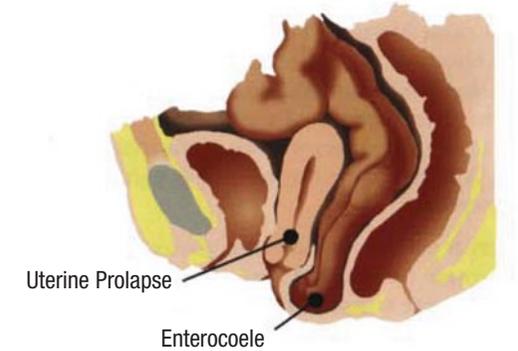
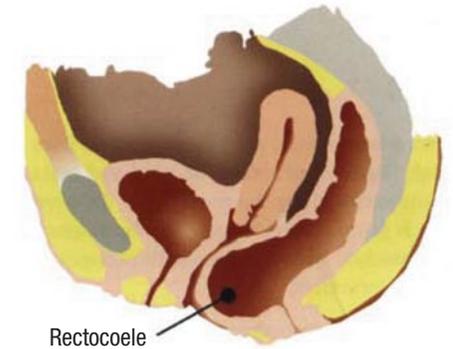
Symptoms depend on which organs are involved in the prolapse and can range from minor discomfort to major problems that require surgery. Typically they include:

- Feelings of heaviness or fullness, or a dragging feeling in the vagina
- Discomfort or pain in the pelvis
- Pulling or aching sensation in the lower abdomen, groin or lower back
- Urinary symptoms such as difficulty emptying the bladder, recurrent urinary infections and urinary frequency
- Difficulty emptying the rectum and constipation.



All these symptoms are more noticeable at the end of the day, especially after standing for a long time. They often improve when assuming a recumbent position.

Organs may protrude through the vagina and they may be seen or felt. Sometimes it is necessary to push these organs back into the vagina to completely empty the bladder or complete a bowel movement. If the organs stay outside the vaginal opening, they may become ulcerated and infected.



Types of Prolapse

Classification depends on the organs involved. For instance:

- Cystocele involves the bladder
- Uterine prolapse involves the uterus
- Enterocele involves the small bowel situated in the Pouch of Douglas
- Rectocele involves the rectum
- Vaginal vault prolapse involves the apex of the vagina after hysterectomy.

Diagnosis

In order to make a diagnosis, a pelvic examination is made often in both the recumbent and standing positions. Additionally, if urinary symptoms are present, or if surgery is contemplated, it may be necessary to perform urodynamic investigations and ultrasound imaging.