



PATIENT INFORMATION LEAFLET

This document is intended to assist patients in their understanding of a common gynaecological procedures or conditions. It does not replace discussions with the health care team and individualised clinical care.

Developed and endorsed by SASOG as part of the BetterGYN® programme

PELVIC ORGAN PROLAPSE

What is pelvic organ prolapse (POP)?

Pelvic organ prolapse (POP) is a common condition affecting women as they age. This term refers to the protrusion or bulging of one or more organs such as the bladder, rectum uterus, bowel or vault (roof) of the vagina into or even outside of the vagina. POP occurs due to the pelvic floor muscles becoming weak.

What are the symptoms of POP?

In mild cases you may have only a feeling of fullness in the vagina. But for some women the condition may also cause bladder, bowel and sexual function problems. Typically, these include:

- A slow or weak urinary stream
- Incomplete bladder emptying
- Stress urinary incontinence (leaking when coughing or sneezing)
- Difficulty with emptying the bowel
- Discomfort during sexual intercourse

In severe cases you may become aware of an organ that presents at or through the vaginal opening and may even have discomfort sitting. In some cases, this exposed area can become ulcerated.

How is POP diagnosed or confirmed?

The type and stage of POP will be confirmed during a clinical gynaecological examination. You may be referred for additional tests like bladder or bowel function analysis especially if your symptoms do not match the findings or if the prolapse is severe or complicated to repair.

What causes POP?

Pregnancy and vaginal childbirth are thought to be the main factors that cause weakness of the vagina and the pelvic connective tissue and ligaments which form its support mechanism. Prolapse may occur shortly after vaginal birth or later in life. Other factors that cause POP include:



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- Ageing
- Menopausal hormone deficiency
- Inherited weakness of the connective tissue such as Marfan's syndrome
- Conditions that cause increased intra-abdominal pressure, such as chronic coughing, constipation, heavy lifting etc.
- Chronic cortisone therapy
- Genetic predisposition

What are the types of POP?

POP typically occurs in three parts of the vagina, which are used to identify the type of POP, i.e. the front or anterior part; back or posterior part; and, the apex (top or roof) of the vagina. The types of prolapse are:

- Prolapse of the bladder, referred to as *anterior compartment prolapse*, which is the most common type of prolapse.
- Prolapse of the rectum (lower part of the large bowel) into the back wall of the vagina. This is referred to as *posterior compartment prolapse*.
- Protrusion of the intestine into the upper part of the vagina, referred to as an *enterocele*.
- Prolapse of the uterus, or uterine prolapse, which is a form of *apical prolapse*.
- When the uterus has previously been removed, prolapse of the roof or top of the vagina is possible. This is referred to as *vault prolapse* and is another form of *apical prolapse*.

What can I expect without treatment?

Without treatment your prolapse may deteriorate. Vaginal bleeding and/or ulceration may occur as a result of the prolapsed organ remaining outside the vagina. Incomplete bladder emptying and difficulty in urinating may begin to worsen if the POP is left untreated. Some women may need to use their finger to create pressure to assist in bowel emptying. This is referred to as 'manual digitation' or 'splinting'. Some women avoid sexual activity due to their POP.

What treatment options are available for this condition?

Non-surgical options include to wait and observe, as POP is rarely life-threatening. This is an option in minor stages of prolapse (i.e. stages 1 and 2). Other options include pelvic floor physiotherapy, which will improve symptoms associated with POP and the use of vaginal pessaries or diaphragms. Most pessaries are made of



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silicon and are manufactured in various shapes and sizes. If you opt for this treatment, you will require at least six-monthly follow-ups.

Surgical treatment options are tailored to the type and stage of prolapse. However, factors such as coexisting medical conditions, your general health and age are important decisional factors when considering surgery. For further information, please see our 'Surgery for POP procedure' document. You should take part in the decision making about when and what type of surgery is chosen.

How to choose between these options?

It is recommended that non-surgical options be offered to all women, but many may eventually need surgery. You will be guided by your doctor as to the best option for your particular condition.

References:

1. NICE guideline [NG123]: Urinary incontinence and pelvic organ prolapse in women: management. Published: 2 April 2019 www.nice.org.uk/guidance/ng123
2. Smith, Taryn A. PA-C; Poteat, Tamara A. PA-C; Shobeiri, S. Abbas MD. Pelvic organ prolapse: An overview 2014. Journal of the American Academy of PAs: March 2014 - Volume 27 - Issue 3 - p 20–24

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