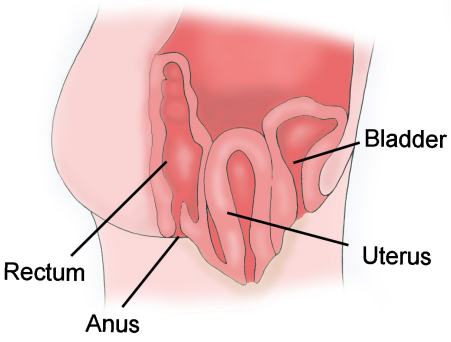
Prolapse of the Rectum, Bladder, Vagina, or Uterus

Prolapse means the falling down, bulging, dropping, or drooping of a body part. Organs that commonly prolapse include the rectum, small intestine, bladder, urethra, vagina (*birth canal*), uterus (*womb*), and cervix. Prolapse occurs when the ligaments and muscle tissue around the rectum, bladder, and uterus are damaged or weakened.



CAUSES

This happens especially with:

- Childbirth. Some women feel pelvic pressure or have trouble holding their urine right after childbirth, because of stretching and tearing of pelvic tissues. This generally gets better with time and the feeling usually goes away, but it may return with aging.
- Chronic heavy lifting.
- Aging.
- Menopause, with loss of estrogen production weakening the pelvic ligaments and muscles.
- Past pelvic surgery.
- Obesity.
- Chronic constipation.
- Chronic cough.

Prolapse may affect a single organ, or several organs may prolapse at the same time. The front wall of the vagina holds up the bladder. The back wall holds up part of the lower intestine, or rectum. The uterus fills a spot in the middle. All these organs can be involved when the ligaments and muscles around the vagina relax too much. This often gets worse when women stop producing estrogen (*menopause*).

SYMPTOMS

- Uncontrolled loss of urine (*incontinence*) with cough, sneeze, straining, and exercise.
- More force may be required to have a bowel movement, due to trapping of the stool.
- When part of an organ bulges through the opening of the vagina, there is sometimes a feeling of heaviness or pressure. It may feel as though something is falling out. This sensation increases with coughing or bearing down.
- If the organs protrude through the opening of the vagina and rub against the clothing, there may be soreness, ulcers, infection, pain, and bleeding.
- Lower back pain.
- Pushing in the upper or lower part of the vagina, to pass urine or have a bowel movement.
- Problems having sexual intercourse.
- Being unable to insert a tampon or applicator.

DIAGNOSIS

Usually, a physical exam is all that is needed to identify the problem. During the examination, you may be asked to cough and strain while lying down, sitting up, and standing up. Your caregiver will determine if more testing is required, such as bladder function tests. Some diagnoses are:

- Cystocele: Bulging and falling of the bladder into the top of the vagina.
- Rectocele: Part of the rectum bulging into the vagina.
- Prolapse of the uterus: The uterus falls or drops into the vagina.
- Enterocele: Bulging of the top of the vagina, after a hysterectomy (*uterus removal*), with the small intestine bulging into the vagina. A hernia in the top of the vagina.

- Urethrocele: The urethra (*urine carrying tube*) bulging into the vagina.

TREATMENT

In most cases, prolapse needs to be treated only if it produces symptoms. If the symptoms are interfering with your usual daily or sexual activities, treatment may be necessary. The following are some measures that may be used to treat prolapse.

- Estrogen may help elderly women with mild prolapse.
- Kegel exercises may help mild cases of prolapse, by strengthening and tightening the muscles of the pelvic floor.
- Pessaries are used in women who choose not to, or are unable to, have surgery. A pessary is a doughnut-shaped piece of plastic or rubber that is put into the vagina to keep the organs in place. This device must be fitted by your caregiver. Your caregiver will also explain how to care for yourself with the pessary. If it works well for you, this may be the only treatment required.
- Surgery is often the only form of treatment for more severe prolapses. There are different types of surgery available. You should discuss what the best procedure is for you. If the uterus is prolapsed, it may be removed (*hysterectomy*) as part of the surgical treatment. Your caregiver will discuss the risks and benefits with you.
- Uterine-vaginal suspension (*surgery to hold up the organs*) may be used, especially if you want to maintain your fertility.

No form of treatment is guaranteed to correct the prolapse or relieve the symptoms.

HOME CARE INSTRUCTIONS

- Wear a sanitary pad or absorbent product if you have incontinence of urine.
- Avoid heavy lifting and straining with exercise and work.
- Take over-the-counter pain medicine for minor discomfort.
- Try taking estrogen or using estrogen vaginal cream.
- Try Kegel exercises or use a pessary, before deciding to have surgery.
- Do Kegel exercises after having a baby.

SEEK MEDICAL CARE IF:

- Your symptoms interfere with your daily activities.
- You need medicine to help with the discomfort.
- You need to be fitted with a pessary.
- You notice bleeding from the vagina.
- You think you have ulcers or you notice ulcers on the cervix.
- You have an oral temperature above 102° F (38.9° C).
- You develop pain or blood with urination.
- You have bleeding with a bowel movement.
- The symptoms are interfering with your sex life.
- You have urinary incontinence that interferes with your daily activities.
- You lose urine with sexual intercourse.
- You have a chronic cough.
- You have chronic constipation.

PREVENTION

Avoiding work that requires chronic heavy lifting may help in preventing prolapse. Taking estrogen or using estrogen cream in the vagina during menopause, if you have no problems with this treatment, may help prevent prolapse. Avoid becoming overweight. Treat chronic cough or constipation if you have it. Doing Kegel exercises after having a baby can help. However, having a cesarean delivery (*C-section*) to avoid vaginal childbirth is not a good option, because surgery has many risks.

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