

# What is a prolapse?

Information for patients

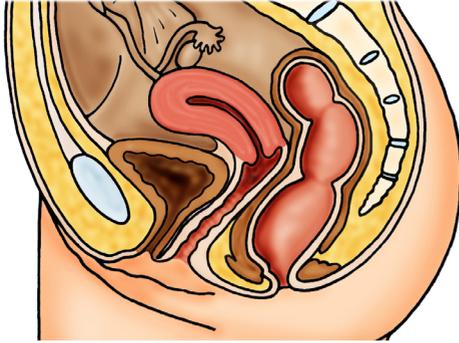


A prolapse occurs when the ligaments and muscles that support the womb, vagina, bladder or bowel become weakened, causing these organs to move down in the pelvis.

A prolapse is a very common problem which can successfully be treated. Up to 50% of women have some degree of prolapse.

### **What causes a Prolapse?**

- Pregnancy and childbirth
- The natural ageing process, especially after the menopause
- Constipation
- Being overweight
- Lots of heavy lifting
- High impact exercise
- Chronic coughing e.g. with asthma or bronchitis
- Smoking can affect the strength of muscles and ligaments
- Previous pelvic surgery may have weakened structures supporting pelvic organs
- Inherited characteristics, some types of tissue may be more likely to prolapse e.g. if you are hypermobile.

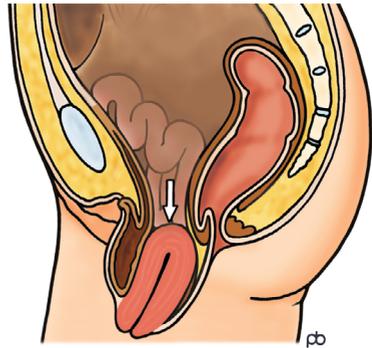


Normal position of the uterus (womb), vagina, bladder and bowel

## Types of Prolapse

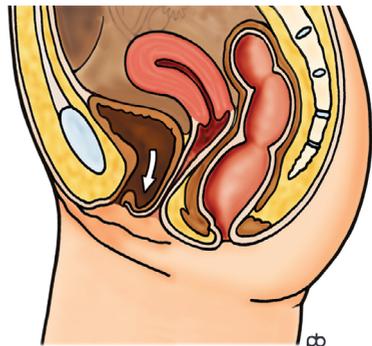
### Uterine Prolapse

The womb (uterus) moves down and presses on the vagina.



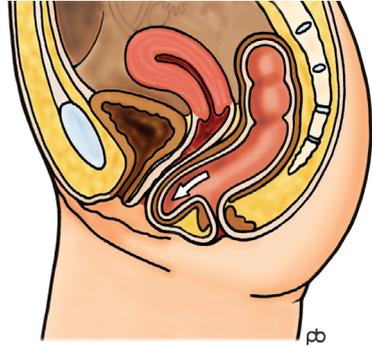
### Cystocele

The bladder pushes into the weakened front wall of the vagina.



## Rectocele

The back passage pushes into the weakened back wall of the vagina.



## What symptoms might a Prolapse cause?

### *Symptoms of any prolapse:*

- A heavy dragging feeling or of 'something coming down'. This may worsen as the day goes on, or with prolonged standing or heavy lifting
- A 'lump' in the vagina. If it is severe, you may feel it on the outside. This may rub on underwear and become sore
- Low back pain
- Pain or discomfort during sexual intercourse
- Wanting to go to the toilet more than usual
- Leakage of urine
- Frequent urine tract infections or cystitis symptoms.

### *Symptoms of a cystocele:*

- You may feel you haven't emptied your bladder properly
- Weak or prolonged stream when emptying your bladder
- Having to change position to start/completely empty your bladder
- Dribbling as you get up from the toilet.

### *Symptoms of a rectocele:*

- Difficulty emptying your bowel
- Having to support the area in between your vagina and back passage to aid emptying
- Having to insert a finger into your vagina to aid emptying.

## **How can you help yourself?**

### *Avoid or reduce aggravating factors such as:*

- Heavy lifting
- Prolonged standing
- Obesity
- Constipation
- Chronic coughing e.g. with asthma, bronchitis or smoking.

## Muscle strengthening

The pelvic floor muscles help to support the organs in the pelvis. Pelvic floor exercises may reduce less severe prolapses. If you have surgery for a prolapse, you will still benefit from good muscle support afterwards, by continuing regular (daily) pelvic floor muscle exercises. It is recommended that you complete at least 16 weeks of specific pelvic floor muscle training supervised by a physiotherapist as first line of treatment for prolapse symptoms.

It is important to assess your pelvic floor muscle strength and technique as up to 32% of people cannot contract their pelvic floor correctly and up to 25% are doing pelvic floor exercises wrong, which may make your symptoms worse.

Tightening the pelvic floor muscles before coughing or lifting is also helpful.

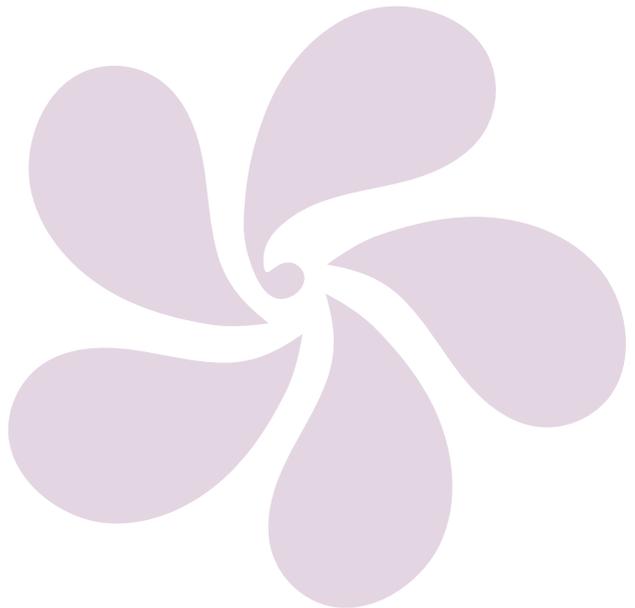
## Other treatment options

### Pessaries

This is a device fitted inside the vagina to support the prolapse. This can be used as a temporary measure, or for women who do not want or are not fit for surgery. Your pessary will need changing regularly. Your nurse, physiotherapist or doctor will advise you how often it needs changing. This can be usually done at your GP surgery or be self-managed.

## Surgery

Your consultant can advise you about surgery and which operation is appropriate for you. If you have surgery continue with pelvic floor exercises and the other advice above to prevent another prolapse.





## What did you think of your care?

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