

Pelvic organ prolapse:

What is Pelvic organ prolapse (POP)?

This term refers to the bulge/prolapse of one or more pelvic organs into the vagina. Vaginal childbirth and assisted delivery (with a forceps) are the main risk factors for developing POP. Typically, women either feel something protruding or in some cases can actually visualize the bulge. These organs may be either the bladder, uterus, vaginal vault (this refers to the top end of the vagina after a hysterectomy), bowel and rectum. In some cases, a combination of pelvic organs may prolapse e.g. bladder and uterus.

Symptoms: commonest complaints includes feeling or visualization of a lump through the vagina, the need to push back the lump in order to urinate or pass stools. You may also experience discomfort during intercourse. Other symptoms include a slow stream when urinating, incomplete emptying of the bladder and even urinary incontinence.



This figure demonstrates a stage 2 bladder prolapse.

I have POP, what next?

If this is an incidental diagnosis in the absence of symptoms, then you may not require any intervention. Discuss the finding with your gynaecologist at your next visit.

In the presence of symptoms, schedule an appointment with your gynaecologist. After a detailed history and vaginal examination will be performed. The type of POP will be diagnosed and staged using the POP-Q system (either minor or major POP) and the pelvic floor muscles will be examined for pelvic floor tone, strength and previous childbirth trauma (referred to as levator avulsion). Levator avulsion is diagnosed by performing a **4D ultrasound**.

Terms used by the gynaecologist include:

- Cystocele- bladder prolapse
- Rectocele- rectum prolapses into the back wall of the vagina
- Uterine prolapse- prolapse of the cervix and uterus
- Vault prolapse- refers to prolapse of the top part of the vagina after a hysterectomy
- Enterocoele- bowel that protrudes via the vagina

What is the treatment for POP?

Simple lifestyle changes that are recommended include:

- Loss of weight if you are overweight /obese
- Pelvic floor muscle exercises
- Avoid constipation and heavy lifting

After the diagnosis and examination, you will be advised accordingly. Current treatment options include either conservative management with vaginal pessaries or surgical treatment.

Vaginal pessaries:

Use of vaginal pessaries are usually offered as first-line treatment. These devices are made of silicon and there are many types of vaginal pessaries. The most commonly used pessary globally is the ring pessary. See picture below.



Picture of a ring pessary with support

The gynaecologist will provide a detailed explanation of care and follow up after insertion of the pessary. If you are have surgical risks that your gynaecologist is concerned about, then this is a good option to consider.

Surgery for POP:

This may either be a vaginal or abdominal approach depending on the diagnosis. Consider delaying this option if you desire more children. A pessary may be used in the meantime. There are various types of procedures, which will be discussed in detail prior to surgery. Note that there is a risk of recurrence of the same prolapse or another after surgery.