

Prolapse

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What is a prolapse?

This is when the walls of the vagina or the womb, drop down to cause a bulge that can appear in or outside of the vagina. It is a bit like a hernia and can cause symptoms such as:

- A heavy dragging feeling in the vagina or lower back
- Feeling of a lump in the vagina or outside the vagina
- Discomfort during sexual intercourse
- Bladder problems such as having difficulty passing urine, not fully emptying your bladder or passing urine very often during both day and night. Some women have desperate urges to pass urine or may also have leaks when they cough and sneeze etc.
- Bowel problems, especially difficulty emptying your bowels or a feeling of not emptying properly. Some women also need to press on the vaginal wall to empty the bowel.

It is very common and can affect one in every three women who have had one or more children. Only one in every nine women will require an operation however, so most prolapse does not need surgery.

What causes a prolapse?

Prolapse is a result of damage to the supports (nerves, ligaments and muscles) of the pelvic floor. It can be caused by the following:

- Pregnancy and childbirth
- Ageing and menopause
- Obesity
- Chronic cough
- Chronic constipation and straining
- Heavy lifting

For these reasons prolapse is more common amongst women who have more manually heavy jobs such as cleaning and nursing/caring.

Where can a prolapse occur

A prolapse may be from vaginal walls or from the womb itself. If you have already had a hysterectomy, you can still have a prolapse of the vaginal wall or the vaginal vault (where the womb used to be).

Your clinician may use many different terminologies for the same thing. Sometimes it can be quite confusing as to which part is affected by prolapse, so please feel able to ask for an explanation if you do not fully understand what is happening.

How bad is my prolapse?

Prolapse is measured in “stages” and we use these along with your symptoms to work out what is the best treatment for you.

- Stage 0 – no prolapse
- Stage 1 – a small prolapse staying well inside the vagina
- Stage 2 – the prolapse reaches the entrance to the vagina but really does not come outside much.
- Stage 3 – the prolapse pokes outside at times but will usually go back in of its own accord
- Stage 4 – the prolapse is right outside and will not go back in.

You will probably be able to fairly accurately work out which stage your prolapse is.

What can be done to help?

Everyone is different and our role is to help you decide which is the best treatment for you.

Leave alone – It is always a valid option to be left alone if you do not like any options available or if your symptoms are very mild.

Vaginal estrogen cream – this is a form of HRT designed to strengthen the tissues in the vagina. It can help reduce symptoms of the milder prolapses and also is very useful in women using pessaries to prevent soreness and bleeding.

Physiotherapy – This is a very effective treatment for women with smaller prolapses, however, it is beneficial to **all** women with respect to prevention of future prolapse and improving urinary symptoms which are very commonly seen as well.

Pessaries – these are very useful for women who need a quick answer to their symptoms. Also, if you are too busy to have surgery, if you are caring for someone and must do heavy lifting, if you are not healthy enough for an operation or simply because you feel that it is not right for you or if now is not a convenient time for an operation.

Surgical repair – your doctor will discuss the surgical options available if they feel it will be of benefit to you. Remember, whilst surgery is good for most women, can make some worse, so it is not always an easy fix. Your doctor should go through the risks and benefits with you and if you have a prolapse of the womb or top of the vagina, then you will also be given a form to fill in to confirm your choice.

How about Mesh?

Currently there is, quite rightly, a nationwide restriction on the use of mesh for prolapse correction. The only time it is of use, is in the situation where a woman has had a hysterectomy and has a particular prolapse of the top of the vagina. The operation to correct this is called a **Sacrocolpopexy** and this is usually done as a keyhole operation.

All other reasons for use of mesh have been stopped for now.

How successful is the surgery?

The success rate of prolapse surgery depends on the different operations. Listed below are the approximate long-term success rates for each operation:

- Anterior repair – 70%
- Posterior repair – 90%
- Vaginal hysterectomy – 90%
- Sacrocolpopexy – 90%
- Colpocleisis (vaginal closure) – 95%

What if I have not completed my family yet?

As you are probably already aware, pregnancy and childbirth are significant risk factors for either developing prolapse or worsening it.

The problem with surgery is that your best chance of a permanent or long-term cure, is with your first operation. For this reason, we advise women to finish their family **before** having corrective surgery.

For some women, however, they will not be able to have intercourse until their prolapse is repaired, so they will need very careful discussion about the benefits and risks of the prolapse returning after the pregnancy (even if they have an elective caesarean section).


Further reading

You can read any of the specific prolapse surgery leaflets available in clinic

- IUGA leaflets - <https://www.yourpelvicfloor.org/leaflets/>
- BSUG Patient leaflets - <https://bsug.org.uk/pages/for-patients/bsug-patient-information-leaflets/154>
- Bladder and Bowel organisation UK - <https://www.bbuk.org.uk/>

Useful contact numbers:

- **Urogynaecology Clinical Co-Ordinator**
Monday to Friday (excl. BH) - **0151 676 5619**
- **Day Surgery Unit St Helens Hospital (Sanderson Suite)**
8am-9pm Monday to Friday – **01744 64 6089**
- **Pre-assessment Clinic - 01744 64 6395**
9am-5pm Monday to Friday
- **Surgical Assessment Unit - 0151 430 1637**
after 9pm, weekends and bank holidays
- **Outpatients Department, St Helens Hospital**
9am-5pm Monday to Friday – **01744 64631 / 6300**
- **Main Switchboard – 0151 426 1600**



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