

Plain language summary

Diagnosis and Management of Pelvic Organ Prolapse

Who is this summary for?

This summary is for people who are impacted by pelvic organ prolapse. This may include women diagnosed with a pelvic organ prolapse, their support partners or their family.

What is this summary about?

The National Women and Infants Health programme have developed a number of clinical guidelines. One of these guidelines is a national guideline for the diagnosis and management of pelvic organ prolapse. This plain language summary will describe the key points and important take home messages from the diagnosis and management of pelvic organ prolapse Guideline.

What is pelvic organ prolapse?

Pelvic organ prolapse is a condition that occurs when the organs in the pelvis (such as the uterus, bladder, or rectum) move out of their normal position and press against the walls of the vagina. In severe cases, the organs may protrude through the opening of the vagina. Pelvic organ prolapse is more common in women who have had children, but it can also occur in women who have never been pregnant. It can be treated with surgery or other medical interventions, depending on how severe the prolapse is.

What are the symptoms of pelvic organ prolapse?

The symptoms of pelvic organ prolapse can vary depending on the specific organ that is affected and the severity of the prolapse. Some common symptoms are listed in the box below.

Symptoms associated with pelvic organ prolapse may include:

- A feeling of pressure or fullness in the pelvis
- Discomfort or pain in the lower abdomen or lower back
- Difficulty with passing urine or bowel movements
- Leakage of urine or faeces
- Pain during sexual intercourse
- A bulge or protrusion from the vagina

<https://www.hse.ie/eng/about/who/acute-hospitals-division/woman-infants/clinical-guidelines/>

<https://www.rcpi.ie/faculties/obstetricians-and-gynaecologists/national-clinical-guidelines-in-obstetrics-and-gynaecology/>

Not all women with pelvic organ prolapse will experience all of these symptoms, and some women may not have any symptoms at all. Women experiencing any of these symptoms should speak with a healthcare professional to determine the cause and discuss treatment options.

What tests might be needed if pelvic organ prolapse is suspected?

If pelvic organ prolapse is suspected, the woman may be seen by their General practitioner (GP), a specialist nurse or midwife, or by a Gynaecologist. At the time of this appointment a detailed history will be taken followed by a detailed physical examination.

Based on these findings a decision will be made on what additional tests are needed.

These tests include:

- Urodynamics – a specialised test of bladder function
- Examination under general anaesthesia
- Cystoscopy – a camera inserted into the bladder under anaesthetic

What are the treatment options for pelvic organ prolapse?

The treatment options for pelvic organ prolapse broadly fall into three categories:

1. Do nothing
2. Non-surgical treatments
3. Surgery

Does pelvic organ prolapse have to be treated?

After discussing with the healthcare professional, the woman may decide to not have any treatment. As the prolapse may get worse with time, the woman can reconsider any further treatment at that point.

What are the non-surgical ways of treating pelvic organ prolapse?

Treatment of pelvic organ prolapse can involve changes to the woman's lifestyle such as stopping smoking or weight loss if overweight.

Pelvic floor exercises can help but it is important that the woman is taught these by a specialist healthcare professional, such as a women's health physiotherapist.

Removable devices, known as pessaries, can be inserted into the vagina by a healthcare professional or by the woman. These devices can support the walls of the vagina or the womb. These are usually made from vinyl, latex, or silicone. Pessaries need to be changed regularly, usually every four to six months. A healthcare professional will advise the woman on how often to change the pessary.

Oestrogen cream is sometimes used to reduce dryness in the vagina and this can help women with less severe cases of pelvic organ prolapse.

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What surgeries are available to treat pelvic organ prolapse?

There are many types of surgery available to treat pelvic organ prolapse. The type of surgery offered to the woman will depend on the type of prolapse that she has. A Gynaecologist will explain which type of surgery is best for the woman's prolapse and will help her come to a decision for her care.

If it is a prolapse of the uterus (womb), the Gynaecologist will discuss with the woman whether she wants to keep the uterus or have it removed. Most surgeries involve using stitches to reinforce the parts of the vagina where the prolapse is.

If a different type of operation is needed that the woman's Gynaecologist does not perform, the woman can be referred to another Gynaecologist.

Some women will have stress incontinence (leaking when coughing or sneezing) as well as prolapse. The Gynaecologist can discuss which type of surgery is best and whether a second operation is needed to treat incontinence.

What happens after pelvic organ prolapse surgery?

Follow-up care after surgery will be with the Gynaecologist who performed the surgery. If the symptoms have resolved, care will be transferred back to the general practitioner. If symptoms persist referral to other medical or surgical specialities may be necessary.

For further information please visit the following links or discuss any concerns with the healthcare team.

International Urogynaecology Association Patient Information Leaflets <https://www.yourpelvicfloor.org/leaflets/>

British Society of Urogynaecology <https://bsug.org.uk/pages/information-for-patients/111>

Continence Foundation of Ireland <http://www.continence.ie/>

<https://www.hse.ie/eng/about/who/acute-hospitals-division/woman-infants/clinical-guidelines/>

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