

PELVIC ORGAN PROLAPSE AND PESSARIES

What is a prolapse?

A prolapse occurs when one or more of your pelvic organs – the bladder, womb or bowel – sinks down onto the vagina. It occurs in around 50% of women.

How does it happen?

A prolapse is usually connected with pregnancy, childbirth, hormonal changes, pelvic floor weakness, prolonged heavy lifting, chronic constipation, cough or breathing problems. Often a combination of factors may lead to a prolapse and some people are simply more prone to getting one due to the stretchiness of their connective tissues. This can run in families and can be connected with having a large amount of stretch marks or conditions such as hypermobility or hernias.

What does it feel like?

This depends on the organ or organs that have prolapsed and how bad the prolapse is. It may feel like a lump in the vagina, discomfort during sex, backache, tummy ache or difficulty controlling the bladder or bowel. It can cause you to empty your bladder more often or feel a stronger urge to go. It can sometimes make it more difficult to empty your bladder and lead to urine infections. It may feel as if something is coming down or out of the vagina. You may have increased difficulty or urgency in emptying your bowels. Symptoms may worsen as the day goes on or with prolonged standing, lifting or straining.

How can it be treated?

Pelvic floor exercises are extremely important and may help control some, or all, of the symptoms. They may help prevent the prolapse from getting worse and should be done if you have any form of prolapse surgery to help strengthen the pelvic floor and support the operation.

Hormone creams or hormone replacement therapy may help to strengthen the vaginal wall and pelvic tissues. It can also help prevent dryness and discomfort in the pelvic floor area. Moisturising creams designed for the pelvic floor, such as Replens, can also make things more comfortable and almonds, sunflower seeds and brazil nuts are thought to contain beneficial nutrients that may help.

A vaginal pessary may also be fitted. This sits at the top of the vagina and can help to support the prolapse. This will be checked and changed regularly (usually every six months) and can be used while you wait for an operation or instead of an operation if surgery is not suitable for you or if it controls your symptoms sufficiently well. Some women use pessaries just to manage their symptoms during activities

such as running and leave them out the rest of the time. It is possible that using a pessary may help prevent a prolapse from worsening, such as during exercising. You can be taught to remove, clean and replace the pessary yourself, depending on which type you have. They take only a few minutes to fit and may be uncomfortable to put in and out but should not be painful. It sometimes takes several goes to get the right fit and there is a wide variety of styles to choose from so if one does not work then another one probably will! It is estimated that 70-90% of women will find the pessary that is right for them if they persist in finding the right one.

Many women find that they get an increase in vaginal discharge when they have a pessary fitted – this is completely normal. You should report any significant change in discharge, bleeding or irritation to the person responsible for your pessary fitting. The pessaries may need re-sizing if you lose or gain a reasonable amount of weight (approximately half a stone).

What you should do:

1. Persist with your pelvic floor muscle exercises, even if progress is slow, you have a ring fitted or you have an operation. It is important to keep the muscles as fit as possible for the rest of your life. Try Squeezy App (£2.99) to help you remember and perform your exercises correctly
2. Avoid straining your bowels by eating a healthy, fibre-rich diet and taking any prescribed medicines as appropriate. If emptying your bowels is very hard try sitting on the toilet with your feet on a small stool or “splinting” the area between the vagina and back passage by applying pressure with your hand on any bulge. The gadget “Femmeze” can also help with bowel emptying by inserting it into the vagina to apply pressure on the back wall of the vagina and supporting the bowel in a good position (www.femmeze.co.uk)
3. Aim to drink 1.5 litres of fluid a day for good kidney health and to avoid constipation. If you find it hard to empty your bladder then stand up after first emptying, wait ten seconds and sit back down again, waiting (without straining) for any more urine to come out
4. Keep fit and active – Pilates, Yoga and Tai Chi are very effective exercises
5. Ensure your weight is within the recommended limits for your height
6. Try to stop smoking to help avoid or treat a chronic cough
7. Avoid heavy lifting and prolonged standing
8. Consider avoiding high impact exercises unless advised otherwise by a health care professional. Avoid sit-ups and crunches wherever possible
9. Wear good quality sportswear and footwear during exercise to support the pelvic area and reduce impact. Take a look at evbsport.com for

supportive sportswear designed with pelvic conditions such as prolapse in mind

10. Maintain good bladder and bowel habits

Running:

Running with a prolapse may risk worsening your symptoms and it is difficult to judge each individual's risk as there are various factors involved. Yet it is also an excellent general exercise and it is not in everyone's interest to give it up! Your body weight, pelvic floor strength and running distance will all have a part to play. The following tips are not provided to necessarily encourage you to keep running with a prolapse but we recognise that some committed and enthusiastic runners will continue to run if at all possible and following this advice may help to prevent things getting worse.

- Alternate running surfaces
- Avoid downhill running
- Limit running distance
- Reduce stride length
- Mix up your workouts and include low-impact alternatives such as cycling and cross-trainer
- Keep your weight at a suitable level

Yoga:

Yoga is a fantastic exercise method for pelvic floor dysfunction but as with all exercises it can aggravate things if not done correctly. Ideally, go to a class so that you can be supervised and supported as you learn.

Some of the poses (asanas) that may be particularly beneficial include:

- The root/root lock
- Breathing control
- Mountain pose
- Wall flower stretch
- Goddess Pose
- Warrior II
- Triangle
- Extended child's pose

Some of the poses that may be more problematic and worth modifying, avoiding or approaching with care include:

- Intense abdominal or core work e.g. double leg lift (use one leg instead)

- Boat poses (use one leg instead)
- Plank (take weight through your knees)
- Belly lock
- Deep squats
- Noose
- Forward bend with wide legs
- Upper body weight bearing e.g. crane

Exercises that are likely to be safe include:

- Walking/fast walking
- Cross-trainer
- Cycling (smooth surfaces)
- Exercises in water
- Swimming
- Low impact classes
- Yoga and Pilates (except possibly the Plank)

Exercises that may compromise the pelvic floor include:

- Running
- Jumping
- Skipping
- Weight training
- Trampolining
- High impact classes
- Abdominal crunches
- The Plank in Pilates or Yoga