

# Prolapse

Nearly 50% of women will develop some form of pelvic organ prolapse (POP) and symptoms. The severity of the symptoms increases after the menopause.

**Pelvic organ prolapse (POP)** is clinically defined as the descent of one or more of the anterior vaginal wall, posterior vaginal wall, the uterus (cervix) or the apex of the vagina (vaginal vault or cuff scar after hysterectomy).

## Causes of prolapse

Prolapse is associated with the following:

- Vaginal childbirth
- Higher parity
- Obesity
- Congenital or acquired connective-tissue abnormalities
- Chronic constipation
- Family history of POP
- The menopause
- Aging

The use of transvaginal meshes, while initially popular, can lead to complications such as vaginal pain, dyspareunia and mesh erosions and infections and so should not be offered routinely.

## Symptoms

The symptoms of POP include:

- A vaginal bulge
- Urinary incontinence or increased frequency of urination
- Constipation
- Sexual problems

## Management strategies

- Lifestyle modifications:
  - dietary changes
  - weight loss
  - reduction of activities that strain the pelvic floor
  - treatment of constipation
  - stopping smoking
- Pessaries
- Physical therapies
  - pelvic floor muscle training
  - cognitive-behavioral therapy
  - bladder training
  - bowel habit training
  - biofeedback
  - electrical muscle stimulation
- Reconstructive surgery, either vaginally or abdominally

## Further information

**EMAS clinical guide. Management of pelvic organ prolapse in aging women** <https://doi.org/10.1016/j.maturitas.2018.02.004>

**NHS. Transvaginal mesh implants** <https://www.nhsinform.scot/tests-and-treatments/non-surgical-procedures/transvaginal-mesh-implants>