Menopause and gynecological conditions:
Prolapse

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

Pelvic organ prolapse (POP) is clinically defined as the descent of one or more pelvic organs (e.g. uterus, bladder, rectum or urethra) into the vaginal canal due to defects in the pelvic support structures that normally maintain their position.

Types of pelvic organ prolapse

- **Cystocele** is the anterior vaginal wall herniation of the bladder
- **Rectocele** is the posterior vaginal wall herniation of the rectum
- **Vaginal vault prolapse** is the descent of the uterus, cervix or apex of the vagina

Risk factors

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

Symptoms

- Vaginal bulging and discomfort
- Pelvic pain and pressure
- Dyspareunia
- Vaginal bleeding and discharge
- Urinary incontinence or urgency
- Fecal incontinence and flatulence
- 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 CareOnline: Health at Menopause and Beyond (2025) https://emas-online.org/wp-content/uploads/2025/09/EMAS-CareOnline-Health-at-Menopause-and-Beyond.pdf

Royal College of Physicians of Ireland (2022) National clinical practice guideline diagnosis and management of pelvic organ prolapse https://www.hse.ie/eng/about/who/acute-hospitals-division/woman-infants/clinical-guidelines

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