

Prolapse: lifestyle advice for patients with pelvic organ prolapse

Introduction

A prolapse is a very common complaint in women. It is estimated that about a third of women have one. Normally, the pelvic organs (which are the bladder, uterus, vagina and bowel) are supported in our pelvis by ligaments, fibrous tissue and our pelvic floor muscles. A prolapse occurs when one or more of these organs slip down into the vagina.

There are different types and degrees of prolapse, depending on which organ has prolapsed and by how much:

- Utero-vaginal: the uterus has slipped into the vagina and a firm bulge can be felt
- Cystocele or front vaginal wall: the bladder may have dropped down into the vagina
- Rectocele or back vaginal wall: the bowel may have dropped down into the vagina

The latter two are due to overstretching of the vaginal walls which often leads to a bulge. This bulge can be quite large (maybe the size of a ping pong ball) or it may be small and hardly visible. Your symptoms do not necessarily relate to the size of the prolapse.

Symptoms

You may experience all, some or none of these symptoms:

- A palpable or visible bulge at the entrance to the vagina which may feel uncomfortable
- Incomplete bladder emptying
- Difficulty emptying your bowels
- A dragging feeling or 'heaviness' in the lower abdomen, lower back or vagina. This is often worse at the end of the day
- Uncomfortable or painful intercourse (dyspareunia)

Reasons for prolapse

Any of the following may contribute to a prolapse occurring:

- Giving birth to heavy babies (over 4 kg) which can cause overstretching of vaginal walls
- Prolonged pushing during delivery
- Repeated heavy lifting
- Increased abdominal pressure through exercises, e.g. sit-ups, squats
- Continual coughing
- Straining to empty your bowels
- Being overweight
- Genetic tendency
- Menopause
- Hysterectomy
- Ageing
- Weakening of the pelvic floor

In a standing position

Posture can play a very important role in helping to prevent your prolapse getting worse:

- Have your feet hip-width apart, with your weight evenly distributed through the heel and ball of each foot and with your knees feeling slightly 'softened'.
- Your pelvis should be in a neutral position. Think of the pelvis as a bucket in which the water should be level: if your pelvis is tilted too far back (lower spine flat), the water will flow out at the back; if it is tilted too far forward (lower spine too curved/arched), the water will overflow at the front. Tip backwards and forwards until you find the correct position halfway – this is 'neutral'.
- Lengthen out your waist, trying to stretch the space between your lowest rib and the top of the pelvic bone on each side. This reduces the pressure in the abdomen and avoids pushing the organs further downwards.
- Draw your shoulders down and back and grow tall from the top of your head.
- Feel a gentle lift in your lower tummy and pelvic floor (about a third of the best squeeze you can do with these muscles).

Walking

- Try to follow the instructions for good standing posture when you are walking.
- Tighten your pelvic floor muscles just a little more and feel a gentle but firm lift in your lower tummy.
- Keep lifting up out of your waist and feel that there is a string from the top of your head drawing you upwards.
- Take regular rests to avoid prolonged standing and walking which may make your symptoms worse.
- Reduce the distance you walk if your symptoms get worse the further you walk.

Lifting and carrying

- Always 'brace' up your pelvic floor muscles to counteract the downward pressure of lifting.
- Avoid heavy lifting or carrying which will increase the pressure in your abdomen and may make your symptoms worse. You should also avoid pushing or pulling heavy items.
- When you do have to lift, carry, push or pull, check the weight of the object first.
- Make several trips with lighter loads rather than one trip with a heavy load.
- Whenever possible, ask for assistance or delay the task until you can get help to carry a heavier load.
- If your symptoms are worse at the end of the day, lie down and rest with a pillow under your bottom for 15-20 minutes. Try practising your pelvic floor exercises during this time.

Diet and positioning

- Diet can have a big impact on the consistency of your stools. Your stools should be formed but soft so that you don't get constipated or strain when having a bowel motion. However, your stools shouldn't be too loose otherwise they may be difficult to control. Your fibre intake should be between 18-21 grams/day ($\frac{3}{4}$ – 1oz/day). Three fifths of our fibre should come from fruit, pulses and vegetables (soluble fibre) and two fifths should come from wholemeal bread/rice/pasta and nuts (insoluble fibre). If it is lower than this (and your stools tend to be hard or lumpy), increase it slightly. If it is higher than this (and your stools tend to be on the loose side), try reducing it. Note the effect that this has on your stools. Make any changes gradually.
- Please see the 'Fibre' leaflet for further advice and information.
- A good fluid intake (1.5-2 litres per day or 3-4 pints per day or 6-8 large glasses/mugs per day) can also make a difference.
- At all costs, avoid straining when you open your bowels as this may worsen your symptoms: Sit on the toilet with your feet on a small footstool so that your knees are slightly raised above your hips. Bear down gently so that your waistline expands and your tummy bulges out.

Breathe out as you do this. Do not hold your breath or push. Saying 'ooge' in a deep voice as you gently bear down can help with relaxing your pelvic floor and abdominal muscles.

- You may need to support your perineum (area between the vagina and the back passage), placing upward and backward pressure between your vagina and back passage. You may even need to apply pressure internally just inside the vagina as though 'emptying a pocket'.
- Please see the leaflet 'Correct position for opening your bowels' for further advice and information.

Tips for your bladder

- Ensure that your fluid intake is between 1.5-2 litres (3-4 pints) a day. Avoid tea, coffee, alcohol and fizzy drinks if you are experiencing bladder urgency and frequency.
- Ensure your bladder empties as completely as possible. You can do this by leaning forward when you feel you have finished, pressing gently on your lower abdomen above your pubic bone. Or try this in a standing position: lean forward and then sit back down again. There can often be another trickle. Squeeze your pelvic floor muscles at the end of this. This is especially relevant if you tend to have 'post-void dribble'.
- Toilet visits ('frequency') should be around 5-8 times a day, i.e. every 3-4 hours. Getting up once at night is normal. If you are up more than once, avoid drinking for about two hours before going to bed.
- Avoid passing urine 'just in case'. Suppress the urge by distracting your mind and tightening your pelvic floor muscles. The urge should go after 10-20 seconds. Keep calm and persevere as it can take time to retrain your bladder.
- Please see the leaflet 'Bladder information' for more advice and information.

Pelvic floor exercises

- A specialist women's health physiotherapist can advise you on an individualised programme of pelvic floor exercises. Your GP or consultant can refer you.
- In the first instance, improving your pelvic floor muscle function is the mainstay of pelvic organ prolapse (POP) management.
- Remember to do your exercises several times a day.
- Please see the leaflet 'Pelvic floor exercises: tailored to you' and 'Pelvic floor muscle problems: don't suffer in silence' for more advice and information.

How can I find my pelvic floor muscles?

- Choose any comfortable position, with your knees slightly apart
- Tighten up your back passage as though you are trying to stop passing wind
- Next, tighten the muscles that you would use to stop yourself from passing urine
- Do these two actions together and you should be exercising your pelvic floor muscles

Slow exercises

Gradually tighten the muscles and try to hold for up to a count of 10. This helps the muscles to support your bladder and bowel.

Fast exercises

Tighten and relax the muscles quickly. This helps the muscles to stop the urine leaking when you sneeze, laugh or exercise.

Build up to doing eight slow exercises and eight fast exercises three times each day.

Functional exercises

The Knack

Give a firm squeeze of your pelvic floor muscles before coughing, sneezing or laughing. Also try to hold this squeeze during lifting, bending and exercising to improve bladder and bowel control.

The Toner

Feel a gentle lift in your lower tummy and pelvic floor muscles (about a third of the best squeeze you can do with these muscles). Do this squeeze for as long as you can and as often as you remember throughout the day, especially when standing and walking.

References

Laycock, J. and Haslam, J. (2002) Therapeutic Management of Incontinence and Pelvic Pain, London: Springer

Kenway, M. and Goh, J.(2009) Inside Out, Healthy Fit Solutions Pty Ltd.

Sapsford, R., Hodges, P., Richardson, C., Cooper, C. and Markwell, S. (2001) Co-activation of the abdominal and pelvic floor muscles during voluntary exercises, Neurology and urodynamics, 20:31-42

Bo, K., Berghmans, B., Markved, S. and Van Kampen, M. (2007) (Eds) Evidence-based Physical Therapy for the pelvic floor, Philadelphia: Butterworth Heinemann Elsevier

Croft, S. (2011) Pelvic Floor Recovery, www.suecroftphysiotherapist.com.au

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