SHORE FOR WOMEN

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Vaginal Prolapse

Vaginal prolapse (or pelvic organ prolapse) is a very common condition, affecting about 40% of women. **Dr Colin Walsh has cared for hundreds of women with vaginal prolapse; indeed, he wrote the chapter on vaginal prolapse in a major international gynaecological textbook.**

Prolapse involves nearby organs (typically the bladder, uterus and rectum) bulging down into the vagina, often producing a sensation of fullness or "something coming down". Some women may see or feel an unusual bulge vaginally. For other women, prolapse can cause urinary incontinence or discomfort during sexual intercourse. However, many women with prolapse have no symptoms at all and can live happily with the condition. Treatment is generally only needed for women who have symptoms from their prolapse.

My mother had a prolapse and now my GP thinks I do too – what causes prolapse?

There is no single cause for prolapse – several different factors contribute to a woman's risk of developing the condition. The leading cause by far is **pregnancy and childbirth**. However, it is not the only cause and many women without children will also develop prolapse. **Older age** and a **higher body weight** are also established risk factors, as is an affected family member suggesting a **genetic component** too. Finally, conditions associated with increased intra-abdominal pressure (**constipation**, **chronic cough, heavy lifting**) are considered to be risk factors.

I want to do something about this prolapse – what treatment can you offer me?

The right treatment depends on your symptoms and will be different for every woman. Although prolapse affects 40% of women, only 10% will have symptoms and for the remaining women who are well, doing nothing is probably the best treatment. However, for those who find their quality of life affected by prolapse symptoms, several treatments are available.

What Are The Different Types of Vaginal Prolapse?

Prolapse means different things for different women. In general, there are 3 types of prolapse:

- **Bladder prolapse (cystocele)** –the bladder bulges down through the front wall of the vagina
- **Uterine prolapse** – the cervix and uterus bulge down through the top of the vagina
- **Bowel prolapse (rectocele)** – the bowel (rectum) bulges up through the back wall of the vagina

Most women have some degree of prolapse in all 3 areas, although one component (often the cystocele) is usually more troublesome than the others. Also, women who have had a hysterectomy can still have prolapse of the top part of the vagina (called **vault prolapse**).

It is also important to realise that there are **different degrees of severity** of prolapse. This helps determine what the best treatment is. Most women who have given birth vaginally will have a mild degree of vaginal prolapse – it does not mean surgery is necessary. As prolapse becomes more significant, the bulge may reach the vaginal opening or even protrude outside the vagina. The more severe the prolapse, the more likely you are to need surgery.

Surgery for Vaginal Prolapse

The main treatment for women with significant vaginal prolapse is surgery. Several different surgeries are available, depending on the severity of the prolapse and which structures are prolapsing. Every woman is different and the exact prolapse surgery should be individualised for each patient. Most commonly, the prolapse involves the uterus and cervix and these must be removed by a **vaginal hysterectomy**. Hysterectomy corrects prolapse of the uterus and cervix but does not treat prolapse at the front or back of the vagina. If these are also troublesome, a **vaginal reconstruction (repair)** may also be required. Vaginal hysterectomy and vaginal repair are different surgeries but are often combined into a single operation.

I have vaginal prolapse and urinary incontinence – can you fix both problems?

The bladder lies very close to the vagina and many women are affected by both prolapse and urinary incontinence. Depending on the type of incontinence, it may be possible to perform operations for both the prolapse and incontinence at the same time. Confusingly, for some women, their incontinence is actually worse after prolapse surgery. This is a complex area and one which is best discussed with an experienced gynaecological surgeon. The team at **SHORE FOR WOMEN** have cared for many women with both prolapse and incontinence.

I want prolapse surgery but I also want my ovaries removed – is this possible?

Yes. Your prolapse surgery will be completed vaginally as with any vaginal reconstruction. In addition, a small camera is inserted into the woman's belly-button and both ovaries and tubes are removed via keyhole surgery. This additional surgery adds about 30 minutes to the overall operation.

My friend was told that surgery using mesh is better for prolapse – can you explain?

No surgery for prolapse lasts forever. All prolapse surgeries are associated with recurrence rates of 20-30% over time. Vaginal mesh repair uses a sheet of plastic mesh to reinforce the vaginal walls. Although recurrence rates are lower after mesh repair, 10% of women have serious problems with mesh "exposure" (or rejection). Dr. Colin Walsh has successfully treated many women with vaginal mesh and can advise you of the risks and benefits for your particular situation.

Non-Surgical Treatment of Vaginal Prolapse

My prolapse is a bit bothersome but I do not like the idea of major surgery?

Many women with milder forms of prolapse do not wish to undergo major vaginal surgery but simply want to reduce the chances of the prolapse getting worse over time. **Lifestyle advice** and **avoiding constipation** and chronic straining is helpful for these women. We also know that a regimen of regular **pelvic floor exercises** can improve mild prolapse symptoms and stop prolapse from getting worse. Ideally, this should be with the help of an experienced pelvic floor physiotherapist – we can advise you further on finding an experienced physio.

The other helpful treatment option for women with prolapse who do not wish to have an operation is the use of a silicone **vaginal support pessary**. Vaginal pessaries are available in several different sizes and a suitable size can be found for most women.