



Pelvic Support Problems

- **What are pelvic support problems?**
- **What causes pelvic organ prolapse (POP)?**
- **What are the symptoms of POP?**
- **What are the types of POP?**
- **How is POP diagnosed?**
- **Is treatment needed for POP?**
- **How can I relieve symptoms myself?**
- **Are there exercises for POP?**
- **How are Kegel exercises done?**
- **What is a pessary?**
- **Can surgery correct pelvic support problems?**
- **Can POP come back after surgery?**
- **Glossary**

What are pelvic support problems?

The pelvic organs include the **vagina**, **uterus**, **bladder**, **urethra**, and **rectum**. These organs are held in place by muscles of the **pelvic floor**. Layers of connective tissue also give support. **Pelvic organ prolapse (POP)** occurs when tissue and muscles can no longer support the pelvic organs and they drop down.

What causes pelvic organ prolapse (POP)?

The main cause of POP is pregnancy and vaginal childbirth, which can weaken muscles of the pelvic floor. Other causes of pelvic support problems include menopause, aging, and repeated heavy lifting. Conditions that create pressure on the abdomen can cause POP, including being overweight or obese; being constipated and straining to have bowel movements; and chronic coughing caused by smoking, asthma, or other medical conditions. POP can occur at any age, but most women who develop symptoms do so after menopause.

What are the symptoms of POP?

Symptoms can come on gradually and may not be noticed at first. Many women have no symptoms and do not know they have a prolapse. An **obstetrician–gynecologist (ob-gyn)** or other health care professional may discover a prolapse during a physical exam.

When POP is mild, sometimes a bulge can be felt inside the vagina. For severe cases of POP, organs may push out of the vaginal opening. Women with symptoms may experience the following:

- Feeling of pelvic pressure or fullness
- Organs bulging out of the vagina
- Leakage of urine (urinary **incontinence**)
- Difficulty completely emptying the bladder
- Problems having a bowel movement

- Lower back pain
- Problems with inserting tampons or applicators

What are the types of POP?

There are several types of prolapse that have different names depending on the part of the body that has dropped:

- **Cystocele**—bladder
- **Enterocele**—small intestine
- **Rectocele**—rectum
- **Uterine prolapse**—uterus
- **Vaginal vault prolapse**—top of the vagina

How is POP diagnosed?

Proper diagnosis is key to treating pelvic support problems. Your ob-gyn or other health care professional will ask for your medical history and do vaginal and rectal exams. You may be examined while lying down or while standing. You may be asked to strain or cough during the exam to see if you leak urine. You may be checked to see how completely your bladder empties.

Is treatment needed for POP?

Many women do not need treatment. At regular checkups your ob-gyn or other health care professional will keep track of the problem. If symptoms become bothersome, treatment may be needed. Treatment decisions are based on the following factors:

- Age
- Desire for future children
- Sexual activity
- Severity of symptoms
- Degree of prolapse
- Other health problems

No form of treatment is guaranteed to solve the problem, but the chances of getting some degree of relief are good. If treatment is recommended, you may be referred to a physician who specializes in treating pelvic support and urinary problems.

How can I relieve symptoms myself?

Changes in diet and lifestyle may be helpful in relieving some symptoms. If incontinence is a problem, limiting excessive fluid intake and altering the types of fluid consumed (for example, decreasing alcohol and drinks that contain caffeine), may be helpful. Bladder training (in which you empty your bladder at scheduled times) also may be useful for women with incontinence.

Women with bowel problems may find that increasing the amount of fiber in their diets prevents constipation and straining during bowel movements. Sometimes a medication that softens stools is prescribed. If a woman is overweight or obese, weight loss can help improve her overall health and possibly her prolapse symptoms.

Are there exercises for POP?

Pelvic floor exercises, also called Kegel exercises, are used to strengthen the muscles that surround the openings of the urethra, vagina, and rectum. Doing these exercises regularly may improve incontinence and may slow the progression of POP. A health care professional or physical therapist can help you be sure you are doing these exercises correctly. There also are mobile apps to help women understand their pelvic floor exercises and provide daily reminders to exercise.

How are Kegel exercises done?

- Squeeze the muscles that you use to stop the flow of urine. This contraction pulls the vagina and rectum up and back.
- Hold for 3 seconds, then relax for 3 seconds.
- Do 10 contractions three times a day.
- Increase your hold by 1 second each week. Work your way up to 10-second holds.

Make sure you are not squeezing your stomach, thigh, or buttock muscles. You also should breathe normally. Do not hold your breath as you do these exercises.

What is a pessary?

A **pessary** is a device that is inserted into the vagina to support the pelvic organs. Many women find immediate relief from their symptoms with pessary use. Pessaries are available in many shapes and sizes. They can be used for short-term or long-term treatment. Pessary choice is based on a woman's symptoms and the type of prolapse.

Can surgery correct pelvic support problems?

Surgery may be an option for women who have not found relief with nonsurgical treatments. Surgery may relieve some, but not all, symptoms. In general, there are two types of surgery: 1) surgery to repair the pelvic floor and 2) surgery to shorten, narrow, or close off the vagina.

Surgery to repair the pelvic floor helps restore the organs so they are closer to their original position. Surgery that shortens or closes off the vagina creates support for prolapsed organs. Vaginal intercourse is not possible after this procedure. Women who choose this type of surgery usually have other serious health problems and do not desire future intercourse.

Can POP come back after surgery?

There is a risk that the prolapse will come back after surgery. The risk factors for repeated prolapse include being younger than age 60 years, being overweight, and having more advanced forms of prolapse before the first surgery.

Glossary

Bladder: A muscular organ in which urine is stored.

Cystocele: Bulging of the bladder into the vagina.

Enterocele: Bulging of the intestine into the upper part of the vagina.

Incontinence: Involuntary leakage of urine, feces, or gas.

Obstetrician–Gynecologist (Ob-Gyn): A physician with special skills, training, and education in women's health.

Pelvic Floor: A muscular area at the base of the abdomen attached to the pelvis.

Pelvic Organ Prolapse (POP): A condition in which pelvic organs, such as the uterus, bladder, or rectum, drop downward. It is caused by weakening of the muscles and tissues that support these organs.

Pessary: A device inserted into the vagina to support the organs that have dropped down (prolapsed) or to help control urine leakage.

Rectocele: Bulging of the rectum into the vaginal wall.

Rectum: The last part of the digestive tract.

Urethra: A tube-like structure through which urine flows from the bladder to the outside of the body.

Uterine Prolapse: A condition in which the uterus drops down into or out of the vagina.

Uterus: A muscular organ located in the female pelvis that contains and nourishes the developing fetus during pregnancy.

Vagina: A tube-like structure surrounded by muscles leading from the uterus to the outside of the body.

Vaginal Vault Prolapse: Bulging of the top of the vagina into the lower vagina or outside the opening of the vagina after removal of the uterus.

If you have further questions, contact your obstetrician–gynecologist.

FAQ012: Designed as an aid to patients, this document sets forth current information and opinions related to women's health. The information does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to the institution or type of practice, may be appropriate.

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