

What is Vaginal Prolapse?

Vaginal prolapse is a common condition with an estimated one in two women suffering from this condition. This article is intended for women seeking information about vaginal prolapse and includes physiotherapy techniques to reduce and manage prolapse symptoms.

Read on now to learn:

- What is a vaginal prolapse?
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- What causes vaginal prolapse
- Vaginal prolapse and pregnancy
- Vaginal prolapse treatment
- Can pelvic exercises reverse pelvic prolapse?

What is a vaginal prolapse?

Vaginal prolapse is a general term for a bulge or protrusion into the vagina. This occurs when the vaginal walls and supports become thin, weakened and stretched.

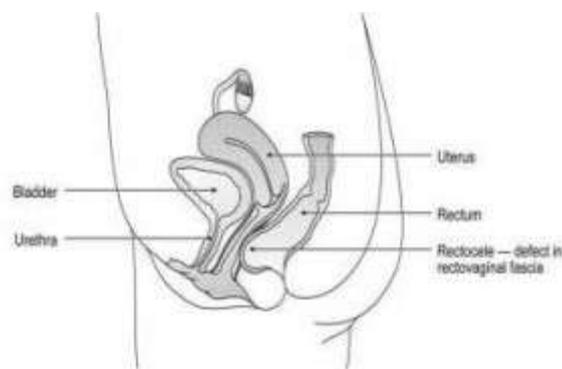
There are 3 main types of vaginal prolapse:

1. **Bladder prolapse (cystocele)** – when the bladder bulges into the upper front wall of the vagina



Cystocele — medial view

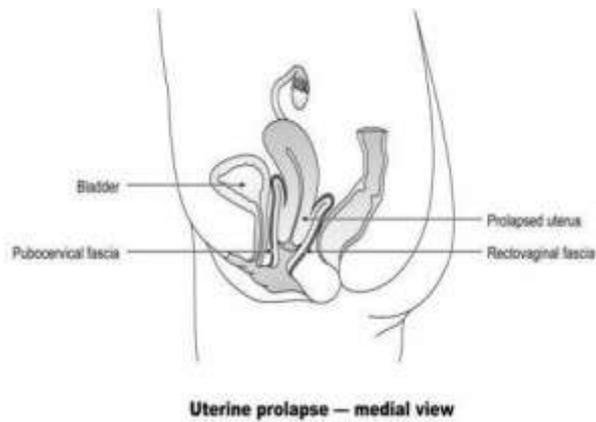
2. **Rectal prolapse (rectocele)** – when the rectum bulges into the lower back wall of the vagina (shown below)



Rectocele — medial view



3. **Uterine prolapse** – when the upper vagina, cervix and uterus move down into the vagina (shown below)



A vaginal prolapse can involve any one of these types of prolapse and they can also occur in combination with each other for example a woman may be diagnosed with a prolapse of both the front and back walls of the vagina (bladder and rectal prolapse).

Vaginal prolapse symptoms

Vaginal prolapse may present with a variety of different symptoms depending upon the type and severity of the prolapse. Some women with mild prolapse are completely unaware of even having a prolapse and have no symptoms.

Vaginal prolapse symptoms include:

- A bulging feeling at the entrance of the vagina
- A sensation of a lump coming down in the vagina
- Heaviness within the vagina particularly towards the end of the day
- Constipation or incomplete bowel emptying needing to manually assist bowel empty
- Bladder problems including slow flow and incomplete emptying
- Chronic bladder infection
- Discomfort with sexual intercourse
- Difficulty inserting tampons
- Ongoing low back pain.

What causes vaginal prolapse?

There are a number of potential causes of vaginal prolapse and the incidence increases with menopause and increasing age. The following factors all increase the likelihood of pelvic organ prolapse.

1. Pelvic floor injury during pregnancy and childbirth
2. Decreased oestrogen levels with menopause
3. Long-term straining to empty the bowels with constipation
4. Chronic coughing associated with smoking and lung disease
5. Obesity and overweight
6. Inappropriate exercise that overloads the pelvic floor
7. Heavy lifting
8. Ageing and associated thinning of pelvic floor muscles
9. Previous incontinence and/or prolapse surgery.



Vaginal prolapse and pregnancy

Pregnancy is associated with steadily increasing downward pressure onto the pelvic floor as pregnancy progresses and weight increases. Hormones that prepare a woman's body for childbirth allow the pelvic supports to stretch. The combination of increasing strain on the pelvic floor and decreased support cause the pelvic floor muscles to progressively stretch and weaken.

Vaginal delivery is associated with a large degree of pelvic floor muscle stretching. Pelvic floor structures can become damaged during the process of vaginal delivery including pelvic floor muscles and the pelvic nerves supplying these muscles. As a result some women experience prolapse immediately after or in the weeks following difficult labour and vaginal delivery. Recovery is possible for some of these women with postnatal healing, pelvic floor muscle recovery and return to normal hormonal status.

Vaginal prolapse treatment

There are a number of strategies used by physiotherapists to treat vaginal prolapse. These strategies are usually most effective for women with mild to moderate prolapse. Women with severe vaginal prolapse will usually require surgery to alleviate their prolapse symptoms.

1. **Pelvic exercises** are usually at the forefront of non-surgical treatment for prolapsed vaginal tissues. This involves prescription of progressive pelvic floor rehabilitation to improve pelvic floor muscle support. Pelvic exercises are often prescribed before and after prolapse surgery in an effort to prevent recurrent prolapse and preserve the repair for as long as possible.
2. **Modification of lifestyle factors** that may be increasing pressure upon the pelvic floor. This can include instruction in bowel management and correct bowel emptying practices to avoid straining, modification of unsafe exercise practices to pelvic floor safe exercise programs and assistance with pelvic floor safe weight reduction exercises.
3. **Pessary for prolapse support** can be an excellent non-surgical option for supporting prolapsed vaginal tissues during pelvic floor rehabilitation and in situations when surgery is not desirable or indicated. A vaginal pessary sits high inside the vagina and is usually fitted by a gynaecologist. Vaginal pessary can provide very useful support for women with pregnancy and childbirth-related prolapse during their recovery.
4. **Medical referral for vaginal oestrogen** treatment to improve the condition of oestrogen-deficient vaginal tissues.
5. **Prolapse surgery** is usually offered to women with severe prolapse and those women who have ongoing symptoms despite conservative physiotherapy treatment. Vaginal prolapse surgery repairs the vaginal walls and/or vaginal supports within the pelvis. Following prolapse surgery women are usually advised to avoid or modify those lifestyle factors that originally contributed to their prolapse to minimise the risk of recurrence.

Can pelvic exercises reverse pelvic prolapse?

No a prolapse cannot be reversed by pelvic floor exercises. Prolapsed vaginal walls are in effect a hernia of the bladder or bowel into these thinned and weakened walls. The only way to repair a hernia is via surgery.

Pelvic exercises can increase the strength, and thickness of the pelvic floor supports in addition elevating the pelvic floor higher within the pelvis. Some women with mild to moderate prolapse find that after 3-5 months of dedicated pelvic exercises, their prolapse symptoms are minimal and/or disappear altogether.

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