



Pelvic Organ Prolapse

A pelvic organ prolapse (POP) is when one or more pelvic organs has dropped. The fascial and ligamentous connections that hold the pelvic organs in place have been stretched or torn and can no longer support the organ(s) in its original place³. The pelvic floor keeps the pelvic organs in place. If the pelvic floor is weak, then the individual may find that the prolapse will bulge into the vagina. POP affects 40-50% of parous women^{3,4}.

There are four stages of POP¹:

- Grade 1 - The prolapse remains >1cm above the hymen
- Grade 2 – The prolapse lies within 1cm above or below the hymen
- Grade 3 - The prolapse is greater than 1cm below the hymen, however no further than 2cm less than the total vaginal length
- Grade 4 – Complete descent of prolapse

The signs and symptoms of a prolapse vary between individuals. Some women may experience symptoms more than others and some can be asymptomatic. Signs and symptoms include:

- A heaviness or a dragging sensation in the vagina, particularly following strenuous activity or at the end of the day. Can feel a bulge in the vaginal area
- Difficult with emptying their bladder or bowels
- Discomfort with long periods of standing and/or low back pain
- Sexual dysfunction

Potential causes of POP vary between women. It may be a combination of factors that have occurred over time or it could be caused by a single event. Recurrence of prolapse can occur in up to 30% of women that have had a surgical repair³

- Pregnancy and childbirth particularly with the use of forceps. The risk of POP with forceps rises to 30-65%²
- Constipation
- Heavy or strenuous activities/sport
- Chronic cough
- Obesity
- Ageing and menopause
- Pelvic floor dysfunction
- Genetic factors

Physiotherapists can help with preventing POP from worsening, improve the function and strength of the pelvic floor and provide advice about other management and lifestyle options. Individualised pelvic floor exercises improve the function of the pelvic floor and the degree of structural support it provides to the pelvic organs. The POPPY (pelvic floor muscle training in women with prolapse) trial in 2014 showed a reduction in symptoms of POP following a 12 month course of pelvic floor training. Bladder, bowel and sexual function also improved³. Pelvic floor muscle training can be prescribed in conjunction and provide an extra benefit for other management strategies such as surgery and pessary usage. Physiotherapists also can fit certain patients with pessaries. A Cochrane Review⁴ identified that 60% of women found pessaries improved their prolapse symptoms, however more research is needed in this field.

¹Bump R.C., Mattiasson A., Bø K., Brubaker LP., DeLancey J.O.L., Klarskov P., Shull B.L. & Smith A.R.B., 1996, *The standardization of terminology of female pelvic organ prolapse and pelvic floor dysfunction*, *American Journal of Obstetrics and Gynecology*, vol 175 (1), pp 10-7

²Dietz H.P, 2015, *Pelvic Organ Prolapse – A review*, *The Royal Australian College of General practitioners*, 44(7), 446-52

³Hagen S, Stark D, Glazener C, Dickson S, Barry S, Elders A, Frawley H, Galea MP, Logan J, McDonald A, McPherson G, Moore KH, Norrie J, Walker A, Wilson D, 2014, *Individualised pelvic floor muscle training in women with pelvic organ prolapse (POPPY): a multicentre randomised controlled trial*, *Lancet*; 383: 796–806, doi.org/10.1016/S0140-6736(13)61977-7

⁴Mahe C, Feiner B, Baessler K, Schmid C., 2013, *Surgical management of pelvic organ prolapse in women*, *Cochrane Database of Systematic Reviews*, Issue 4. Art. No.: CD004014. DOI: 10.1002/14651858.CD004014.pub5



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