

GENITAL PROLAPSE

What is genital prolapse?

It is a common condition whereby the main pelvic organs (bladder, uterus, bowels) bulge into the vagina, and sometime outside it, due to a weakness of the supporting structures, known as the 'pelvic floor'. A major component of the floor is the 'Kegel' muscle. Urinary incontinence (leakage of urine) is often associated with prolapse, but the two can develop independently of each other, so incontinence of urine will be discussed separately.

Types and degrees of genital prolapse

Cystocele: when it is the bladder that bulges into the vagina

Rectocele: when the lower part of the bowel, or rectum, bulges

Uterine prolapse: when the uterus itself falls down

Enterocoele: when the top of the vagina (after a hysterectomy) comes down

Please note that a lot of women will have more than 1 type of prolapse.

The **degree** of prolapse can vary between mild, moderate and severe, depending on how low the organ comes down.

Who are more prone to it?

The chance of getting prolapse increases in women who had a pregnancy, a hysterectomy, women who do heavy lifting, who get constipated, obese and older women, especially after menopause.

What are the symptoms?

Although prolapse affects at least 30-40% of all women, many have no symptoms. But some women may complain of:

- Fullness or bulging in the pelvis or vagina
- A bulge that is coming out of the vagina
- Some women need to press on the bulge in the vagina with a finger to get out all their urine or to finish a bowel movement.
- Incontinence of urine, gas, stools and sexual dysfunction can happen independently, but they are more common in women who have prolapse.

How to diagnose it?

The only way is by performing a pelvic examination. You may be asked to bear down or cough to demonstrate what is coming down. The speculum (clamp) is often parted into two, and only one blade is inserted to keep one wall up and see what happens with the other. Very rarely, a rectal exam or a standing up exam is necessary to complete the exam. Occasionally, a cyst or tumor may push the organs down, in which case an ultrasound is requested.

How to treat it?

Again, it is important to emphasize that **women who have no symptoms or who are not bothered by their symptoms do not need treatment.**

In women with symptoms, there are 3 options. What is best depends on each particular type(s) of prolapse and the severity, but the woman's preference also plays a role.

- **Pelvic floor muscle exercises** – visit a physiotherapy, preferably one who specialises in this field, for 8 to 12 weeks to strengthen the pelvic muscles.
- **Pessary** – it is a device that fits inside the vagina to support the bladder and push it back into place. Pessaries come in different shapes and sizes. Please see below.
- **Surgery** – this may involve just repairing the bladder or bowel, or removing the uterus, but because many women have more than one type of prolapse, a combination of procedures, usually done through the vagina, may be required. Surgery for certain types of incontinence can be carried out at the same time.

Can it be prevented?

You may decrease your chances of developing prolapse if you try to:

- Do Kegel exercises regularly
- Lose weight if you are overweight
- Get treated for constipation
- Avoid activities that require you to lift heavy things

How to use a pessary - Pessary Management

A pessary is a soft, flexible device that is placed in the vagina to help support the bladder, vagina, uterus, and/or rectum. Pessaries come in many different shapes and sizes, usually made out of silicone. They can be left inside the vagina for prolonged periods of time and changed by the doctor every 3-6 months, or remove and inserted by the woman, once a day, a week, a month, or periodically.

It works well for at least 70% of women with prolapse. It may require 2-3 tries to find the right size and type. Women who have gone through menopause may need to use vaginal estrogen, prior to the insertion, to prevent injury to the vaginal tissue. The estrogen cream makes the lining of the vagina thicker and healthier.

The pessary is the right fit if:

- It does not feel uncomfortable
- You bear down, and it does not fall out
- You have no difficulty going to the bathroom
 - If sexually active, able to have intercourse

SELF MANAGEMENT

If you want to insert and remove it yourself, you'll be given instructions, and we'll arrange a follow up to make sure you are doing it accurately.

Insertion

- Wash your hands and the pessary with soap and water. Rinse and dry thoroughly. Place a small amount of lubricant, such as KY Jelly, at the entrance of the vagina, but not in the hand holding the pessary. Fold the pessary in half. It will only fold one way (at the indentation areas within the ring.) If you are right handed and choose to insert the pessary standing up, place your left foot up on a chair, low stool, or toilet. Lean over this leg. Insert the folded pessary into the vagina (long ways) as far back as you can. It will open up into its normal shape when you let go on the ring. Use your index finger to make sure the rim is behind the pubic bone, and that the big holes are located at 3 and 9 (usually required a quarter dial turn), if the pessary has a support membrane. If you are left handed, place your right foot up on a chair, low stool, or toilet. Use your left hand to manage the insertion of the pessary as stated above.
- Some women prefer to insert the pessary lying down. If so, lay down in bed. Bend your knees. Hold pessary as stated above and insert. You may also choose to insert the pessary by sitting at the edge of a chair.

Removal

- Use the same position as with the insertion, and a small amount of lubrication. Insert index finger into the vagina and find the rim of the pessary. Hook finger under rim. If it has a support membrane, find the big holes. Pull down and out. The ring will not fold up completely as with insertion, but the vaginal walls will stretch to allow removal. Wash the pessary with soap and water, and store. Leave it out overnight.

Care of the pessary

- If you care for your own pessary, we will usually have you come to the office for an examination after in 2 weeks, and then once year. Most pessaries last for several years.
- If you leave it in, and let us remove, clean and reinsert it, then the visits should be scheduled every 3-6 months.
- It is not uncommon for the pessary to fall out when you are having a bowel movement. Check the toilet before you flush. If the pessary does fall into the toilet, clean it with soap and water, and soak it for 20 minutes in rubbing alcohol. After this, soak it for 20 minutes in water, and wash again with soap and water. Rinse well. You may then insert it in the vagina.

You need to be seen earlier if you notice:

- Difficulties going to the bathroom or inability to go at all
 - Vaginal bleeding
- Foul smelling vaginal discharge
- Pelvic pain or pressure
- Vaginal irritation or itching sensation in the vaginal area
- The pessary falls out

What happens if there is an odour? What can I do?

The odour is a 'foreign body irritation' created by the pessary, leading to an overgrowth vaginal bacterium. The irritation can be reduced by:

1. Removing the pessary more frequently, like once a week,
2. Adding vaginal estrogen to thicken the walls of the vagina,
3. Adding a vaginal moisturizer to acidify the vagina.

Not all pessaries are easily removable, and not all women can remove the pessary. But periodic removal is the simplest solution, if feasible.

Adding **vaginal estrogen** is very effective. It can be achieved through the use of creams, tablets or rings. There are some women who cannot use it (such as somebody with previous breast cancer).

The normal vaginal pH in women who are of reproductive age is typically 3.5 to 4.5 but rises to greater than 4.5 within 12 months of becoming menopausal. Acidification of the vagina has been suggested as a potential treatment for the odor. This can be achieved with over-the-counter vaginal products. The most commonly used ones include **Replens, Gynatrof, Gynalac, Zestica, Rapa-Gyn and Trimosan**. Douching once weekly using of a solution of one-fourth cup of vinegar mixed in one cup of warm water is not the best but it is used by some women.

Dr Roberto Leon