

Women's Services Patient Information

Options for managing uterine or vaginal prolapse

You have been diagnosed with a prolapse, for which there are a few different treatment options.

If your symptoms are minimal and not bothersome, then your prolapse does not need treating. If your symptoms do get worse, your GP can refer you back to the hospital for a further assessment and discussion about treatment.

Lifestyle measures

By taking a few simple steps you can help relieve / reduce symptoms:

- Avoid constipation as this often makes symptoms worse and increases the risk of worsening the prolapse over time.
- Avoid very heavy lifting and reduce lifting in general where practical. (if your job involves heavy lifting, can it be modified in such a way to reduce the amount of weight having to be lifted?)
- Lose weight, if you are overweight.
- If you have a bad cough, especially if you smoke, you may be making your prolapse more bothersome because of your bad chest. Stopping smoking and getting advice from your GP to try to improve your cough can sometimes be helpful.

Pelvic floor muscle training

Doing regular pelvic floor muscle exercises can reduce the symptoms of prolapse (and can also reduce symptoms of stress incontinence). We recommend and can arrange a referral to a physiotherapist for advice on how to perform these exercises.

Pessaries

Pessaries are silicone devices (usually rings) that fit in the vagina and support prolapse. There are different types and sizes of pessary and it can take a little while to get the right pessary.

Once a pessary has been fitted there are two ways of managing it. Some patients choose to self-manage and learn how to remove and refit the pessary themselves (usually this is done once a week). This can be useful in patients who are still sexually active so that the ring can be removed before having sex. Most women choose to come to a hospital or GP clinic for the ring to be removed, washed and replaced. The vagina is also inspected to check it is healthy. This is done every 4-6 months. Pessaries can be very useful for patients who wish to avoid surgery, are not fit enough for surgery or who wish to delay having an operation.

Surgery

For many women this is the best treatment, either because of severe prolapse or because other treatment options have not been successful.

Surgery will usually involve a repair of the vaginal wall and may involve a hysterectomy (removal of the womb). Surgery is usually performed through the vagina with no need for an abdominal incision. Patients who have already had a hysterectomy, have recurrent prolapse or who have very severe prolapse may need additional or different operations (eg with additional techniques to support the top of the vagina, abdominal surgery or using mesh) – these will be discussed in detail by your consultant.

Most patients who have surgery for prolapse will only be in hospital for 2 or 3 days but will need to rest and recover at home for 6-8 weeks.

If you decide to have an operation, the risks will be discussed in detail with you.

As with any surgical procedure, these operations carry risks and complications can occur, these include:

- developing an infection
- needing a blood transfusion
- a small risk of injury to another organ such as your bladder
- developing some new bladder or bowel symptoms.

It is possible for prolapse to recur after surgery or for you to develop prolapse of a different part of the vagina. Approximately 3 in 10 women will need further surgery for prolapse or incontinence sometime after their first prolapse operation. Taking the lifestyle measures listed above may reduce your risk of getting a recurrent prolapse.

Smoking

Bradford Teaching Hospitals NHS Foundation Trust is a smoke-free organisation. You are not permitted to smoke or use e-cigarettes in any of the hospital buildings or grounds.

If you need this information in another format or language, please ask a member of staff to arrange this for you.