

# Pelvic Organ Prolapse

WARWIKI

Patient Information · When pelvic organs drop and cause a bulge or pressure

Pelvic organ prolapse happens when the support around the pelvic organs — the bladder, uterus, or rectum — weakens, and one or more press into or out of the vagina. This causes a **bulge or a feeling of pressure**. It is very common, it is **not dangerous or cancer**, and there are good options ranging from exercises to a support device to surgery.

## About This Condition

Prolapse is named for the wall that drops:

- **Front wall** (bladder) — a cystocele
- **Back wall** (rectum) — a rectocele
- **Top** (uterus, or the vaginal top after hysterectomy)

### Common symptoms:

- A **bulge or lump** you can see or feel at the vaginal opening
- Pelvic **pressure or heaviness**, often worse by day's end or with lifting
- Trouble fully emptying the bladder or bowel; sometimes pressing on the bulge to go ("splinting")

## What Causes It

Anything that strains or weakens pelvic support: **pregnancy and childbirth**, menopause and aging, chronic straining (constipation or cough), heavy lifting, prior pelvic surgery, extra weight, and family tendency.

## LEARN THE TERMS

### Prolapse

When a pelvic organ drops from its normal position.

### Cystocele

Bulge of the bladder into the front vaginal wall.

### Rectocele

Bulge of the rectum into the back vaginal wall.

### Vaginal vault

The top of the vagina, which can drop after hysterectomy.

### Pessary

A removable support placed in the vagina to hold organs up.

### Splinting

Pressing on the bulge to help empty the bladder or bowel.

### Pelvic floor

The muscles that support the pelvic organs.

### POP-Q

The exam used to measure how far the prolapse extends.

**DO I HAVE TO TREAT IT?** Only if it bothers you. Prolapse is not dangerous, so if symptoms are mild you can simply watch it. When it affects your comfort or daily life, you choose from several effective options — there is no single “right” answer, and you can change your mind over time.

## How It's Diagnosed

- A **pelvic exam**, often while standing or bearing down, to see which walls drop and how far
- A review of bladder and bowel symptoms
- Sometimes **bladder-function testing** if you also leak urine

## How It's Treated (Step by Step)

- 1 **Watchful waiting** if it isn't bothersome, plus prevention (treat constipation, avoid heavy lifting, manage weight).
- 2 **Pelvic-floor exercises / physical therapy** for mild prolapse.
- 3 A **pessary** — a removable support that relieves the bulge without surgery.
- 4 **Surgery** — a repair to restore support, a vaginal-closure (colpocleisis), or a suspension. Each has its own handout.

## Living With Prolapse

- Keep stools soft and **avoid straining**; don't lift more than your team advises.
- Do pelvic-floor exercises; manage cough and weight.
- A pessary can be a long-term solution, not just a stopgap.

### Call your team if you have:

- You **cannot urinate** or have a bowel movement
- The bulge becomes **painful, bleeds, or is raw/ulcerated**
- A fever, or you cannot push the bulge back in

### THREE THINGS TO REMEMBER

1. Prolapse is a common, non-dangerous dropping of pelvic organs that causes a bulge or pressure.
2. Treat it only if it bothers you — options run from watchful waiting and exercises to a pessary or surgery.
3. Avoid straining and heavy lifting. Seek care if you can't empty your bladder or bowel, or the bulge becomes painful or raw.