

Pelvic Organ Prolapse

A pelvic organ prolapse is when there is descent of an internal pelvic organ (bladder, bowel, uterus or intestines) through the vagina (vaginal prolapse) or anus (rectal prolapse).

Symptoms may include:

- Asymptomatic (no symptoms)
- Vaginal pressure / heaviness that worsens near end of day (relieved by lying down)
- Vaginal pain
- Feeling like something is protruding from the vagina ("sitting on a ball" or "tampon feeling")
- Abdominal / low back pain
- Needing to push stool out of the rectum by placing fingers into the vagina during bowel movement
- Dyspareunia (painful intercourse)
- Vaginal dryness (maybe also ulceration or bleeding)
- Urinary Incontinence (urgency and / or not feeling like bladder is emptying)
- Need to move prolapse to begin urination
- Urine leakage with intercourse
- Difficulty to begin urination or experiencing a spray of urine or weakness in flow

Types of Vaginal Prolapse:

- Cystocele - bladder
- Urothrocystocele - urethra + bladder
- Rectocele - rectum
- Uterine prolapse - uterus
- Vaginal vault - upper part of vagina sags into lower vagina after hysterectomy
- Enterocele – intestines

Causes of POP:

- Pregnancy / Childbirth - Increases with each child
- Prolonged 2nd stage labour
- Forceps - Episiotomy
- Weak abdominal wall
- Obesity
- Poor Posture
- Intra Abdominal Pressure (Constipation, Chronic coughing, Heavy lifting)
- Menopause and time
- Denervation of levator ani
- Pelvic surgery

Poses to modify or work back up to: Anything that increases pressure.

For some this is sit ups, curl ups, crunches (ball crunches also), Crow, Double Leg lifts (Boat), Plank, Running, Deep Squats, Wide Leg Forward Fold. It is important to note that the only way to determine when pressure is increased for each individual is to have a pelvic floor physical therapist assess the pelvic floor in that movement.