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BI-21.013E

Prolapse

JAN YPERMAN ZIEKENHUIS

JYZ

PATIENT DETAILS

Patient label

HOME NURSING DETAILS

Last name + first name:

Phone number:

Email address:

This information brochure was prepared with the utmost care. It contains general information and is intended to complement the conversation with your healthcare provider. Jan Yperman Hospital, our doctors and staff are not liable for errors or deficiencies in this brochure.

You can send comments and/or suggestions to communicatie@yperman.net.

Table of contents

Questions?
Ask your attending doctor or a nurse.

Urogenital prolapse is the medical term for prolapse. This occurs when the bladder, uterus (or vaginal apex if the uterus has been removed) and/or part of the intestine drops out of their normal position, bulging into or even outside the vagina.

A prolapse is common. Up to 50% of women develop a prolapse during their lifetime, but only 10-20% experience symptoms due to the prolapse. Treatment is only necessary when there are symptoms and depends on what is best for the patient. This brochure discusses possible treatments so that you can discuss the best choice with your doctor.

Prolapse

The pelvic organs (bladder, uterus and intestines) are held in place by connective tissue, ligaments and muscles. Weakening or damage to these structures can lead to sagging.

Symptoms

Sagging symptoms increase with exertion or as the day progresses and disappear when lying down (at night).

Typical complaints include:

- Pressure or feeling of fullness in the vagina
- A bulge protruding from the vagina
- A feeling of pressure or heaviness in the lower abdomen or lower back
- Urinary problems: difficult, incomplete or frequent urination, recurrent bladder inflammations
- Bowel movement problems: difficulty defecating, incomplete emptying
- Difficulty during sex
- Unexplained vaginal bleeding

Causes and risk factors

Several factors weaken or damage the tissue supporting the pelvic organs, which increase the risk of a prolapse.

These include:

- Pregnancy, childbirth and vaginal delivery, especially multiple and/or heavy deliveries
- Lots of and heavy lifting
- Chronic constipation
- Overweight or pronounced weight loss
- Chronic coughing (e.g. due to smoking or lung disease)
- Hereditary connective tissue disorders
- Menopause and ageing

Types of prolapses

- **Cystocoele:** subsidence of the bladder towards the vaginal anterior wall
- **Rectocoele:** prolapse of the rectum towards the vaginal posterior wall
- **Apical prolapse:** prolapse of the uterus or vaginal apex
- **Enterocoele:** prolapse of the small intestine

Examinations

- **A clinical examination** is performed to determine the type and severity of the prolapse. During this examination, you will be asked to perform a push manoeuvre several times so that the doctor can better assess the prolapse.
- **A pelvic floor ultrasound** may also be performed to better assess the prolapse. An ultrasound probe placed against the labia can image the prolapse as well as the pelvic floor muscles and the anal sphincter. During the examination, you will be asked to squeeze as well as tighten the pelvic floor muscles.
- **A uroflow** is used to analyse your urine flow. In your doctor's office, you urinate on a special toilet with a holder that records your urine flow. An ultrasound is then performed to check whether your bladder is sufficiently empty.
- **A urodynamic examination** maps your bladder function more accurately and may be required for specific urinary complaints. For the examination, thin probes are inserted into the urethra and rectum to measure pressure in the bladder and abdomen. Your bladder is then gradually filled with sterile water. You are asked to indicate when you feel an initial, strong and irresistible urge to urinate. At the same time, the probes record how your bladder reacts to this filling. You will also be asked to cough to discover if urinary incontinence occurs. Afterwards, we will also check how you urinate and whether your bladder is completely empty. This examination is performed in the urology department.
- **A RX colpo-cysto-defaecography (RX CCD)** may be indicated for bowel movement problems. For this examination, you drink a contrast medium beforehand. The bladder, vagina and rectum are then also filled with contrast medium. X-rays are then taken at rest and during a push manoeuvre.

Treatment

Treatment is not necessary if you do not experience any discomfort from your prolapse. A prolapse is not dangerous to your health. Its treatment is purely aimed at relieving symptoms.

Physiotherapy

Pelvic floor physiotherapy helps strengthen the pelvic floor muscles. These play an important role in supporting the pelvic organs. This can reduce symptoms for a mild prolapse. The success rate is more limited when the prolapse is more severe. A specialised physiotherapist will teach you how to correctly tighten and relax the pelvic floor muscles. It is best to consult a physiotherapist experienced in pelvic floor therapy. Your doctor can provide a list of specialised physiotherapists in your area.

Pessary

A pessary is a medical device placed in the vagina that supports the prolapsed organs. This relieves the complaints. Depending on the type of prolapse and your symptoms, the doctor will discuss with you about the most suitable pessary.

A vaginal examination determines the correct size of the pessary. A well-fitting pessary does not feel attached, does not interfere with urination or defecation and relieves prolapse symptoms. Sometimes it is necessary to try different sizes or types to find the best pessary.

Are you satisfied with the pessary?

Then you can use it for years. In most cases, you will have a check-up with your doctor every six months.

No longer satisfied with the pessary?

Then you can opt for surgery at any time.

Handling the pessary yourself

Usually, a six-monthly check-up is sufficient when the pessary is removed, cleaned and reinserted. In between, the pessary can remain in place, even during sexual activity (you or your partner may feel the pessary, but this should not be an impediment).

If you wish to do so yourself, or if the pessary you are using requires it, your doctor can also teach you to remove and reinsert the pessary yourself.

1. Removing: Insert a finger into the vagina and pull the pessary down in a smooth motion.
2. Cleaning: It is normal for some vaginal discharge to stick to the pessary. Rinse the pessary with tap water. You may use a mild soap, but then you must thoroughly rinse it.
3. Reinserting: Apply lubricant at the level of the entrance to the vagina and possibly on the pessary itself. Preferably use a water-based lubricant, such as K-Y gel (available at pharmacies). Find a comfortable position (e.g. lying down, squatting or with one leg on a chair). Relaxing makes it easier to insert the pessary. Spread the labia with one hand and use your other hand to reinsert the pessary. Push the pessary as deep as possible into the vagina.

Side effects

- A pessary often causes increased vaginal discharge that has a typical yellow-green colour. This is normal and harmless.
- Prolonged use of a pessary can lead to granulation tissue, which may sometimes cause blood loss. Consult your doctor if you experience abnormal bleeding (e.g. after menopause or between periods).

Operation

A prolapse can also be corrected surgically.

Doctors may perform prolapse surgery via the vagina such that your own tissue is reinforced. Or surgery may be performed next to the abdomen when a synthetic mesh is usually used. The use of a mesh increases the success rate of the surgery (about 95% for an abdominal procedure compared to 70-90% for a vaginal one). However, this carries a risk of mesh-related complications. Your doctor will discuss the most appropriate procedure with you.

Contact details

Doctors

- dr. E. Bauters
- dr. O. Brouckaert
- dr. L. Deblaere
- dr. J. Quintelier
- dr. E. Rossey
- dr. A. Vandenameele
- dr. I. Vanderbeke
- dr. P. Vryens

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Secretariat opening hours
Physical: 8 a.m. – 12:30 p.m. & 1:30 p.m. – 6 p.m.
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Serious complaints or emergencies?

Please immediately contact

- your attending physician
- the hospital's emergency department
  057 35 60 00

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