

Pelvic Organ Prolapse

Pelvic organ prolapse happens when the muscles and tissues supporting the pelvic organs (the uterus, bladder, or rectum) become weak or loose. This allows one or more of the pelvic organs to drop or press into or out of the vagina. Many women are embarrassed to talk to their doctor about their symptoms or think that their symptoms are normal. But pelvic organ prolapse is treatable.

Q: Who gets pelvic organ prolapse?

A: Pelvic floor disorders (urinary incontinence, fecal incontinence, and pelvic organ prolapse) affect one in five women in the United States. Pelvic organ prolapse is less common than urinary or fecal incontinence but affects almost 3 percent of U.S. women. Pelvic organ prolapse happens more often in older women and in white and Hispanic women than in younger women or women of other racial/ethnic groups. Some women develop more than one pelvic floor disorder, such as pelvic organ prolapse with urinary incontinence.

Q: What are the symptoms of pelvic organ prolapse?

A: Symptoms of pelvic organ prolapse include:

- Seeing or feeling a bulge or “something coming out” of the vagina
- A feeling of pressure, discomfort, aching, or fullness in the pelvis, especially during sex or physical activity
- Pelvic pressure that gets worse with standing or coughing or as the day goes on
- Leaking urine (incontinence) or problems having a bowel movement
- Problems inserting tampons

Q: What causes pelvic organ prolapse?

A: Pelvic organ prolapse happens when the muscles or connective tissues of the pelvis do not work as they should. The most common risk factors are:

- **Vaginal childbirth**, which can stretch and strain the pelvic floor. Multiple vaginal childbirths raise your risk for pelvic organ prolapse later in life. But you can get prolapse even if you have never had children or if you had a cesarean, or C-section, delivery.
- **Long-term pressure on your abdomen**, including pressure from obesity, chronic coughing, or straining often during bowel movements.
- **Giving birth to a baby weighing more than 8½ pounds**
- **Aging**. About 37 percent of women with pelvic floor disorders are 60 to 79 years of age, and about half are 80 or older.
- **Hormonal changes during menopause**. Loss of the female hormone estrogen during and after menopause can raise your risk for pelvic organ prolapse.
- **Family history**

Q: How is pelvic organ prolapse treated?

A: Treatment for pelvic organ prolapse depends on the type of prolapse you have, your symptoms, your age, other health problems, and whether you are sexually active. Your treatment may include one or more of the following:

- **Pessary**. A pessary is a removable device inserted into the vagina to support the pelvic organs. Pessaries are often the first treatment your doctor will try.
- **Pelvic floor muscle therapy**. Pelvic floor exercises help strengthen the pelvic floor muscles. These exercises can also help women who have urinary incontinence.

- **Changing eating habits.** If you have bowel problems, your doctor may recommend eating more foods with fiber. Fiber helps prevent constipation and straining during bowel movements.
- **Surgery to support the uterus or vagina.** During surgery, your doctor may use your own body tissue or synthetic mesh to help repair the prolapse and build pelvic floor support. This type of surgery is recommended for sexually active women with serious prolapse of the vagina or uterus. Surgery for prolapse can be done with or without mesh and either through your vagina or abdomen. The Food and Drug Administration (FDA) recently strengthened the safety requirements for new mesh devices that repair pelvic organ prolapse through the vagina.
- **Surgery to close the vagina.** This surgery, called colpocleisis, treats prolapse by closing the vaginal opening. This can be a good option for women who do not plan to have or who no longer have vaginal intercourse.

Q: How can I prevent pelvic organ prolapse?

A: The following steps may reduce your risk of getting a pelvic floor problem:

- **Maintain a healthy weight or lose weight (if you are overweight).** Women who are overweight or obese are more likely to have pelvic floor problems.
- **Choose foods with fiber.** Fiber helps prevent constipation and straining during bowel movements.
- **Do not smoke.** Smoking can lead to chronic cough, which puts stress on the pelvic floor muscles.

For more information...

For more information about pelvic organ prolapse, call the OWH Helpline at 800-994-9662 or contact the following organizations:

Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD), NIH, HHS
800-370-2943 • www.nichd.nih.gov

American College of Obstetricians and Gynecologists
800-673-8444 • www.acog.org

International Urogynecological Association
202-733-3234 • www.iuga.org

Pelvic Floor Disorders Network
919-541-6271 • www.pfdnetwork.org

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