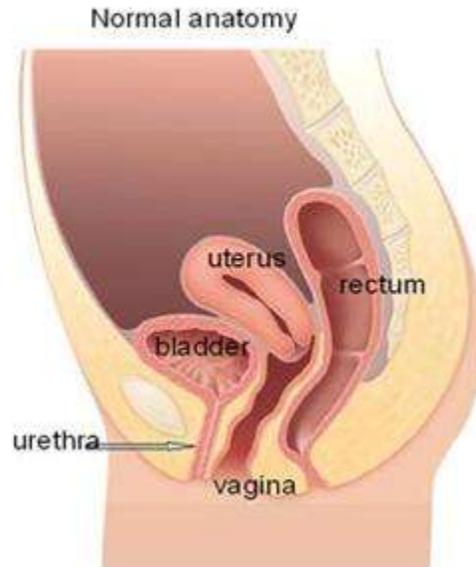


## PELVIC ORGAN PROLAPSE



Pelvic organ prolapse is a condition that occurs when the normal support of the vagina is lost, resulting in “sagging” or dropping of the bladder, urethra, cervix and rectum. The ability of the pelvic diaphragm to support the organs in the pelvis is affected by conditions that damage the other muscles and nerves in the pelvis. When other muscles are damaged or stretched, the pelvic diaphragm loses its dome shape and becomes more like a funnel. It then bulges down into or out of the vaginal canal. As the prolapse of the vagina and uterus progresses, women can feel bulging tissue protruding through the opening of the vagina. Frequently, prolapse is described as a “hernia” of the pelvic floor.

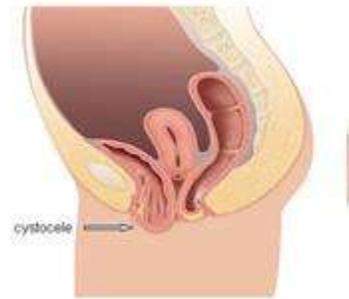
Loss of pelvic support can occur when any part of the pelvic floor is injured during vaginal delivery, surgery, pelvic radiation or back and pelvic fractures during falls or motor vehicle accidents. Hysterectomy and other procedures done to treat pelvic organ prolapse also are associated with future development of prolapse. Some other conditions that promote prolapse include: constipation and chronic straining, smoking, chronic coughing and heavy lifting. Obesity, like smoking, is one of the few modifiable risk factors. Women who are obese have a 40 to 75% increased risk of pelvic organ prolapse. Aging, menopause, debilitating nerve and muscle diseases contribute to the deterioration of pelvic floor strength and the development of prolapse. Additionally, inheritance of weak connective tissue is a major contributing factor.

The type of pelvic organ prolapse a woman experiences is related to where in her pelvis injury or muscular damage has occurred. It is not unusual to have several areas of injury, resulting in several areas of prolapse.

## TYPES OF PELVIC ORGAN PROLAPSE

## **CYSTOCELE**

Anterior wall prolapse (“cystocele”) is the most common type of pelvic organ prolapse. It occurs when the anterior wall of the vagina loses its support. As a result, the bladder drops and rotates into, and often out of, the vaginal opening. Some cystoceles can cause urine leakage while large cystoceles can cause difficulty voiding.



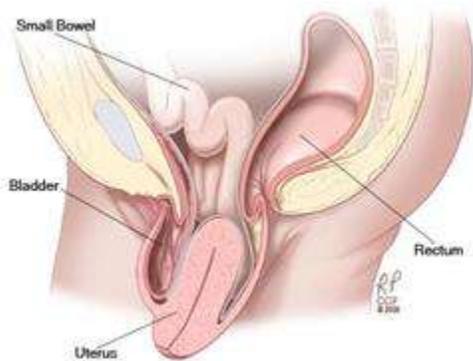
## **RECTOCELE**

A posterior wall prolapse (“rectocele”) occurs when the posterior wall of the vagina loses its support. As a result, the rectum can bulge into, and often out of, the vaginal opening. A large rectocele can make it difficult to empty the bowels. Some patients have to push on the wall between the vagina and the rectum to assist with evacuation. This is called “splinting”.



## **UTERINE PROLAPSE**

In uterine prolapse, the pelvic support is lost at the top of the vagina, and the uterus drops down, frequently bringing the bladder or rectum with it. Sometimes the uterus becomes completely exteriorized, as it hangs between a woman’s legs. This can lead to additional problems of urinary retention or infections.



**VAGINAL VAULT PROLAPSE with ENTEROCELE**

Women who have undergone a hysterectomy (for whatever reason) are at increased risk for developing relaxation of the top of the vagina, or vaginal vault. Sometimes the small intestines can slip into this “hernia”, resulting in an “enterocele”.

