

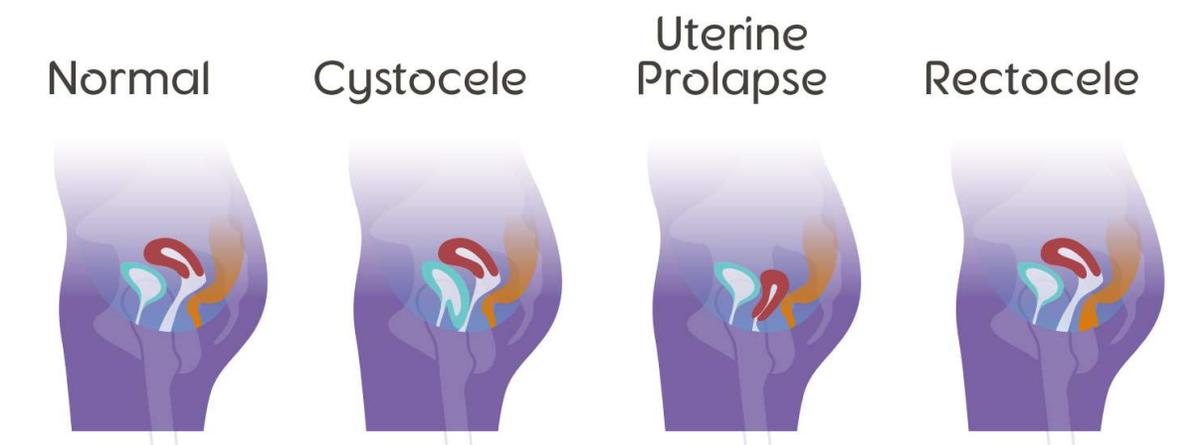
# Pelvic Organ Prolapse

## FIRST, LET'S TALK ABOUT DEFINITIONS

- **Prolapse**, by strict definition is when a pelvic organ is **protruding OUTSIDE of the body through it's hole.**
- **-Celes (cystocele, rectocele, urethrocele)**, however, are MILD changes in pelvic organ position that result in a buldges within the vagina, but NOT protruding externally until later stages.
- That being said, medical providers will often tell a person that they have a prolapse, when they *actually* have a -cele. That can be scary, because they are, in fact, two different things.
- I, myself, will use the word Prolapse in much social media, because I initially believed it to be less confusing. I am changing this vernacular in future posts and content.

## FIRST, LET'S GET A FEW THINGS STRAIGHT ABOUT WORDS

- A -cele, or prolapse, occurs **for many reasons, NOT ONLY CHILDBIRTH.**
- The vagina is not a muscular structure. It is a connective tissue tube, that can thin due to age, trauma, body mechanics, and sometimes, for no known reason.
- **BUT IT'S NOT JUST THE VAGINA'S FAULT!** This can be due to poor pressure management in daily tasks, and lifting (see Pelvic Pressure Basics lecture, if you haven't already), or weakening of the abdominal fascia OR deep pelvic fascia OR hyper-activity in the pelvic floor muscles, pushing the organs into the vagina (again, see Pelvic Pressure Basics talk if this is confusing)
- Now that there is a thin, or 'weaker' spot in the vaginal wall, there is potential for a surrounding pelvic organ (bladder, uterus, rectum) to slide into that weakened space, resulting in a -cele...like this...



- Cystocele is bladder coming into vagina through front wall, Uterine Prolapse is uterus dropping downwards, rectocele is retucm coming into vagina posteriorly, enterocele is where the small intestine can buldge into the vagina (not shown) and vaginal vault prolapse is where the vagina comes out.



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## IN ADDITION TO WHAT' IS -CELE-ING OR PROLAPSING, 'HOW' IT IS, IS ALSO IMPORTANT

- **Stage 0:** 'Normal.' Everything is tucked up where it is supposed to be.
- **Pelvic Floored Pearl:** It's a good idea to look or feel around 'down there' at a time in your life when you have NO complaints, in order to start to get oriented with yourself. My self pelvic floor muscle exam lecture starts to get you oriented to this.
- **Stage 1:** The descending organ is more than 1cm ABOVE the level of the hymen.
- **Stage 2:** The descending organ is 1 cm or less above the level of the hymen
- **Stage 3:** The descending organ is more than 1cm BELOW the level of the hymen, but descending not more than 2cm outside of the vagina or rectum.
- **Stage 4:** The descending organ has completely everted, externally

## YIKES! THAT SOUNDS SCARY. HOW DO I KNOW IF I HAVE A PROLAPSE?

- #1: Knowing YOUR anatomy. How you are build, before childbearing and delivery, because, as I mentioned, many people can develop prolapse during their active young adult lives BEFORE PREGNANCY.
- #2: You "may" feel pressure, pain, back pain, or urinary or fecal urgency or leakage.
- #3: Conversely, you 'may' feel urge to pee or pooh, but then be unable to initiate. This is called "retention" or 'constipation' and is due to the organ tilting and blocking it's tube.
- #4: If you have to 'splint', which is sticking a finger up the vagina, in order to poop, you likely have a rectocele or prolapse.

## WHY DID YOU PUT 'MAY' QUOTATIONS? SURELY, I'LL FEEL THOSE THINGS, RIGHT?

- **WRONG!** Studies show that over half of individuals with stage 2 prolapse don't have symptoms! So the *presence* of the prolapse might not be the full cause of your complaint!

## SO I NEED SURGERY TO FIX IT, RIGHT?

- **WRONG AGAIN! YAY!** Many good studies show that Pelvic PT improves -cele or prolapse related complaints in 80% of individuals. **That's the SAME success rate as surgery, with none of the side effects!**
- This is due to improved abdominal and pelvic pressure management and improved proprioception and motor control to the deep core muscles.
- And, studies on individuals who haven't received Pelvic PT, show a 30% failure rate of surgery, necessitating MORE surgery later. Dr. Kelly's humble opinion is that the people are not trained to protect their repair with good movement patterns, hence the failure.
- So moral of the story, **Try PT First.** It will work for 4/5 of you, and the 1/5 who needs more will be perfectly set up to succeed in surgery.