ALL ABOUT PROLAPSE ISSUES

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As women get older, the chance of developing some prolapse of the uterus or vaginal walls increases. Low levels of oestrogen after the menopause can lead to weakening of the muscles and tissues and this is often when problems can become evident. Other risk factors include pregnancy and childbirth, obesity, constipation, smoking and having a chronic cough. The uterus (womb) can descend into the vagina, the front or back vaginal walls can bulge inwards (we call this a cystocoele or rectocele respectively) or there can be a combination of all three types.

A prolapse can give a sensation of a fullness or pressure in the vagina, it can affect bladder and bowel function, cause sexual difficulties or even present as a lump that protrudes from the vagina. Sometimes there are no symptoms and the prolapse is just noted at the time of a smear test or other examination.

Treatment is not always necessary if there are no symptoms, but pelvic floor exercises can be helpful, as can weight loss, avoidance of constipation and vaginal oestrogen replacement (sometimes in addition to HRT). If these measures don't help then Oxford Menopause can offer the fitting of a supportive vaginal pessary to hold the prolapse up, or discuss possible surgical options with an onwards referral to a specialist gynaecologist. Pessaries are usually changed or cleaned every six months and we offer ongoing management and monitoring of both ring pessaries and the more solid, supportive Gellhorn pessaries. Women who use a ring pessary are still able to have intercourse with it in place and we can teach some women to remove and re-insert their own pessaries.

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