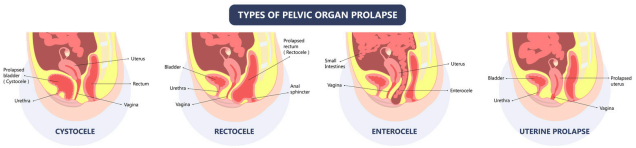
# PELVIC ORGAN PROLAPSE

**Kirrily Curran**
Women's Health Physiotherapist
*B.Physio, Grad.Cert. Sports Physio*
*APA Level 3 Women's Health Physio*




**Pelvic organ prolapse** (POP) occurs when one or more of the pelvic organs (bladder, uterus and rectum) descend down from their correct anatomical position. This handout is a summary of the current evidence-based assessment and treatment techniques we utilise at Physiozest for Women's Health Physiotherapy.

## Objective Assessment

Following a thorough subjective assessment, an internal vaginal examination can be completed in lying, standing or squatting depending on a woman's symptoms.

The examination allows for assessment of:

- vulval tissue health
- pelvic organ position
- presence and/or strength, endurance and coordination of a pelvic floor muscle contraction

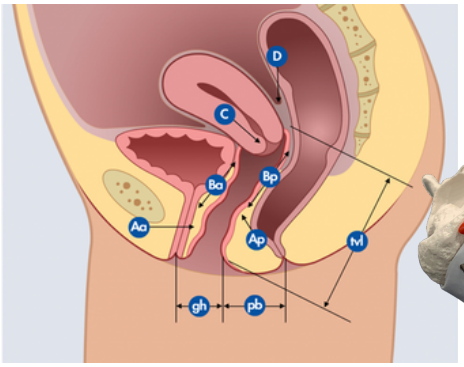
Real time ultrasound (trans-perineal or trans-abdominal) is a useful adjunct or alternative for patients who are unable to tolerate or prefer not to have an internal vaginal examination. It enables us to:

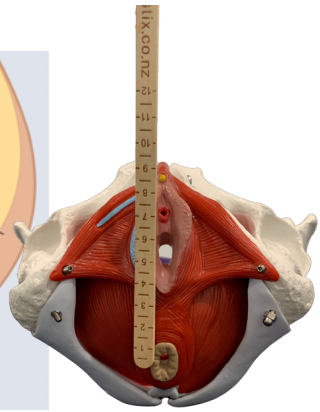
- visualise pelvic organ position (at rest and during increased intra-abdominal pressure such as coughing or bearing down)
- assess fit and function of a pessary
- provide visual feedback to patients for pelvic floor muscle training

## POP-Q and GH + PB

The Pelvic Organ Prolapse Quantification (POP-Q) system is used to grade the severity of POP from stages 0-4. It is based on defined points of measurement with the hymen acting as a fixed point of reference.

GH (genital hiatus) = the distance from the external urethral meatus to the posterior vaginal opening/hymen.
PB (perineal body) = the distance from the posterior hymen to the middle of the anal opening.



| Grading | GH + PB Bear Down | US area |
|---|---|---|
| Normal | <7cm | <25cm2 |
| Mild Ballooning | 7-8cm | 25-29.9 |
| Moderate Ballooning | 8-9cm | 30-34.9 |
| Marked Ballooning | 9-10cm | 35-39.9 |
| Severe Ballooning | >10cm | >40 |

Evidence suggests that GH > 3cm represents a higher risk of developing POP. GH+PB is closely correlated with levator hiatus dimensions on ultrasound assessment, and the hiatial area has been shown to strongly correlate with signs and symptoms of POP.

Measurements of GH and GH+PB can be helpful in determining POP risk and can also be used as an outcome measure over time.

# Treatment

## Lifestyle modifications

- Pressure management (BMI, breathing mechanics, lifting technique)
- Manage constipation and chronic coughing
- Beneficial when combined with other conservative management options

## Pelvic floor muscle training

- Optimal pelvic floor function may improve and manage symptoms
- May prevent the need for surgery
- A program of supervised pelvic floor muscle training for at least 16 weeks is recommended as a first option for women with symptomatic POP-Q stage 1 or 2 prolapse, with continuation if beneficial

## Outer pelvic strengthening

- Strengthening the muscles around the pelvis may aid in reducing POP symptoms
- These muscles can include the superficial and deep hip muscles, quadriceps, hamstrings and adductors

## Vaginal support pessaries

A pessary is a removable, medical grade silicone device that is inserted into the vagina, to support the vaginal walls and pelvic organs. A pessary can often be self managed.

- Safe to use short or long-term and can help improve bothersome symptoms
- May prevent progression and avert or delay the need for surgery
- May help with managing stress urinary incontinence (SUI) associated with POP and/or urethral hypermobility
- Can be used in combination with other non-surgical management options
- The use of a pessary reduces symptoms in 85% of patients
- Prolonged pessary use may significantly improve quality of life

## Topical oestrogen

Vaginal oestrogen levels can decrease at various life stages (notably postpartum and post menopause) and can exacerbate prolapse symptoms. Oestrogen replacement can be useful to:

- Reduce vaginal dryness
- Improve the tissue quality of a prolapsed vaginal wall
- Thicken the lining of the urethra - increasing urethral closure pressure

## Surgical treatments

- May be indicated where non-surgical management has failed
- Approximately one third of women have recurrent prolapse following surgery
- It is highly recommended to optimise pelvic floor muscle function before and after surgery for optimal outcomes

# References


- https://www.nice.org.uk/guidance/ng123/chapter/Recommendations#non-surgical-management-of-pelvic-organ-prolapse
- Li, C., Gong, Y., & Wang, B. (2016). The efficacy of pelvic floor muscle training for pelvic organ prolapse: a systematic review and meta-analysis. International urogynecology journal, 27(7), 981–992. https://doi.org/10.1007/s00192-015-2846-y
- Due, U., Brostrøm, S., & Lose, G. (2016). Lifestyle advice with or without pelvic floor muscle training for pelvic organ prolapse: a randomized controlled trial. International urogynecology journal, 27(4), 555–563. https://doi.org/10.1007/s00192-015-2852-0
- Handa VL, Jones M. Do pessaries prevent the progression of pelvic organ prolapse?. Int Urogynecol J Pelvic Floor Dysfunct. 2002;13(6):349-351.
- Alqahtani, M. A., & Lee, S. R. (2023). Translabial ultrasound for pelvic organ prolapse. Obstetrics & gynecology science, 66(2), 69–75. https://doi.org/10.5468/ogs.22227
- Handa, V. L., et al. (2019). "Longitudinal changes in the genital hiatus preceding the development of pelvic organ prolapse." American journal of epidemiology 188(12): 2196-2201.
- Khunda, A., Shek, K. L., & Dietz, H. P. (2012). Can ballooning of the levator hiatus be determined clinically? American Journal of Obstetrics and Gynecology, 206(3), 246.e1–246.e4.doi:10.1016/j.ajog.2011.10.87
- Zeiger, B. B., da Silva Carramão, S., Del Roy, C. A., da Silva, T. T., Hwang, S. M., & Auge, A. P. F. (2022). Vaginal pessary in advanced pelvic organ prolapse: impact on quality of life. International urogynecology journal, 33(7), 2013–2020. https://doi.org/10.1007/s00192-021-05002-7
- Mendes, L. C., Bezerra, L. R. P. S., Bilhar, A. P. M., Neto, J. A. V., Vasconcelos, C. T. M., Saboia, D. M., & Karbage, S. A. L. (2021). Symptomatic and anatomic improvement of pelvic organ prolapse in vaginal pessary users. International urogynecology journal, 32(4), 1023–1029. https://doi.org/10.1007/s00192-020-04540-w