

THE PELVIC FLOOR & GENITAL PROLAPSES

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This is the final article in my 'pelvic floor' trilogy. The two previous articles covered the significance of the pelvic floor, described appropriate exercises and examined the role of osteopathic treatment. To refer to these articles see back issues, 17 and 18 of ABC, or see the section 'Osteopaths and our Specialisations' on our website - www.brightonosteopaths.co.uk

WHAT IS A GENITAL PROLAPSE?

A prolapse means the falling down or sinking of an organ or part of an organ. A women's pelvic floor consists of muscles and ligaments that hold the bladder, womb and rectum in place. Should these muscles and ligaments become sufficiently weakened or stretched then one or more of the above organs can drop down or prolapse.

Bladder prolapse (Cystocele) is the most frequent and is the descent of the bladder into the vagina.

Uterine prolapse (Hysterocele) is the descent of the uterus or womb into the vagina, and less common is **Rectal Prolapse** (Rectocele) when the rectum turns itself inside out.

WHAT ARE THE CAUSES?

The textbooks have always listed menopause (when oestrogen levels, which keep the vaginal walls toned, fall sharply), pregnancy, and vaginal delivery as the main risk factors. Pregnancy certainly stretches the pelvic floor, and prolonged or complicated vaginal births can damage the pelvic floor.

However, recent studies in America show that roughly the same percentage of nuns, (who have not had children), experience symptoms of genital prolapse as compared to women who have given birth. So I would suggest that, if you are aware of the following predisposing factors and exercise appropriately, having children does not necessarily put you in the high-risk category. Predisposing factors, or causes, include obesity and anything that makes you bear down and increase the pressure in your abdominal cavity. This includes repeatedly carrying heavy loads, the effort used in playing certain sports (e.g. tennis, jogging, gymnastics), chronic coughs and chronic constipation. So get coughs and constipation problems treated, make sure you know how to lift properly, and develop strength in your low back, abdominal and pelvic floor muscles.

WHAT ARE THE SYMPTOMS?

All forms of genital prolapse can cause a feeling of pelvic heaviness, difficulty and pain during sexual intercourse and urinary incontinence. Bladder prolapse can be responsible for stress incontinence (loss of urine with stress such as laughing, running, coughing) abnormally frequent urination and difficulty

actually passing urine. Rectal prolapses can cause constipation and anal incontinence. In the most severe form the prolapsed organ bulges out of the body where it can bleed and become infected.

WHAT TREATMENT APPROACHES ARE AVAILABLE?

NON SURGICAL APPROACH

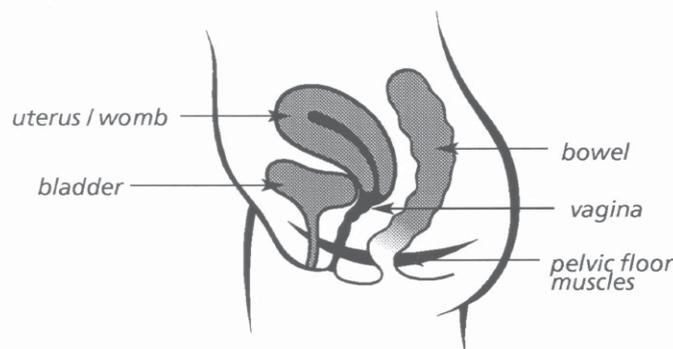
Obviously you must consult your doctor and obtain a clear diagnosis if you are experiencing any of the above symptoms. If a genital prolapse is very mild, the following conservative methods are available:

1. Change in lifestyle to eliminate heavy lifting and to treat any chronic cough or constipation.
2. Standard pelvic floor exercises, also known as KEGEL EXERCISES, which need to be done every day for a minimum of 10 minutes (see previous ABC article). These exercises can be supplemented by using a biofeedback machine, which measures the strength of the pelvic floor muscle contractions.
3. Hormone replacement therapy can improve the strength of the pelvic floor and increase the effectiveness of Kegel exercises.
4. Using a specially designed cone and placing it inside your

vagina as you would a tampon. You need to contract your pelvic floor muscles to keep the cone in place as you walk around. By increasing the number of weights in the cone, or the length of time that you are able to keep the cone in place, you can progressively strengthen your pelvic floor muscles. The cones are available from Boots and High Street pharmacies for £24.95. Aquaflex has a helpline Tel: 0808 1002890 and website: www.aquaflexcones.com

5. An Electrical Muscle Stimulation Machine (EMS) can be used to tone and strengthen weak muscle groups. Treatment may be undertaken with the use of surface electrodes or an internal vaginal probe or a combination of both. Low frequency electrical currents stimulate the pelvic floor muscles to contract and relax. Treatment time will vary according to individuals, but is likely to take 20 to 30 minutes per day. An EMS machine combined with a pain relief TENS machine costs £119.95 and can be ordered from Body Clock Health Care Ltd. For advice and orders contact them at Tel: 020 8532 9595 or at www.bodyclock.co.uk

6. Pessaries are specially shaped supports or prostheses that are fitted into the vagina. The pessary must be fitted according to the type and degree of prolapse. There is an art to fitting them, so it is best to find a consultant who uses them frequently in treatment. Pessaries mainly help the current symptoms i.e. relieve pressure and stress incontinence. If the pessary is a good fit it may slow the progression of the prolapse but it requires periodic cleaning by a consultant, it can interfere



with sex and it can irritate the vagina causing a discharge. Some of the above approaches are available on the NHS if you request a referral to an obstetric physiotherapist, a urinary continence clinic or a gynaecologist. One of the practitioners at Brighton Osteopaths could help you with exercise and the use of the EMS machine.

SURGICAL APPROACH

Surgery is indicated only when the prolapse is causing significant symptoms and when non-surgical methods have failed. Surgery is more successful before menopause, when loss of oestrogen causes the tissues to further weaken. It is important to repair and reinforce all the structures that have prolapsed or are likely to do so in the future, so the surgeon needs to fully investigate the whole of the genital region before operating.

There are three ways of operating. Vaginal surgery consists of reinforcing the walls of the vagina. Its advantage is its simplicity. Its disadvantage is the risk of future pain during intercourse. Suspension surgery is when your own ligaments are lifted up and fixed on to a bony

part of the pelvis. It is likely to last longer where a reinforcing non-absorbable mesh is used together with your ligaments. Suspension surgery can be carried out using a full abdominal incision or with a laparoscopy. The method used will depend on the degree of prolapse and what other pelvic defects may be present.

There is an opinion among gynaecologists that the surgical correction of a womb prolapse is more effective and less likely to fail in the long run if it includes a hysterectomy. However there are no large studies to prove this opinion. It is important to know that prolapse of the womb and bladder can be treated surgically, with suspension, without a hysterectomy. You should be able to ask for a referral to a surgeon who will do this.

Sue Van Emden D.O. is the founder of Brighton Osteopaths. We are a team of four osteopaths who all specialise in treating pregnant women and babies. Appointments can be made at the Waytefield Clinic (01273) 550727 and Evolution Health Centre (01273) 204204. For more information see www.brightonsosteopaths.co.uk or phone 07775 838219.

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