

# Referral Support Service

GY17

Prolapse

Gynaecology

## Definition

Weakness of the vaginal walls with/without significant descent of the cervix.

Presenting symptom usually a “lump down below”. Types include;

- Cystocele: anterior vaginal wall prolapse
- Rectocele: posterior vaginal wall prolapse
- Enterocele: prolapse of the vaginal vault (usually as a result of hysterectomy)
- Uterine Prolapse: graded 1 (minimal descent), 2 (cervix at introitus), 3(cervix beyond introitus) to 4 (cervix and uterus outside introitus; procidentia)

## Exclude Red Flag Symptoms

- Exclude cancerous cause for “lump”
- New presentation of procidentia with poor urinary output- consider acute gynaecology admission

## General Points

While prolapse is not considered a life-threatening condition, and some women can have a prolapse without having any symptoms at all, it may cause a great deal of discomfort and distress. Common symptoms can include:

- A feeling of dragging or heaviness in the pelvic area
- A bulge in the front or back wall of the vagina - sometimes, this bulging may extend outside the vagina
- Difficulties with continence - bladder or bowel, depending on the location of the prolapse
- Discomfort and lack of sensation during sex

## Management

- **History:** including associated bladder and bowel symptoms
- **Examination:** establish type of prolapse and any underlying atrophy. Note presence of urethral caruncle (or prolapse) is pathognomonic of estrogen deficiency
- Assess urinary symptoms - consider Bladder Diary and explain details of Bladder Training
- Treat underlying atrophy by any one of the treatment options below:
  1. **Vagifem pessary** 10mcg daily for 2 weeks then twice weekly
  2. **Ovestin** cream 1 applicatorful (500mcg) daily for 2 weeks then twice weekly- note this may damage rubber in condoms
  3. **Estring** 7.5micrograms/24hours for 3 months and review
  4. Cystocele/Uterine Prolapse present: consider fitting a **ring pessary**
- Lifestyle changes - reduce weight, address constipation, stop smoking

- Address uncontrolled chronic illness adding to increased abdominal pressure
- Pelvic Floor Exercise – [Pelvic Floor Exercises for Women](#)
- Women’s Health physio: all women with prolapse should be referred first for gynae physio prior to considering surgery, as outcomes are much better.

## Referral Information

### Information to include in referral letter

- Reason for referral
- Examination findings
- Treatment to date
  1. Gynae physiotherapy completed
  2. Atrophy treated
  3. Bladder drill/urinary symptoms addressed
- Bladder diary completed and attached
- Past medical/surgical history
- Drug history
- BMI (must be below 35)
- Smoking cessation

### Investigations prior to referral

- Bladder diary
- Gynae physiotherapy – refer via MSK form

### Patient information leaflets/ PDAs

- [Pelvic organ prolapse](#)
- [Surgery for stress incontinence](#)
- [Pelvic Floor Exercises for Women](#)
- [Bladder Training](#)
- [Bladder Diary / Urinary Input Output chart](#)
- <https://www.squeezyapp.com/>

## References

<https://www.nice.org.uk/guidance/ng123>

<https://www.rcog.org.uk/en/about-us/nga/nga-news/nice-guideline-urinary-incontinence-pelvic-organ-prolapse/>

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Version: Final: June 2021  
 Next Review: June 2026

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