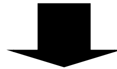
GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Bae Abertawe
Swansea Bay University Health Board

Pelvic Floor Unit

Protocol for Management of Vaginal Prolapse

Prolapse is defined as descent of pelvic organs into the vagina. Following are the types of prolapse-

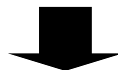
- **Anterior**: cystocele (bladder most common), urethrocele (urethra)
- **Middle**: uterus, vault (after hysterectomy)
- **Posterior**: rectocele (rectum), enterocele (small bowel, omentum)



Risk factors- Childbirth, constipation, age, pelvic surgery, chronic cough, raised intra-abdominal pressure, and obesity

History-

- Bladder function - urgency, frequency, incontinence, voiding difficulties, digitate to mictuirition.
- Bowel function- constipation, incomplete emptying, digitate or perineal support to defecate, fecal incontinence
- Sexual function- sexually active, dyspareunia
- Prolapse- bulge felt
- Pain- vaginal pain or any other pain
- Report bothersomeness of all symptoms on the questionnaire. Use QOL questionnaire –Australian Queensland
- Rule out red flag symptoms-hematuria, PR bleeding, post- menopausal bleeding and refer to urology/colonoscopy/PMB clinic as required

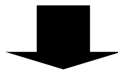


Examination-

- General examination, abdominal examination
- POP-Q assessment for prolapse
- Oxford score assessment for pelvic floor strength

Life style advice- reduction in lifting, correction of bowel habit, avoid straining and constipation, stop smoking, fluid advice, reduce weight if high BMI-aiming <30

- **PFMT**- refer to suite 17 (if scaore2/5) or to physiotherapist if oxford score 0-1/5



Primary prolapse without urinary incontinence /faecal incontinence

Managed either by General gynaecologist or Urogynaecologist-

- Discuss options- Nothing/ Pessary/ Surgery
- Document clearly the options discussed in notes
- Provide information leaflet of both pessary and surgical choices

If patient opts pessary for management of prolapse-

- Follow up in pessary clinic after initial insertion of pessary. Document the type and size of pessary on the proforma and give a copy to patient with information leaflet
- Teach self-management of pessary if patient agreed to do so

If patient opted for surgical management-

- See link for surgical options – RCOG green top guidelines- 2018
- Provide information leaflet

- Managed either by General gynaecologist or Urogynaecologist-

- Discuss options- Nothing/ Pessary/ Surgery
- Document clearly the options discussed in notes
- Provide information leaflet of both pessary and surgical choices

Primary prolapse with urinary incontinence or faecal incontinence

- Refer to Urogynaecologist for further management

Recurrent prolapse +/- urinary or bowel incontinence

- Refer to Urogynaecologist for further management
- Discuss in local Urogynae MDT

Vault prolapse +/- urinary or bowel incontinence

- Refer to Urogynaecologist for further management
- See link- RCOG green top guideline -46
- Discuss in local Urogynae MDT

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