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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board

Management of Vault prolapse

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

- **Anterior:** cystocele (bladder most common), urethrocele (urethra)
- **Middle:** 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 micturition.
- 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/clinic as required

Examination-

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

Life style advice- stop smoking, fluid advice, reduce weight if high BMI-aiming <30

- **PFMT-** refer to Womens Health physiotherapist if oxford score 0-2/5 or P/F is hypertonic
- Refer to suite 17(continenence nurse advisors) if oxford score 2 or above



Managed by Urogynaecologist-

- Discuss in Pelvic floor MDT
- Discuss options- Nothing/ Pessary/PFMT/ 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- 2015, BSUG patient decision aid for surgery for vault prolapse
- Provide information leaflet

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