



The American College of
Obstetricians and Gynecologists

FAQ

FREQUENTLY ASKED QUESTIONS
GYNECOLOGIC PROBLEMS
FAQ012

Pelvic Support Problems

- **What are pelvic support problems?**
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What are pelvic support problems?

The pelvic organs include the **vagina, cervix, uterus, bladder, urethra**, small intestines, and **rectum**. The pelvic organs are held in place by muscles of the **pelvic floor**. Layers of connective tissue called **fascia** also provide support. These supporting muscles and fascia may become torn or stretched, or they may weaken because of aging. Problems with pelvic support often are associated with pelvic organ prolapse. In this condition, the fascia and muscles can no longer support the pelvic organs. As a result, the organs that they support can drop downward.

What are the symptoms of pelvic organ prolapse?

Many women have no symptoms and are not bothered by their pelvic organ prolapse. The symptoms of those who do have problems can range from mild to severe. Listed are common symptoms of pelvic organ prolapse:

- Feeling of pelvic heaviness or fullness
- Bulge in the vagina
- Organs bulging out of the vagina
- Pulling or aching feeling or a feeling of pressure in the lower abdomen or pelvis
- Lower back pain
- Leakage of urine (urinary **incontinence**) or problems having a bowel movement
- Needing to push organs back up into the vagina to empty the bladder or have a bowel movement
- Sexual difficulties
- Problems with inserting tampons or applicators
- Pelvic pressure that gets worse with standing, lifting, or coughing or as the day goes on

What causes pelvic organ prolapse?

The main cause of pelvic organ prolapse is having had children. Women who have had a vaginal delivery have a slightly increased risk of pelvic support problems than those who have had a **cesarean delivery**.

Other causes of pelvic support problems include the following:

- Prior pelvic surgery
- Menopause

- Aging
- Intense physical activity
- Factors that increase pressure in the abdomen, such as being overweight or obese, constipation and straining to have a bowel movement, and chronic coughing
- Genetic factors

What are the types of pelvic organ prolapse?

There are many types of prolapse:

- **Uterine prolapse**—The uterus drops into the vagina.
- **Vaginal vault prolapse**—The top of the vagina—the “vaginal vault”—drops. This problem occurs most often in women who have had a **hysterectomy**.
- **Cystocele**—The bladder drops from its normal place into the vagina.
- **Urethrocele**—A urethrocele happens when the urethra bulges into the vagina. It often occurs with a cystocele.
- **Enterocoele**—The small intestine pushes against the back wall of the vagina, creating a bulge. Enterocoeles often occur with vaginal vault prolapse.
- **Rectocele**—The rectum bulges into or out of the vagina.

What exams are performed to help diagnose pelvic support problems?

Your health care provider will do a thorough exam, including a vaginal and rectal exam. You may be examined while lying down or while standing. You may be asked to strain or cough during the exam to see if you leak urine. How completely your bladder empties also may be checked.

What are some nonsurgical ways to obtain symptom relief?

- Lifestyle changes—If incontinence is a problem, limiting fluid intake, including drinks that contain caffeine (a **diuretic**), may be helpful. Women with bowel problems may find that increasing the amount of fiber in their diets prevents constipation and straining during bowel movements. Sometimes a **laxative** or medication that softens stools is prescribed.
- Bladder training—In this form of therapy, you empty your bladder at scheduled times. It may be useful for women with incontinence.
- Weight loss—If you are overweight or obese, weight loss can help improve your overall health and possibly your prolapse symptoms.
- Kegel exercises—These exercises strengthen the muscles that surround the openings of the urethra, vagina, and rectum. Doing these exercises regularly may improve incontinence.
- Pessaries—A **pessary** is a device that is inserted into the vagina to support the pelvic organs. A health care provider can help find the right pessary that fits comfortably.

What are Kegel exercises?

- Squeeze the muscles that you use to stop the flow of urine. This contraction pulls the vagina and rectum up and back.
- Hold for up to 10 seconds, then release.
- Do 50 contractions a day for 4–6 weeks.

Make sure you are not squeezing your stomach, thigh, or buttocks muscles. You also should avoid holding your breath as you do these exercises.

Can surgery correct pelvic support problems?

Some pelvic support problems may be corrected by surgery to restore the normal depth and function of the vagina. Symptoms such as back pain, pelvic pressure, and painful sex may not be relieved by surgery to repair the prolapse. However, the chances of getting some degree of relief are quite good.

Prolapse can recur after surgery. The factors that caused a woman to have prolapse in the first place can cause it to occur again.

Glossary

Bladder: A muscular organ in which urine is stored.

Cervix: The lower, narrow end of the uterus, which protrudes into the vagina.

Cesarean Delivery: Delivery of a baby through incisions made in the mother’s abdomen and uterus.

Cystocele: Bulging of the bladder into the vagina.

Diuretic: A drug given to increase the production of urine.

Enterocoele: Bulging of the small intestine into the upper part of the vagina.

Fascia: Tissue that supports the organs and muscles of the body.

Hysterectomy: Removal of the uterus.

Incontinence: Inability to control bodily functions such as urination.

Laxative: A product that is used to empty the bowels.

Pelvic Floor: A muscular membrane at the base of the abdomen attached to the pelvis.

Pessary: A device inserted into the vagina to support sagging organs.

Rectocele: Bulging of the rectum into the vaginal wall.

Rectum: The last part of the digestive tract.

Urethra: A tube-like structure through which urine flows from the bladder to the outside of the body.

Urethrocele: Protrusion of the urethra into the vaginal wall.

Uterine Prolapse: Sagging of the uterus into the vagina.

Uterus: A muscular organ located in the female pelvis that contains and nourishes the developing fetus during pregnancy.

Vagina: A tube-like structure surrounded by muscles leading from the uterus to the outside of the body.

Vaginal Vault Prolapse: Bulging of the top of the vagina into the lower vagina or outside the opening of the vagina.

If you have further questions, contact your obstetrician–gynecologist.

FAQ012: Designed as an aid to patients, this document sets forth current information and opinions related to women's health. The information does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to institution or type of practice, may be appropriate.

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