

# Women's Health Physiotherapy

Welcome to:

# Prolapse

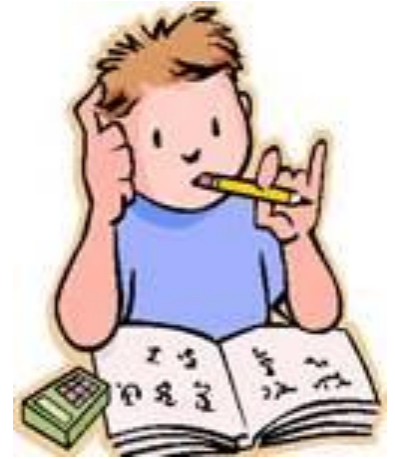
## Education Class



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# Aims



- What is prolapse
- What causes prolapse
- Understanding the pelvic floor - anatomy & function
- Advice & treatment options
- How can Physiotherapy help ?



# What is Prolapse?

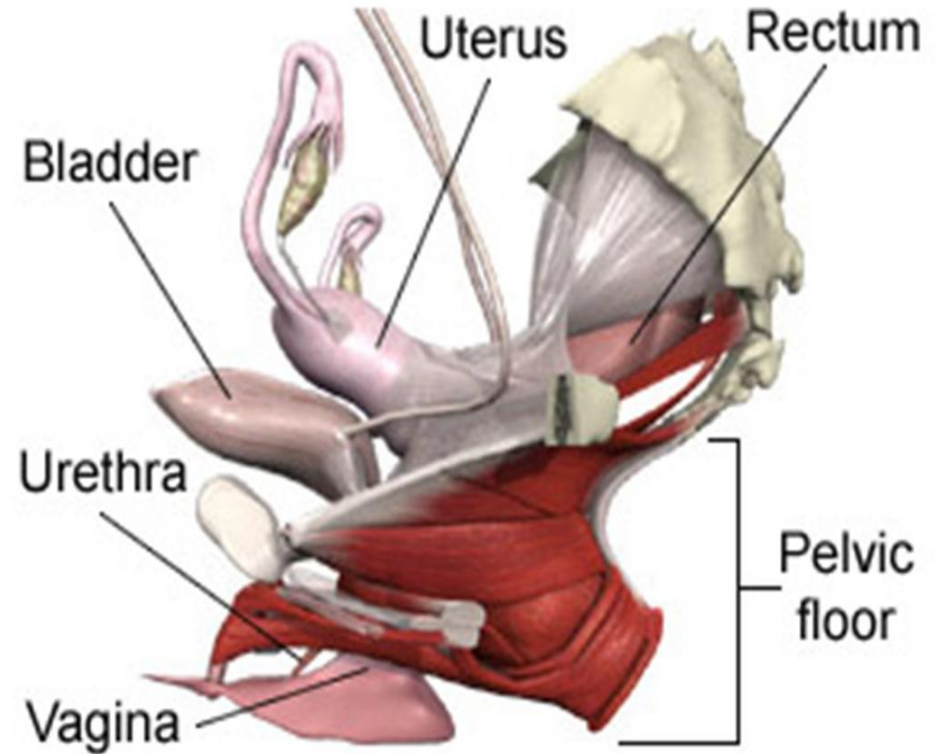
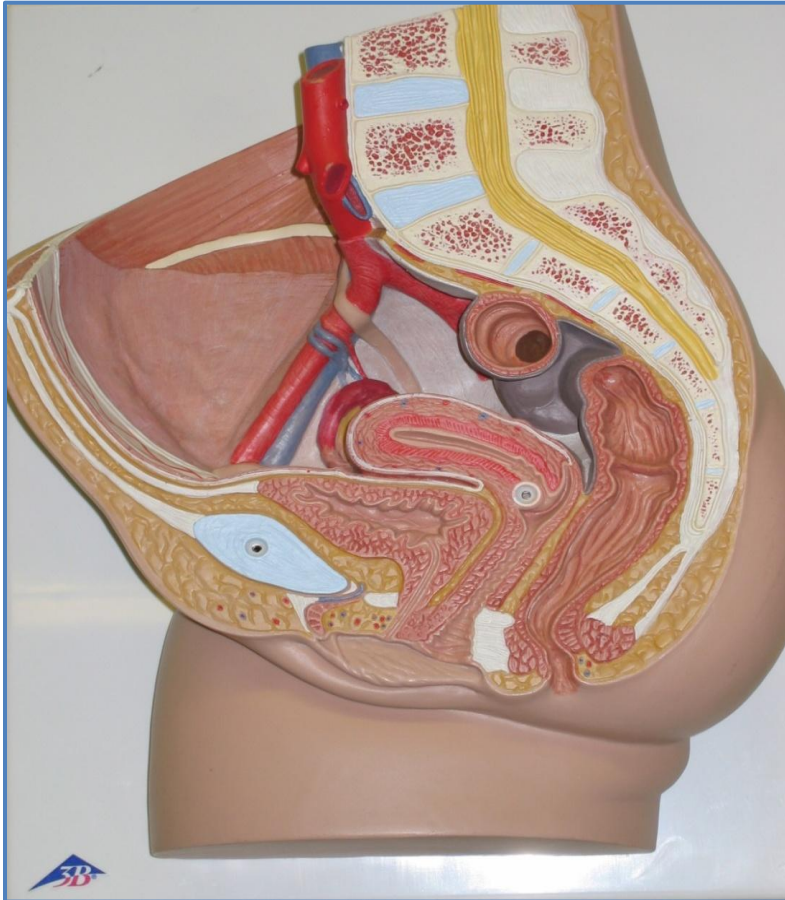


Prolapse literally means to fall or slip out of place

Prolapse can occur when there is a weakness in the supporting structures, allowing the pelvic organs to descend and ultimately fall through an anatomical defect



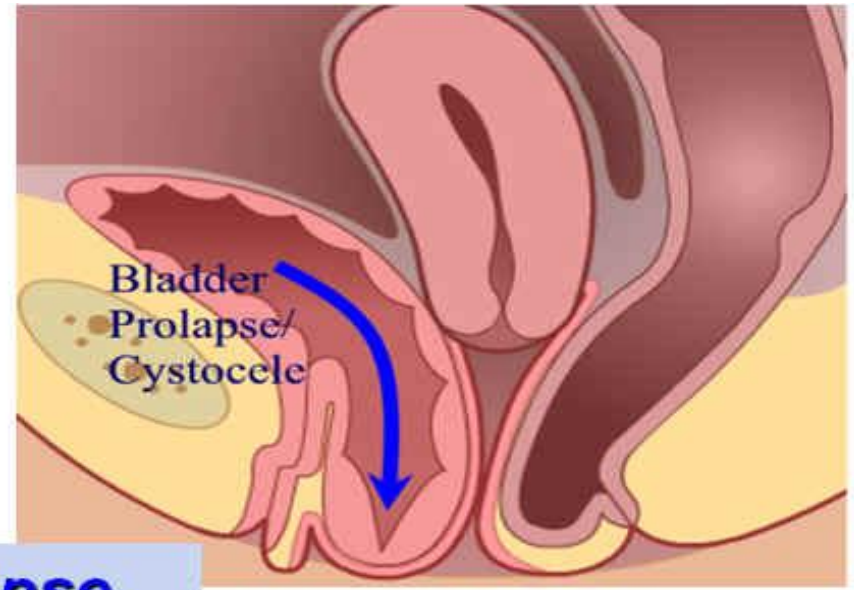
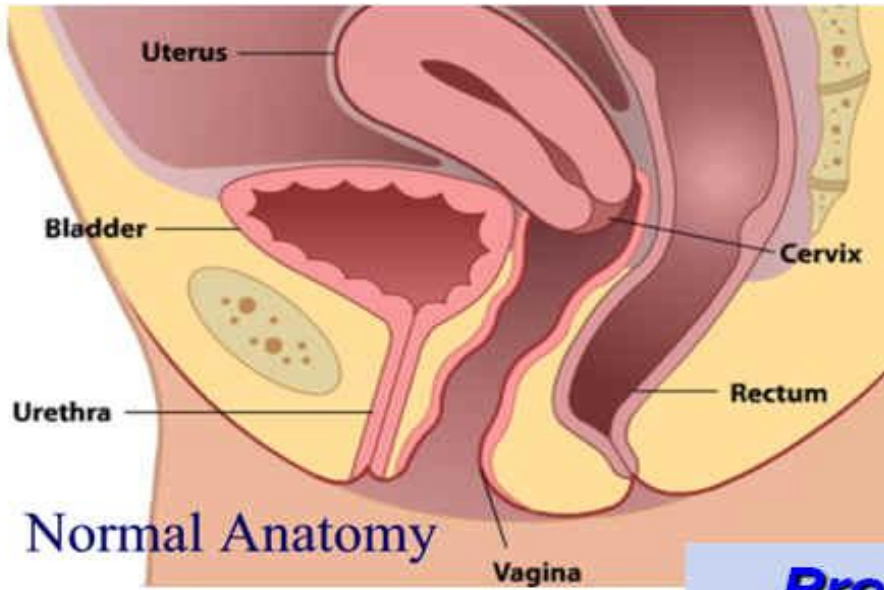
# Supporting Structure



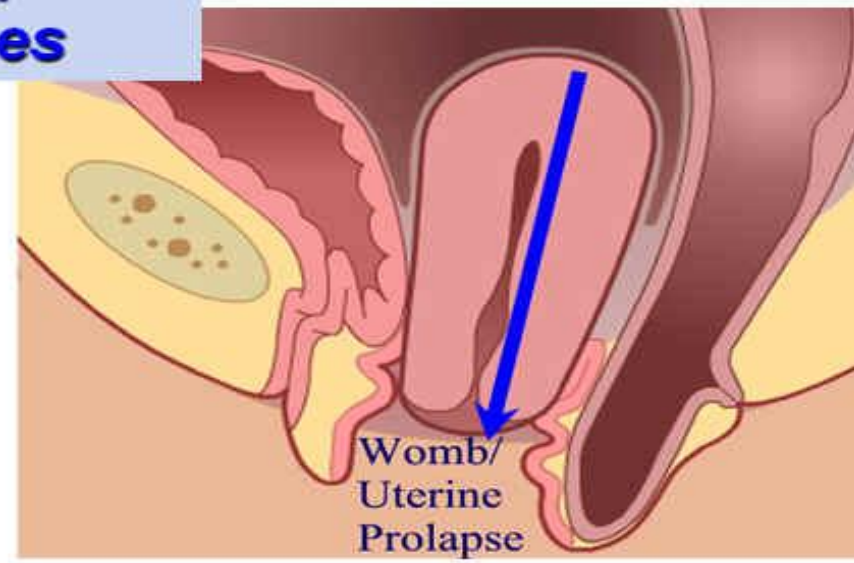
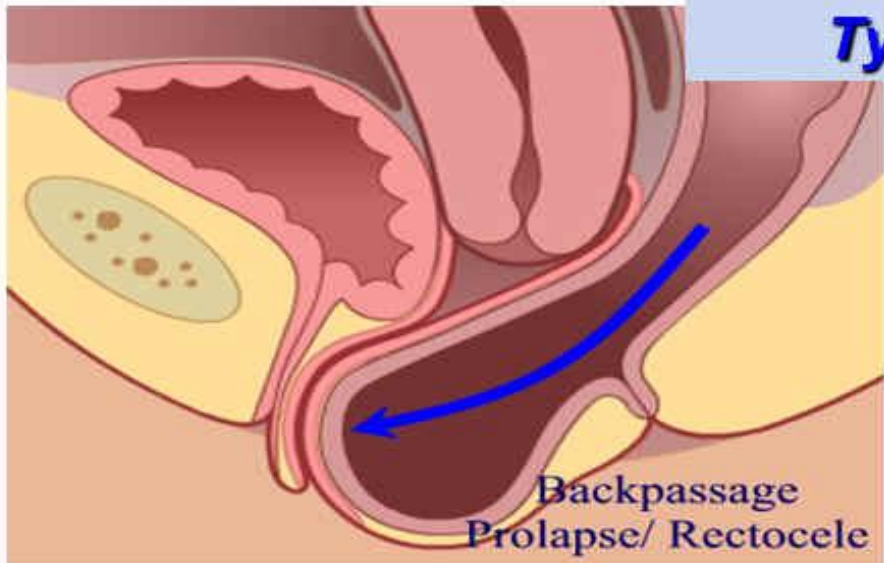
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# Types of Prolapse



## Prolapse Types



# How common is prolapse?



80% of women  
have vaginal wall  
laxity

Incidence peaks at  
65+ years

50% of women  
over 50 years  
of age have  
prolapse

2% women  
without children  
develop prolapse  
(usually uterine)

Life time risk of  
having surgery for  
POP is about 11%

Many women do not  
require surgery to  
improve their  
symptoms



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# Symptoms of prolapse



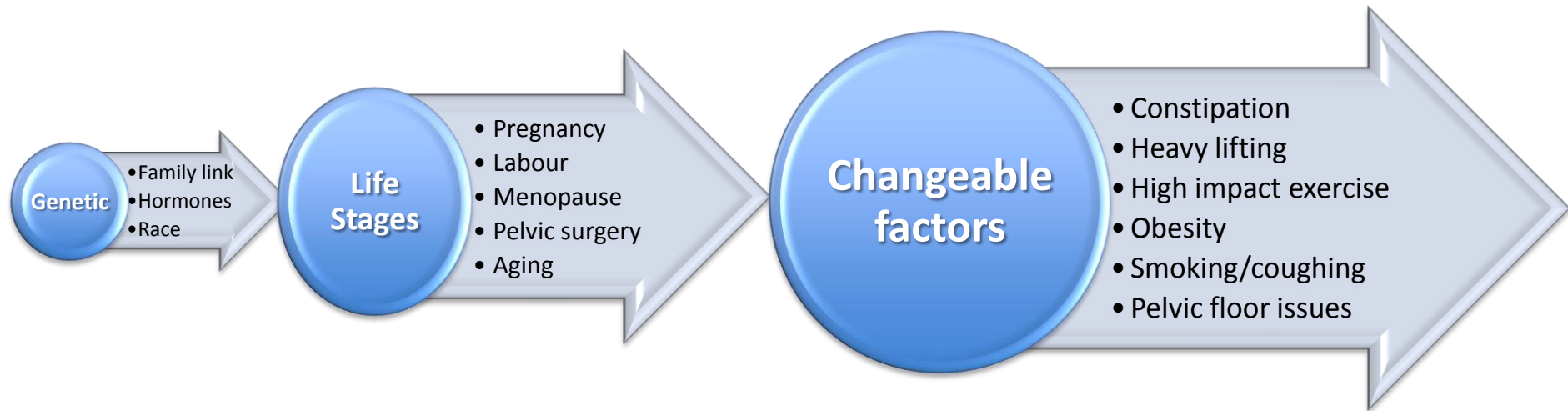
- Dragging feeling
- Feeling of something between the legs
- Backache
- Abdominal discomfort
- Altered continence
- Difficulty evacuating bowels
- Intercourse difficult or embarrassing

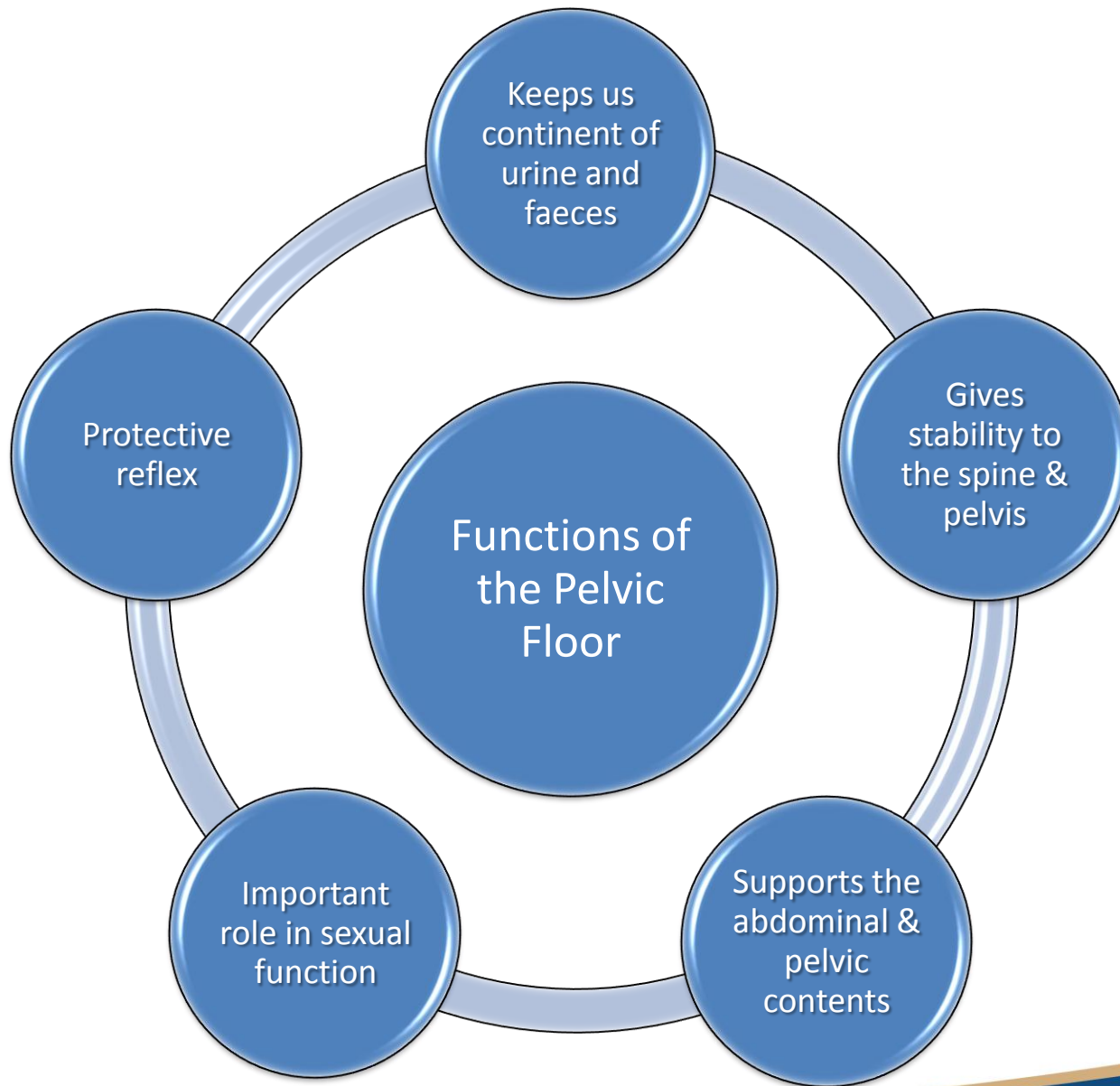


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# What can cause prolapse ?





# How to perform a pelvic floor muscle contraction

Tighten your back passage as if trying to stop wind

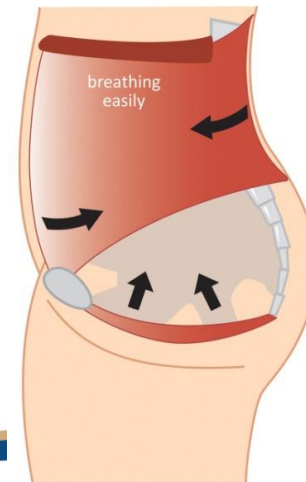
Also tighten the front as if to stop passing urine

The feeling should be a 'squeeze and lift'

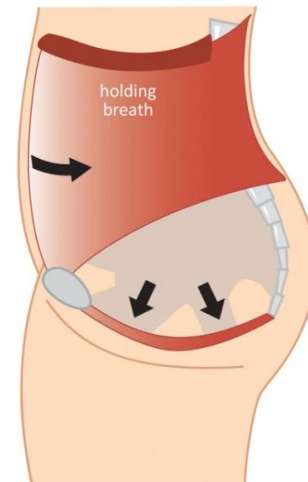
Aim for an up & forward direction

You may feel your abdomen tighten just above the pubic bone

PELVIC FLOOR MUSCLE CONTRACTION

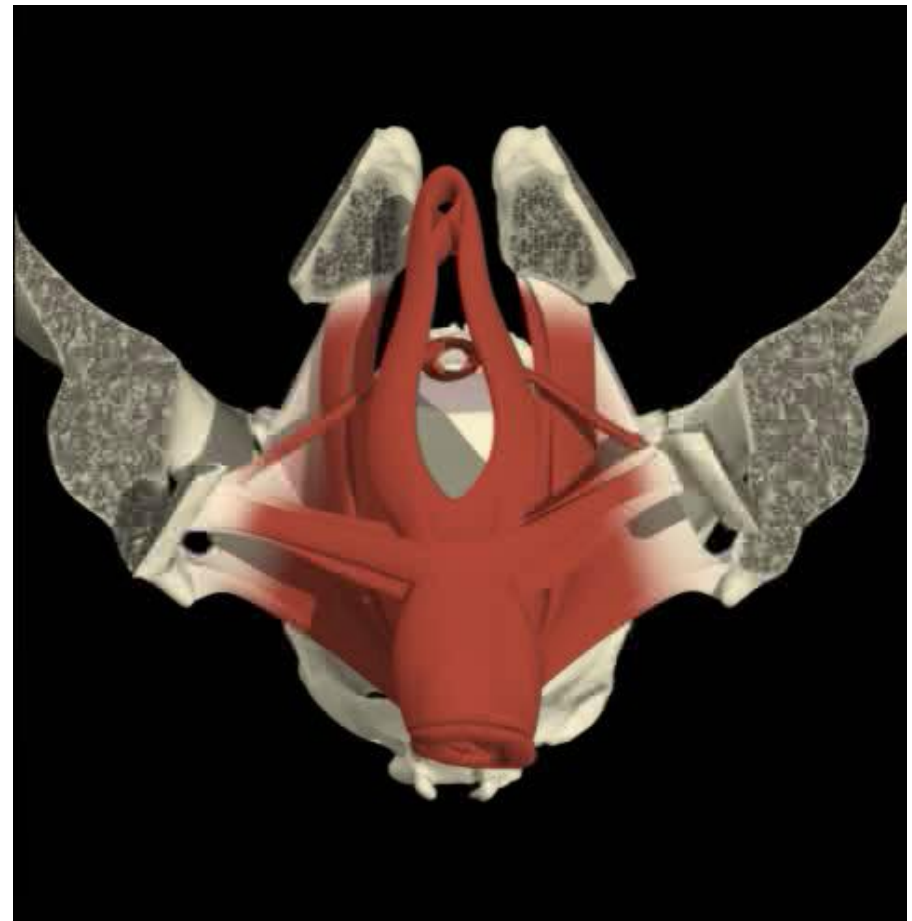
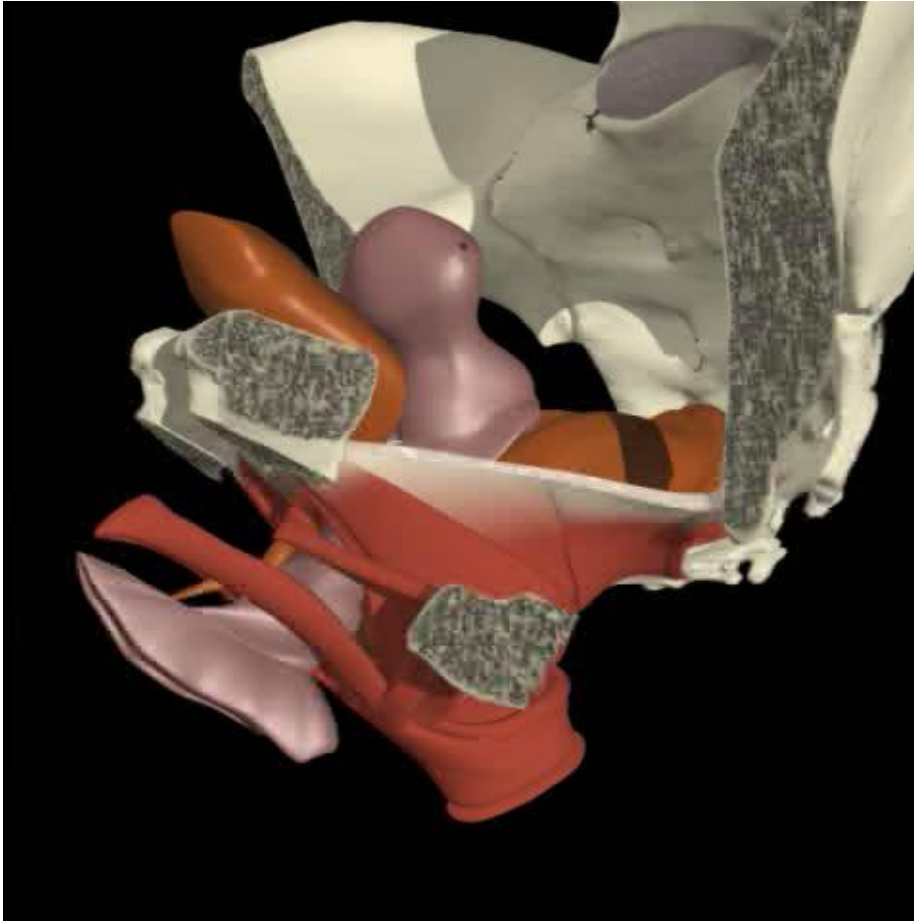


**Correct action**  
The pelvic floor lifts, the deep abdominals draw in and there is no change in breathing



**Incorrect action**  
Pulling the belly button in towards the backbone and holding your breath can cause bearing-down on pelvic floor

# Pelvic floor movement



# Two types of exercise



## FAST

- Maximum contraction
- On/off like a switch
- Aim x 10



## SLOW

- Gentle, gradual contraction
- Holding
- Aim 10secs x 10



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# How to progress

- Start lying
- Try sitting
- Build up to standing
- Then with activity / exercise



**Practice makes perfect**



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# Am I doing them correctly ?



**50% of us do them incorrectly !**

## **Avoid:**

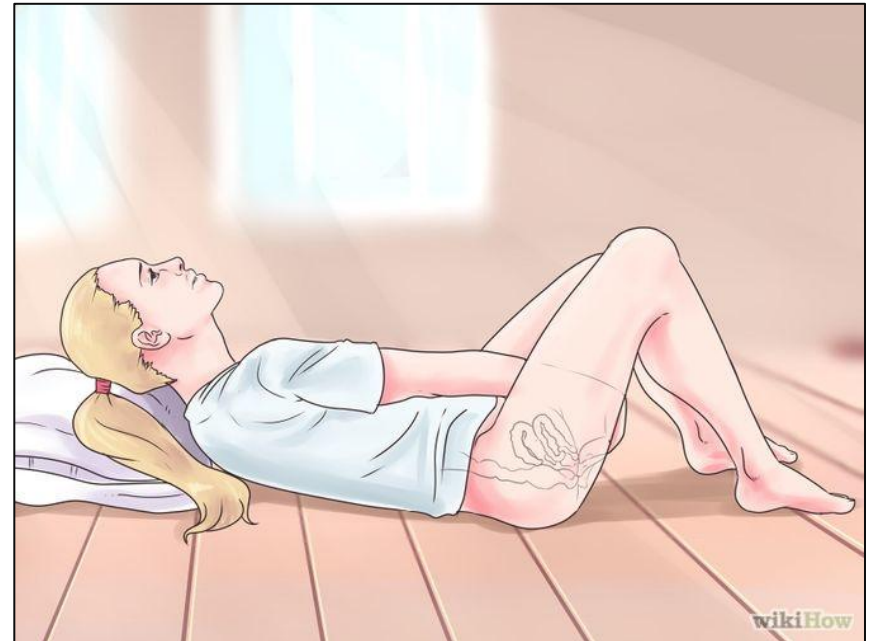
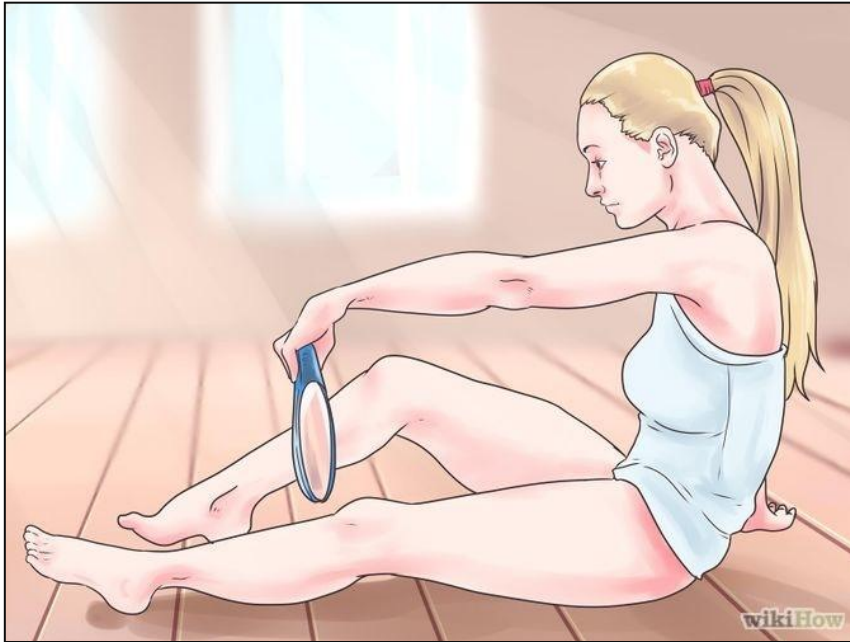
- Breathing in or holding your breath
- Pulling in tummy
- Squeezing legs together
- Clenching buttocks
- Bearing down



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# Can I check myself ?



Do not test with a  
midstream stop !



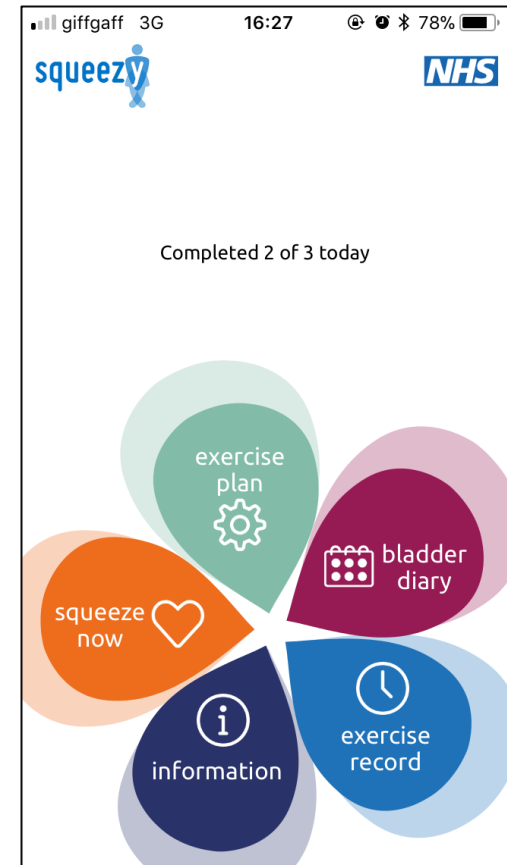
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# How to stick at your exercises....

- Use an app
- Do them at set times
- Tie it into your routine
- Use post-it notes
- Try Pilates
- Do them when you 'need' to

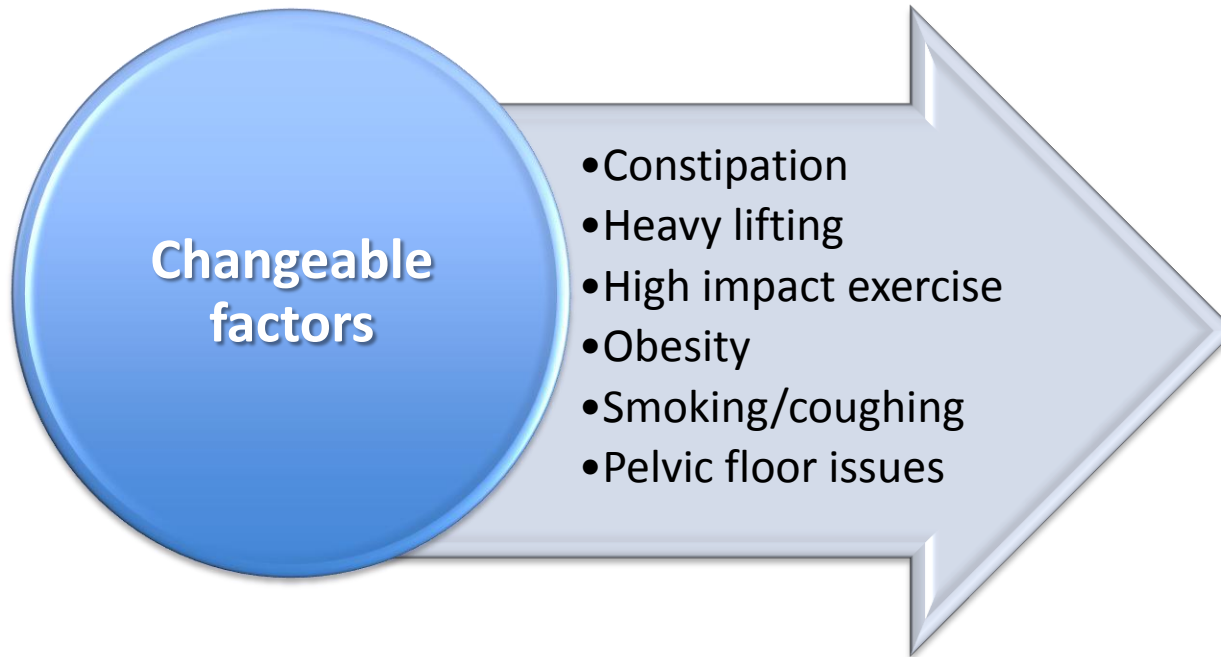
**Weak muscles take on average 10 - 12 weeks to strengthen**



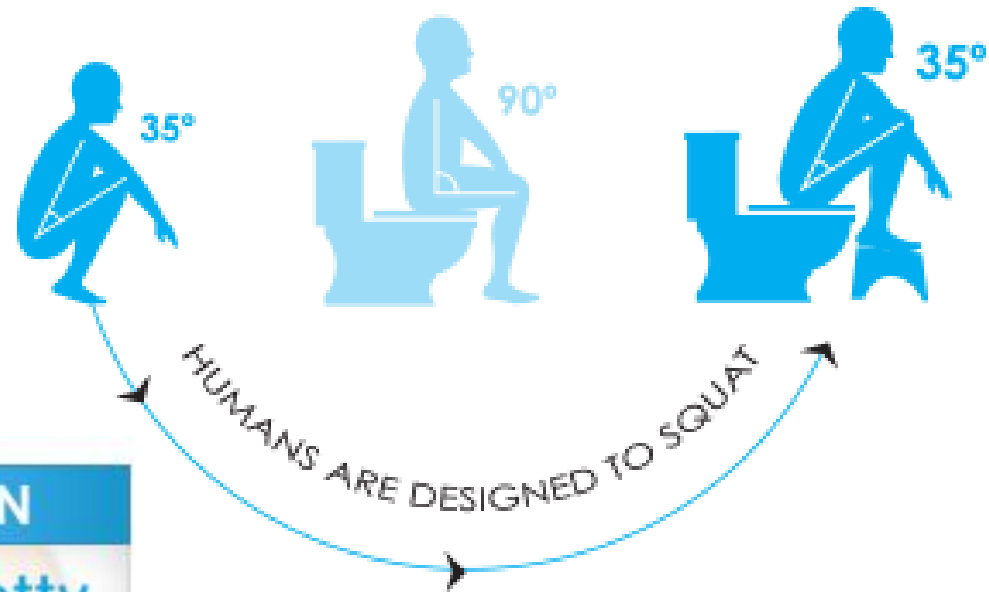
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# We need to work together ....

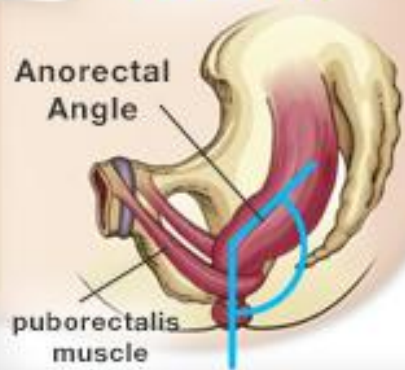


# Are your bowels involved ?



## PROBLEM

### Sitting



THE PUBORECTALIS MUSCLE  
"CHOKES" THE RECTUM  
MAINTAINING CONTINENCE

## SOLUTION

### Squatty Potty



SQUATTING **RELAXES** THE  
PUBORECTALIS MUSCLE ALLOWING  
EASIER ELIMINATION



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# Lifestyle Modification



- Losing weight may be helpful
- Avoid heavy lifting
- Reduce high impact exercise
- Avoid constipation and straining
- Avoid straining on the toilet
- Give up smoking
- Address a persistent cough
- Put your feet up and rest during the day or adopt positions of ease



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# Treatment options



Treatment for prolapse will depend on how large or what stage the prolapse is at

If you have no symptoms there may be no need for any treatment at all

- Pelvic floor exercise
- Lifestyle modification
- Pessary
- Surgical management (**success rate ??**)

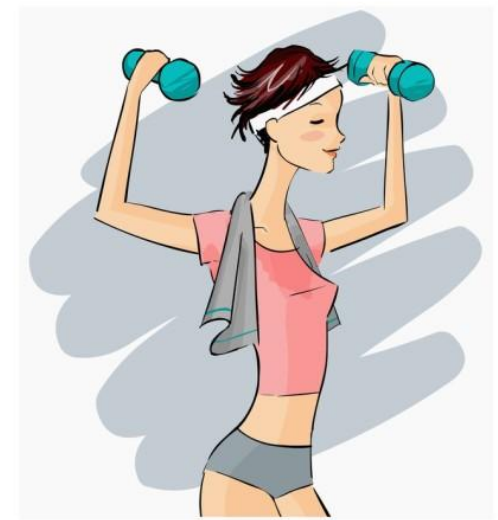


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# What can I expect from Physiotherapy?

- Individual pelvic floor assessment
- Teach you correct pelvic floor squeezes
- Give you an individual exercise program
- Help you self treat & gain control
- Help you set goals & measure progress



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# What next?



- An individual appointment - 1 hour (if needed)
- **Assessment** according to your specific problem
- A **treatment programme** will be agreed with you
- You may bring a **chaperone** if you prefer
- Bring a list of any **medication**



# Are you guilty of increasing our waiting list ?



**Please let us know ASAP if you can't make an appointment**

## **Discharge Policy:**

- Fail to attend =discharge
- Unable to attend =reception will need a genuine reason
- 2<sup>nd</sup> time unable to attend =you will need to discuss with your Physio if able to stay on treatment
- Please still attend your appointments when menstruating



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# Thank you for listening



<http://www.cardiffandvaleuhb.wales.nhs.uk/WHphysio>



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# Make friends with your Pelvic Floor !!



<https://pogp.csp.org.uk/publications/pelvic-organ-prolapse-physiotherapy-guide-women>