

Pelvic Organ Prolapse Referral

Diagnosis/Definition

- Displacement of pelvic organs resulting in protrusion into the vaginal or rectal wall.
- Symptoms of pelvic organ prolapse may include a sensation of vaginal pressure, fullness or heaviness; pelvic, vaginal, bladder, rectal, lower abdominal or sacral back pain; vaginal bleeding or spotting; coital difficulty; and voiding and defecatory difficulties.
- The patient often feels a bulge in the lower vagina or the cervix protruding through the vaginal introitus
- Pelvic organ prolapse noted on physical exam.

Indications for Referral

- Symptomatic Pelvic Organ Prolapse:
Sexual dysfunction, voiding difficulty, urinary frequency, urgency or incontinence; dyspareunia, constipation, hydronephrosis; obstructive nephropathy, and patient desires intervention, e. g., wants a GYN therapy.

Specialty Care Referral

To be completed prior to placing referral:

- Complete women's health exam and insure Pap smear is current
- Assess the impact of symptoms on patient's quality of life. Prolapse that is not bothersome to the patient may not require treatment.
- Postvoid residual urine volume
- If chronically constipated, then address constipation management
- Encourage smoking cessation

Provider Information

- Recommendations to decrease the chance of progression of the prolapse include Kegel exercises (See over), weight loss if necessary, smoking cessation and avoiding lifting of heavy objects – if woman is asymptomatic and intervention is not needed.
- Therapy may include expectant management, pessary fitting, or surgery.

Pelvic Floor Muscle Strengthening

Helpful Instructions for Doing Kegel Exercises

Kegel exercises are frequently discussed in childbirth classes or written about in magazine articles. Unfortunately, because pelvic muscles are hidden from view, it is difficult to know if you are doing them correctly. Some tips that can help you find the right muscles include:

- Try to stop your urinary stream. If you succeed then you have identified the right muscles to exercise. This is a learning tool. Do not stop your urine frequently as there is concern that this may create problems with bladder emptying.
- Imagine you are going to pass gas, then, squeeze the muscles that would prevent that gas from escaping from your rectum. Exercising the muscles around the rectum will also strengthen those around the vagina and under the bladder.
- Use a hand mirror to look at your vaginal opening and the perineum (the muscle wall between the vagina and rectum). You should see the perineum lift up when you contract your pelvic muscles.
- While lying or sitting, place one finger inside your vagina. Squeeze as if you were trying to stop urine from coming out. You should feel your finger lifted and squeezed if you are correctly contracting your pelvic muscles.
- Do not hold your breath while exercising.
- Remember not to tighten your stomach and back muscles or squeeze your legs together. Those areas should be relaxed as you isolate and contract *just* your pelvic muscles.
- You don't have to do this alone! If you are just not sure that you are doing the exercises correctly ask your doctor or their nurse at a pelvic exam to check if your squeeze is working the right muscles.

GET A PERSONAL TRAINER FOR YOUR PELVIC FLOOR! Ask your doctor or nurse for a referral to a physical therapist with expertise in pelvic floor muscle rehabilitation. They are trained to evaluate your back and abdominal strength, your gait and your posture. These all effect how your pelvic muscles work.

Recommended Routine

- Start by pulling in and holding a pelvic muscle squeeze for 3 seconds then relax for an equal amount of time (3 seconds).
- Do this for 10 repetitions three times a day
- Increase your contraction hold by 1 second each week until you are contracting for a 10 second squeeze.
- Remember to rest and breathe between contractions.
- When you start, do the exercises while lying down. As you get stronger; do an exercise set sitting and standing.