Pelvic Prolapse

Pelvic prolapse includes several conditions that occur when pelvic organs bulge down into or out of the vagina or rectum. Most pelvic prolapse occurs in women.

Factors that may increase the risk of pelvic prolapse include:
- advancing age
- multiple or difficult deliveries
- injury to the pelvic organs or muscles
- smoking
- use of steroid medications, and
- chronic lung disease.

Although many women develop some degree of pelvic prolapse as they age, many do not need treatment. Medical treatment including pelvic floor exercises, vaginal creams (usually containing estrogen) or use of a pessary (vaginal support ring) is often helpful. Surgery is reserved for significant symptoms and worsening of the prolapse.

Diagnoses
Pelvic prolapse may include any of the following specific conditions:
- Rectocele – bulging of the rectum into the vagina
- Cystocele – bulging of the bladder into the vagina
- Enterocele – bulging of loops of small intestine into the vagina
- Sigmoidocele – bulging of the sigmoid colon into the vagina
- Urinary incontinence - unable to control urine
- Fecal incontinence – unable to control stool or gas
- Constipation
- Uterine prolapse
- Rectal prolapse
- Vaginal prolapse

Repairs
Surgery may include:
- Rectocele repair - rectal approach
- Rectocele repair - vaginal approach
- Rectocele repair - abdominal approach
- Cystocele repair
- Enterocele repair
- TVT - transvaginal tape repair
- Rectal prolapse repair - abdominal
- Rectal prolapse repair - perineal
- Perineoplasty
- Other
Patient information materials developed in the Section of Colon and Rectal Surgery at Rush University Medical Center. The information contained in this brochure is believed to be accurate; however, questions about your individual health should be referred to your physician.

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