Tower Bridge Hospital London

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT
020 7916 0029 · Open 7 days, 9am–7pm
towerbridgehospital.co.uk

PATIENT INFORMATION · WOMEN'S HEALTH

Pelvic organ prolapse

very common, rarely dangerous, and treatable at every stage

Prolapse is descent of the vaginal walls, womb or vault when the supporting tissues weaken. Around half of women who have given birth have some degree of it, and many have no symptoms at all. It is not dangerous, it is not a sign of anything sinister, and it does not have to be endured.

Seek prompt assessment if you have

- **inability to pass urine**, or to empty your bowels
- a bulge that is **ulcerated, bleeding or cannot be reduced**
- **bleeding after the menopause**, or bleeding between periods
- **fever with pelvic pain** and offensive discharge
- a **new lump** that is hard or growing

Prolapse itself rarely causes emergencies, but urinary retention needs a catheter urgently and an ulcerated prolapse needs treating. Any postmenopausal bleeding must be investigated separately regardless of prolapse.

What it feels like

- a **dragging or heaviness** in the vagina, worse by the end of the day and after standing
- a **bulge or lump** you can feel or see, sometimes described as a ball
- **urinary symptoms** — incomplete emptying, slow stream, needing to push the bulge back to void, urgency, recurrent infections
- **bowel symptoms** — incomplete emptying, or needing to press on the vagina or perineum to open the bowels
- **discomfort during sex**, or a sense of looseness
- symptoms that are **better in the morning** and after lying down

The types

- **Anterior (cystocele)** — the front wall and bladder. The commonest.
- **Posterior (rectocele)** — the back wall and rectum.

- **Uterine** — descent of the womb.
- **Vault** — the top of the vagina, after hysterectomy.
- More than one type is often present together.

What contributes

- vaginal birth, particularly instrumental delivery or a large baby
- the menopause and falling oestrogen
- **chronic constipation and straining** — one of the most modifiable factors
- chronic cough, including from smoking
- heavy lifting, at work or in the gym
- being overweight, previous hysterectomy, and inherited tissue laxity

Treatment

Pelvic floor
first-line, supervised, 4 months minimum

Pessary
effective, reversible, fitted in clinic

Surgery
for symptoms not controlled otherwise

- **Supervised pelvic floor muscle training** for at least four months is first-line for mild to moderate prolapse and improves symptoms in most women. Supervised is substantially more effective than a leaflet — a high proportion of women contract the wrong muscles unsupervised.
- **Vaginal oestrogen** after the menopause improves tissue quality and symptoms, and is used alongside a pessary.
- **A vaginal pessary** — a silicone device supporting the prolapse — is effective, reversible, and suits women who want to avoid surgery, have not completed their family, or are not fit for an operation. Ring pessaries are the usual starting point, changed every four to six months.
- **Surgery** is considered where symptoms persist. Several approaches exist, and it is worth understanding the recurrence rate and the effect on sexual function before deciding.
- **Treat the constipation and the cough** — otherwise any treatment is working against a daily strain.

Lifting and exercise

You do not need to stop exercising. Adjust it: avoid holding your breath and bearing down, exhale on effort, reduce very heavy loads and high-impact work during a flare, and build the pelvic floor alongside. Pilates, swimming, walking and controlled strength work are all reasonable. A women's health physiotherapist can advise specifically rather than telling you to avoid everything.

Why come to us. Many women live with this for years because raising it feels embarrassing and NHS gynaecology waits are long. We offer unhurried women's health appointments seven days a week with a **female clinician available on request**, examination and assessment of the type and degree, **pelvic ultrasound on site**, prescription of vaginal oestrogen, referral to women's health physiotherapy, and pessary fitting and gynaecology arranged through our CQC-registered partners.

Assessed properly, with options explained

Female clinician available, ultrasound on site. Seven days a week.

Book an appointment

or call 020 7916 0029

Where to get help

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT

020 7916 0029

WhatsApp **07903 284 189**
info@mhwclinic.co.uk
Open 7 days, 9am–7pm

In an emergency
Call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

When we are closed and it is not an emergency
Call NHS 111 or visit 111.nhs.uk.

Related: **Women's Health** · **Physiotherapy** · **Ultrasound Scans** · **All patient leaflets**

Written and reviewed by Dr H Bolat, GP & Clinical Director **Review date: 26 July 2026** **Next review due: July 2028**

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This leaflet is based on current NHS and NICE NG123 guidance on urinary incontinence and pelvic organ prolapse in women. It is general information and does not replace advice from a clinician who has assessed you. If your symptoms change or you are worried, contact us on 020 7916 0029, call NHS 111, or call 999 in an emergency.