

# PELVIC ORGAN PROLAPSE (POP)

## What is POP?

Prolapse (POP): descent of one or more of the pelvic organs into and sometimes down and out through the vagina. Common symptoms include the sensation and/or appearance of a vaginal bulge, and heaviness or pressure. POP results from changes to the ligaments, muscles, and/or nerves which support the pelvic organs, most commonly caused by pregnancy and childbirth. Genetic factors, age, and conditions that cause excessive pressure on the pelvic floor like chronic cough, constipation/straining, and repetitive heavy lifting in the workplace are also associated with prolapse.



## Debunking POP Movement Restrictions:

Providers often give restrictions to avoid lifting, running, and deep squatting to those with prolapse. These restrictions may limit exercise and the well-known benefits associated with activity. Evidence shows heavy lifting *at work* may contribute to the development or worsening of POP. However, progressively lifting weights *during exercise* hasn't been shown to cause or worsen prolapse. "Heavy" is different for each individual. Likewise, each person has different ways they manage pressure. Some movement limitations may be advisable temporarily as you learn to navigate symptoms, improve coordination, and build tolerance to your preferred type of exercise. See resources for finding a qualified pro or program to guide your continuation or return to progressive exercise.

## CONSERVATIVE TREATMENT

- Constipation avoidance and optimizing gut/bowel health
- PFMT (pelvic floor muscle training) with a tailored program from a pelvic PT/OT
- Graded exposure to movement & progressive resistance training
- Internal support: Pessaries
- External support (EVB shorts, SRC shorts)
- Topical products such as estrogen or hyaluronic acid are commonly recommended for those perimenopausal, menopausal, and postpartum/lactating
- Literature is mixed on the effect of weight loss; avoidance of weight gain *may* prevent further connective tissue changes

## SYMPTOM MANAGEMENT

- Reclining/elevating hips as needed
- Splinting during defecation/splinting tool for posterior vaginal wall prolapse
- Managing pelvic floor muscle fatigue with appropriate, individualized exercise programming including recovery periods during exercise, managing exercise load, volume, and intensity
- Use of pessaries
- Interventions targeting stress, anxiety, and depression
- Management of respiratory symptoms in cases of chronic coughing, allergies, etc
- Treatment components listed at left can also help to manage symptoms

This handout is intended as general education and is not a substitute for individualized medical advice. Please consult your provider if you have prolapse symptoms or concerns. It is recommended that individuals seek the care of a qualified pelvic physical or occupational therapist for guidance with appropriate pelvic floor muscle training, for return to or continuation of exercise, and individualized lifestyle advice.

Handout created by Dr. Terri Robertson Elder, PT, DPT, WCS @terri.elder.dpt For updates to this handout and other resources: [www.thrive-pt.com](http://www.thrive-pt.com)



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## TYPES OF POP

- Types:
  - Anterior Vaginal Wall Prolapse: also known as cystocele or bladder prolapse
  - Posterior Vaginal Wall Prolapse: also known as Rectocele (the wall between the rectum and vagina is pressing into vagina, different from rectal prolapse)
  - Apical Prolapse (from above): also known as Uterine or vaginal vault prolapse
  - Enterocele: small intestine descending into the vaginal wall, more rare
- Grades/stages: (1-4)
  - There are different classification systems for POP. Most commonly, grades/stages 1 to 2 are considered 'mild' and inside or near the vaginal opening, and stages/grades 3 and 4 protrude beyond the vaginal opening. Stage/grade 1 POP is considered "sufficient" organ support.

## Common questions related to Pelvic Organ Prolapse:

- **Will this only get worse?** Some with POP experience a worsening stage or symptoms, however many do not. It is not considered a "definitively progressive" condition. *Mild, asymptomatic POP is so common as to be within the realm of "normal" and does not predict worse prolapse later in life.* For mild prolapse with symptoms, consider hormonal changes, vaginal tissue health, and nervous system threat response.
- **Can it get better?** For most, the tissue changes associated with POP may not improve without interventions such as consistent use of a pessary or surgery, however, bothersome symptoms can improve or resolve with conservative treatments. Postnatal individuals may experience a greater improvement in the few years postdelivery.
- **What can I do to prevent it from getting worse?** While there are no guarantees, treatments may help to reduce the risk of worsening, especially reducing constipation and straining. See the "conservative treatment" section.
- **Do I need surgery?** This is a personal decision based on many factors. Many with even moderate to severe prolapse are able to manage symptoms conservatively. If surgery is desired, it is still worthwhile to consult with a pelvic physio or pelvic occupational therapist before *and* after surgery. Likewise, trying a pessary before surgery can have a benefit, to rule out urinary incontinence hidden by prolapse which may worsen after prolapse repair.
- **What about sex?** While it's common for people with POP to experience changes in self-confidence and/or how things feel, many with prolapse lead fulfilling sex lives, even those who use pessaries. To find a provider who may help, access the directories at [www.pelvicguru.com](http://www.pelvicguru.com) and/or [www.aasect.org/referral-directory](http://www.aasect.org/referral-directory)
- **I have symptoms of heaviness and the feeling of a "stuck tampon," does this mean I have POP?** Sometimes. Symptoms are not always reliable indicators of changes to anatomy. Research shows the symptom that corresponds best to anatomic prolapse is seeing or feeling a vaginal bulge or protrusion.

## RESOURCES & MORE INFO

- **Education and images:**  
[www.yourpelvicfloor.org/conditions/pelvic-organ-prolapse](http://www.yourpelvicfloor.org/conditions/pelvic-organ-prolapse)
- **Online course for people with POP and directory of qualified professionals:**  
[www.popuplifting.com](http://www.popuplifting.com)
- **Course, product links, handouts:**  
[www.mypfm.com/prolapse](http://www.mypfm.com/prolapse)

- **For providers:**

Clinically, POP is defined as "anatomical prolapse with descent of at least one of the vaginal walls to or beyond the hymen with maximal valsalva effort, WITH the presence either of bothersome characteristic symptoms most commonly the sensation of vaginal bulge, or of functional or medical compromise due to prolapse without symptoms bother." (International Urogynecological Consultation, Collins et al., 2021) [www.iuga.org/publications/iuc](http://www.iuga.org/publications/iuc)

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