Q&A: Pregnancy and prolapse concerns

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I am seven months pregnant with my first child. My obstetrician said I have ureterocele. He also mentioned bladder prolapse. I am not having incontinence at the moment, but I have a lot of pain and always feel like I'm on the verge of an accident. I am trying to understand the condition,

how I may prevent it from worsening, and if there is any treatment.

Congratulations on your pregnancy. I am sure it is a very exciting and anxious time.

Pelvic organ prolapse is the general term that is applied to any relaxation of the supportive tissues around organs in the pelvis and vaginal area. The condition occurs as a result of changes to your body.

There are three areas that often are affected:

- Uterus—known as uterine prolapse
- Back wall of the vagina—known as rectocele
- Bladder—known as cystocele

There are several factors that can increase a woman's risk of prolapse. Pregnancy is a commonly known risk factor that predisposes women to development of prolapse, although it typically occurs after delivery. Chronic constipation and genetics can elevate a woman's risk.

In your case, diagnosed during your first pregnancy, I would venture that the pressure from your uterus and pregnancy are contributing most of your prolapse.

While women who give birth via vaginal delivery also may have a slight increased risk, I do not think there is any reason for you to consider a cesarean section because you are experiencing symptoms of prolapse. It is likely that many of your symptoms will improve after delivery.

It is estimated that 40-50%% of women who are postmenopausal have some degree of prolapse, although many are asymptomatic. Other women report bulging in the vaginal area, a feeling of pelvic pressure or heaviness. For some, if the prolapse is severe, they may see something

hanging if the tissue has broken through the plane of the vaginal area. Pain is not usually a symptom.

Discussing prolapse may be uncomfortable, but it is important to talk with your health care provider because an accurate diagnosis can help with respect to treatment.

A visit with a specialist, such as a urogynecologist, is a great place to start. A thorough physical examination of the pelvis can confirm the relaxation of the tissues and identify the affected areas. There is usually no need for additional imaging or tests.

Treatments for prolapse vary based on the severity and the patient's wishes. If a woman does not have any discomfort, we may simply do "watchful waiting." Unfortunately, we have no way of knowing if a woman's prolapse will worsen over time.

The most common nonsurgical treatment is to insert a silicone rubber device called a "pessary" into the vagina. Similar to a diaphragm, a pessary sits in the vagina to essentially hold things up. It is relatively easy for a woman to put in and remove on her own.

Surgery is also an option to correct prolapse. There are various proceedures based on the severity and individual woman's situation. More information can be found on credible resources such as Voices for PFD.

Many women inquire about physical therapy for prolapse. Pelvic floor physical therapy can provide a benefit to relieve symptoms, but it is unlikely to substantially improve the prolapse itself. As your pregnancy continues, you may want to talk to your doctor about a pessary, as that may provide you some relief until delivery. If your discomfort continues after delivery, you might consider surgery once you are done with

childbearing.