

Learn more about Prolapse

What it is, the signs & symptoms, and how can you manage yours.

Kegel 8

Empowering women with the knowledge to protect and care for their pelvic floor.





Hello & welcome!

Prolapse is a common condition affecting 6% of women under 30, 30% of women age 51-59 years and 50% of women over 80.

Every woman is unique so there is no one-size-fits-all solution to prolapse. It's all about finding out what works for you. We encourage you to treat and manage your prolapse with every aspect of life in mind; from toilet habits, to exercise, to sex.

The important thing to remember is; there are things you can do now to manage your prolapse and stop it getting worse.

Whether you're already living with prolapse, are experiencing early symptoms, or simply aim to learn more about this common condition, we hope this information helps you feel more confident and informed.

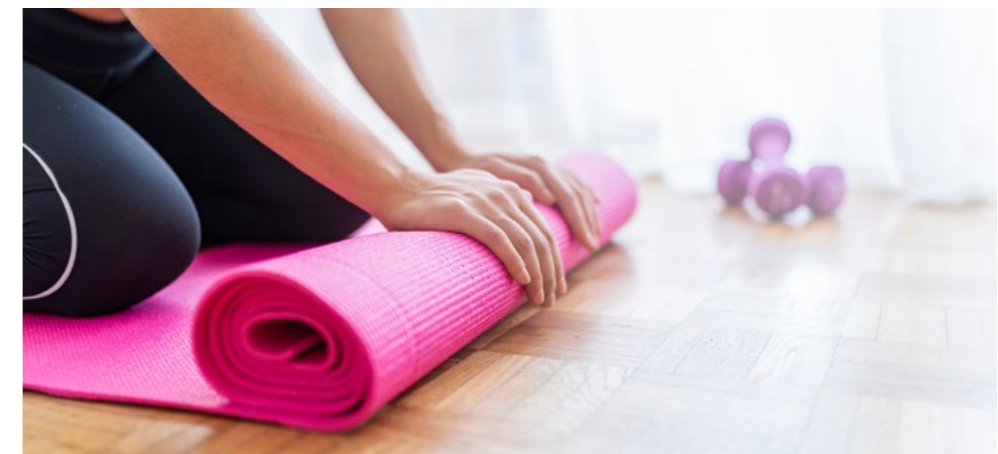
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You know your body; if something feels “off” then it probably is. See a professional for a diagnosis.

Signs & symptoms

Sometimes only a little movement inside can cause a lot of bothersome symptoms, yet other women can see and feel a large bulge or protrusion without any bother.

It is a complicated condition and you will need advice from your GP or a specialist physiotherapist to understand fully what is going on for you.

Dragging, heavy feeling

Prolapse is when one or more of your pelvic organs shift out of place. This causes a feeling of pressure or a dragging feeling inside the vagina.

Bulging

A near undeniable sign of prolapse is bulging. This could either be a visible bulge near the entrance of the vagina, or a bulge that you can feel deeper inside the vagina.

Bladder issues

If you're leaking when you cough or sneeze, this might be your bladder reacting to pressure caused by the prolapse.



Alternatively, you may feel as though your bladder is never empty, leaving you with a frustrating feeling that you always need to 'go'. If your bladder has shifted out of place in the presence of a prolapse, it can make it more difficult to empty it completely.

Bowel leaks and/or constipation

You may be struggling to empty your bowel fully or you might find it difficult to hold it in. Maybe you're experiencing both of these symptoms at different times, causing discomfort and frustration.

If your pelvic organs have shifted in the presence of a prolapse, your colon may now be slightly obstructed. Or, a weakened pelvic floor is making it difficult to control your bowel urges.

Prolapse commonly has a knock-on effect on other aspects of your health.

What causes prolapse?

The primary cause of prolapse is a change in the support structures of the organs. This includes their ligament and fascial attachments as well as the pelvic floor muscles supporting them from below.

There is no single cause of the problem, rather layers of events occurring that change the support system. Some are in your control but many are not.



Childbirth



Menopause



BMI



Surgery e.g.
Hysterectomy



Genetics



Age

You are more likely to develop a prolapse if you've had children (both pregnancy and the type of delivery affect your likelihood). BMI, age, family history, constipation, and your collagen type all have an influence as well.



Types of prolapse

Our pelvic cavity is home to a number of extremely important organs, all of which are at risk of falling out of place. When this happens, it can affect the walls or the top of the vagina.

Different types of pelvic organ prolapse include:

1. Front (anterior) wall prolapse

(previously cystocele, urethrocele)

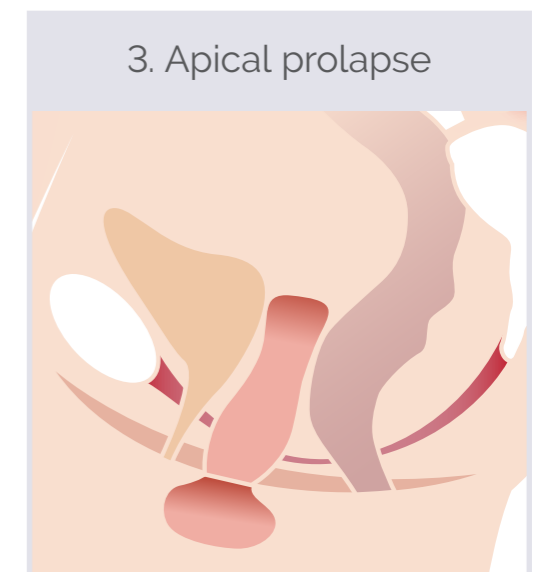
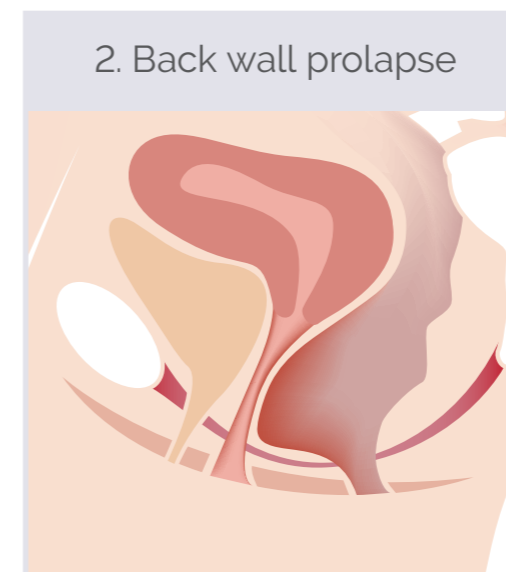
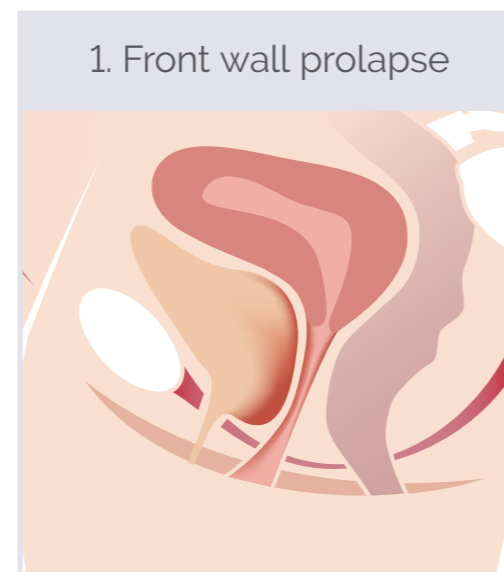
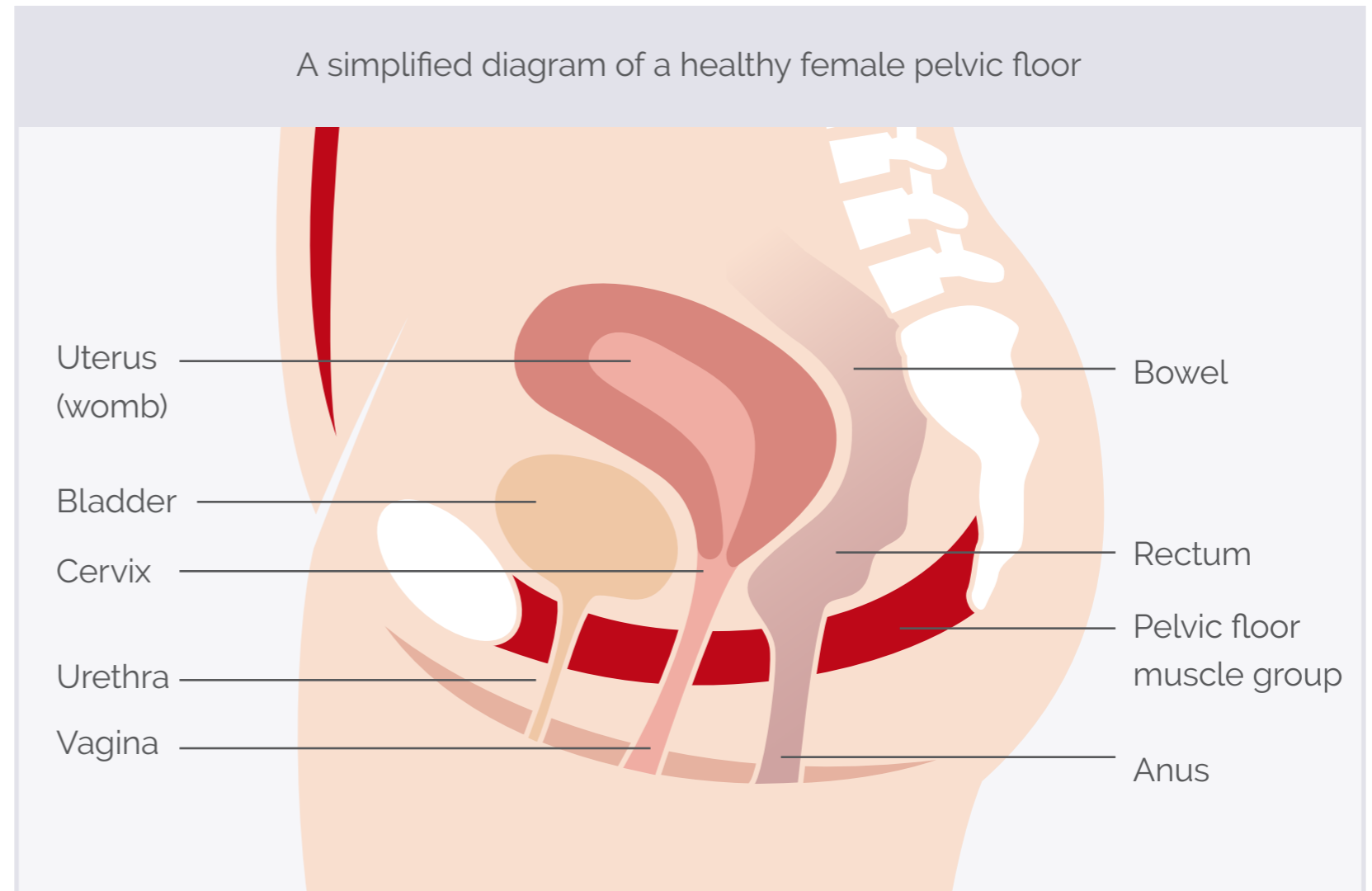
The most prevalent form of prolapse; this is where the bladder drops downwards onto the vagina wall.

2. Back (posterior) wall prolapse

The rectal wall of the rectum bulges into the back wall of the vagina.

3. Apical Prolapse

(previously uterine or cervix prolapse). This is movement of the uterus (womb) lower into the vagina space. Or after hysterectomy the vaginal vault (or cuff) can drop from position.



I think it's a prolapse – what now?

The first step is diagnosis. Your GP really is the first point of contact because making a preliminary diagnosis and being sure that it is not a different problem (like an infection, or a cyst pressing down, or a bowel issue) is an important first step.

Although we strongly recommend an appointment with your GP, there are other healthcare professionals who can diagnose your prolapse.

Gynaecologists

If you have access to private healthcare you can go directly to a gynaecologist for an assessment and diagnosis. Otherwise, your GP will be able to refer you to one. They may refer you for diagnosis anyway, but remember, you can always ask them to refer you as well.

Physiotherapists

In many areas of the UK you can self-refer to an NHS or private pelvic health physiotherapist. (If using insurance to pay for a private physio, you would need to contact the insurance company first for authorisation and they may require a GP visit). You will also need to clearly request a pelvic health specialist physiotherapist, rather than a general physio (whose speciality is backs, necks, knees etc.).



Diagnosis is the best way to understand your unique situation.

Osteopaths

Some specialist osteopaths also advise about pelvic organ prolapse. Check that pelvic health and prolapse is something they specialise in first.



How do I fix prolapse?

There are a number of things you can do now to improve your life with prolapse.

As touched upon on our welcome page, treating prolapse requires a unique approach for each and every woman.

Depending on the type and severity of your prolapse, your options include surgery, lifestyle changes, using an electronic pelvic toning device, or even doing nothing.

However, it's important to know that prolapse will never just go away on its own. If it's affecting your life now, you should consider taking steps to manage and treat prolapse as soon as possible.

Knowledge is power when it comes to treating prolapse. Read on to discover more about your options.



Strengthen your pelvic floor

Research has shown us that most women can massively improve the strength, tone and skills of their pelvic floor muscles by simply doing pelvic floor exercises.

Pelvic floor exercises, also known as kegels, are a proven way to keep your pelvic floor strong.

A strong, healthy pelvic floor supports your pelvic organs, preventing your prolapse from getting worse.

What is a kegel?

A kegel is basically a pelvic floor contraction, achieved by squeezing and lifting the pelvic floor muscles.

Try this; tighten the muscles around your anus and vagina and lift them upwards towards your navel. Imagine you are trying to stop wind or hold in the contents of your bladder. Can you do it? If you find yourself squeezing your legs together, or tensing your buttocks,

this is a sign you haven't located the correct muscles, and may need some assistance - see page 10. If you are confident that you've performed a kegel, then you can start to do them regularly to strengthen your pelvic floor and manage your prolapse.

Pilates & yoga

Pilates and yoga are both excellent for the pelvic floor. Not sure where to start? See our pelvic floor exercise playlist on YouTube.

It's estimated that around half of women are unable to locate and work their pelvic floor muscles.

You can incorporate kegels into your regular workout routine



Use a pelvic floor toner

If you've tried pelvic floor exercises but seen little to no results, we have a few devices that can help you along the way.

Kegel8 Ultra 20

If you are struggling to locate your pelvic floor and exercise it independently, we recommend the Ultra 20 electronic pelvic toner.

It accurately locates your pelvic floor muscles and exercises them for you. The "smile" feature shows you in real time when your pelvic floor muscles are in work and rest mode.

Many women have used the Ultra 20 to manage prolapse with excellent results. Some women even notice an improvement in their prolapse.

Use the Ultra 20 to get your pelvic floor into shape, and then to maintain good pelvic floor strength and support for your pelvic organs,

Some women notice results with the Ultra 20 after only 12 weeks

"I noticed the difference much quicker than I expected. I have never worn my ring (pessary) again ever since, despite resuming some other activities like exercising. My symptoms were no longer there."



1

Week 1

With 45 minute sessions, your toner will help you find your pelvic floor muscles.

4

Week 4

You'll start to feel a real difference. More control, less leaks, more confidence.

12

Week 12

Your pelvic floor is strong and you're living life without leaks and sudden urges!

Use a Biofeedback trainer

Physiotherapists advise that you don't need to use electronic stimulation if you can already contract your pelvic floor muscles correctly.

The next step is to practice doing your exercises independently, which nurtures the mind-muscle connection further. But you need to do them regularly & effectively.

Our Kegel8 Biofeedback trainer can be helpful for you to check that you are doing your exercises correctly, especially if you need to focus on relaxing fully between contractions.

Just like with any bit of gym kit, it is fun to have tasks to do and targets to reach. If you tend to get distracted when exercising, using a device that makes you concentrate can be motivating and help get them done.

How does it work?

The Kegel8 Biofeedback device shows you what you are doing with your muscles when you contract them independently. The soft, air-filled vaginal probe connects to the small handheld monitor. With each kegel, you squeeze the probe and the monitor displays the strength of your squeeze on a scale of 1 to 6.



Improve toilet habits

Constipation is a leading cause of prolapse. Straining on the loo stretches and weakens your pelvic floor muscles. This creates a self-perpetuating cycle, which can be broken by improving your diet and your toilet habits.

Drink more water

Slowly up your water intake to prevent bladder irritation and soften your stools. Try drinking an extra glass each day, with the aim of drinking at least 2 litres per day.



Increase fibre intake

Eating more fibre will make your stools easier to pass. Try slowly adding more fruit, vegetables, and nuts to your diet as well as wholegrains such as oats and brown rice.

Elevate your knees when you poo

Humans are designed to 'go' in a squatting position, so that the bowels can empty properly. When you sit on a standard toilet your colon is kept partially closed by a muscle called the puborectalis. Try a toilet stool such as the Go Better toilet stool to achieve the squatting position on the toilet.

Want to try before you buy? Try propping your feet up on a stack of old books (7"-8" high is optimal) next time nature calls. If you find that this squatting position makes it easier to go, you can invest in a nice, specially designed, wipe-clean Go Better toilet stool with confidence.



Wear support garments

Compression underwear gently activates the pelvic floor muscles which helps to strengthen them, treating the cause of prolapse while improving your level of comfort.

Will support garments work for me?

Try wearing your best, most supportive pair of knickers, and your most supportive (and comfortable) pair of jeans or leggings the next time you're out and about. If you notice an improvement in your symptoms by the end of the day, then support garments are ideal for you. They provide tailored support and compression with utmost comfort and wearability.



"These are so comfortable, I can't believe the difference after a few weeks... The support is on the perineum area and it helps to alleviate the dragging feeling of the prolapse."

Review taken from www.stressnomore.co.uk

SRC Support Shorts

Expertly tailored to treat those with stage 1 uterine or bladder prolapse, this compression underwear may also prevent those suffering with Stress Urinary Incontinence from developing pelvic organ prolapse in the future.

SRC Shorts fully stabilise the pelvis with

- Patented anatomical support panels
- A triple layer gusset panel to apply even compression to all the perineal area
- An abdominal panel to support the area from the umbilicus to the pubic bone.

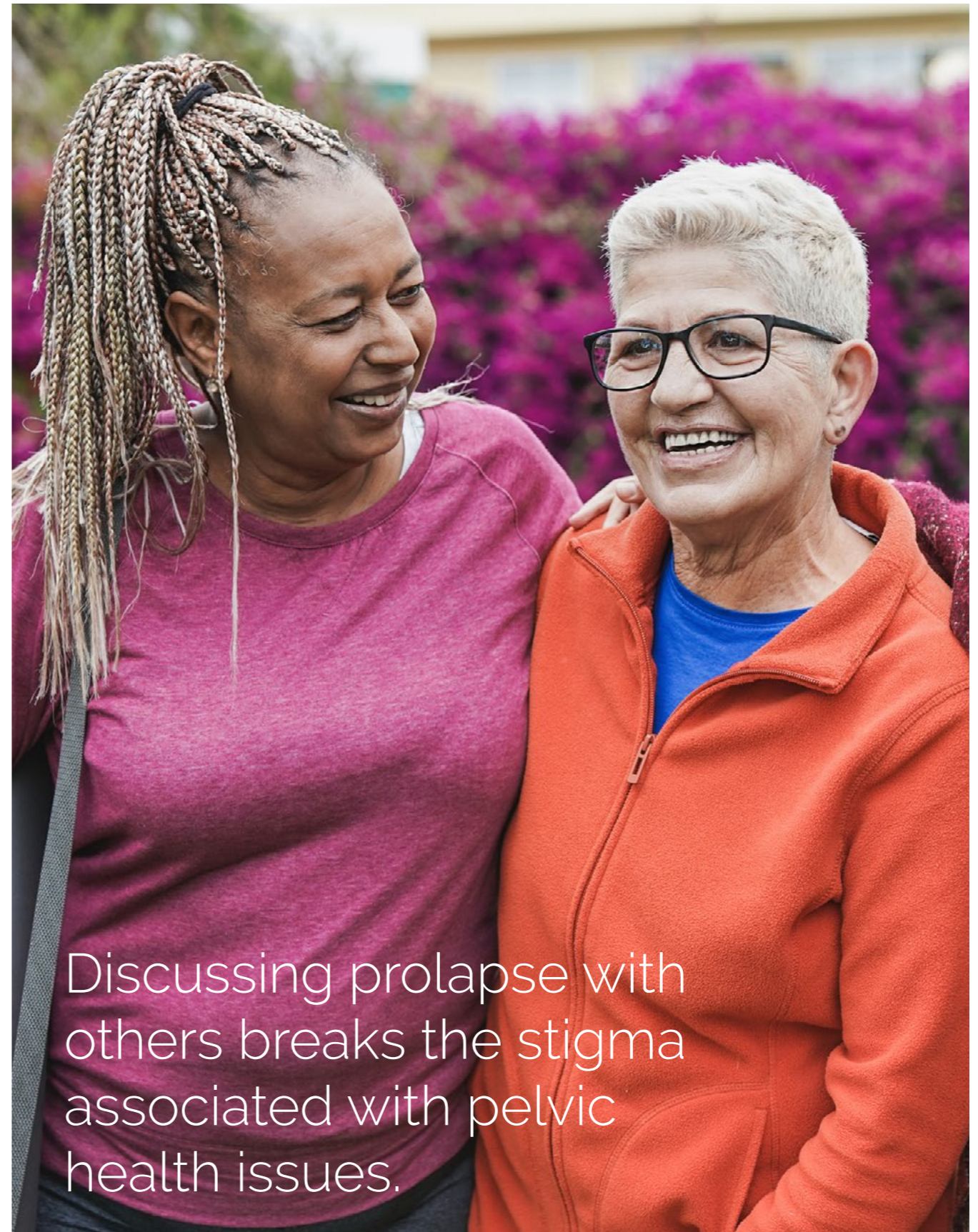
Other lifestyle changes

Pessaries

Vaginal pessaries are commonly fitted for women of all ages to help support the pelvic organs from within the vagina. They can be ring or diaphragm shaped (sitting up at the top of the vagina) or cube shaped (taking up space).

A pessary can be fitted by a doctor or nurse with 6 monthly changes. Some women learn to fit their own pessary, giving greater flexibility and choice of when to use it. For example, just for sport or long days on their feet, and to enable a full active sex life.

If a pessary suits you it can be a long term way to manage your prolapse, or a temporary solution while you work on improving your pelvic floor muscles, sorting out constipation, losing weight or while waiting for surgery.



Discussing prolapse with others breaks the stigma associated with pelvic health issues.



Hormone Replacement Therapy (HRT)

HRT is sometimes offered where prolapse is attributed to the menopause. HRT increases the level of oestrogen to rebuild muscle strength, alleviating the symptoms and preventing the prolapse from worsening. However, it carries a number of risks, therefore its suitability for you must be discussed with your GP.

Sex with a prolapse

Contrary to what you might have been led to believe, you **can** still have sex with a prolapse and it **won't** make it worse.

Sex with a prolapse takes communication, willingness to experiment, and a little bit of patience and humour.

Communicate with your partner. Figure out what positions are most comfortable and pleasurable for you. Consider the angle of your pelvis and the effect it has on your prolapse. Remember that pleasure, not penetration, is the goal of sex.

With patience and understanding, the experience of accommodating your condition during intimacy may actually bring you closer together!

Surgery

In cases where prolapse is extremely severe or the pelvic organs cannot be supported by the pelvic floor muscles or a pessary alone, surgery could be the best and, indeed, the only option.

Surgery may involve vaginal wall(s) repair or suspension of the uterus, cervix or vaginal vault with sutures or less commonly with synthetic mesh. Sometimes a woman decides to have a hysterectomy to manage uterine prolapse.

It is important to explore all other options before committing to this type of treatment, because as with any kind of procedure, prolapse surgery carries with it some degree of risk. Side effects can range from bleeding, infection, constipation, damage to neighbouring organs, painful sex and problems with passing urine.

Additionally, approximately 1/3 of women who have prolapse surgery may need more than one operation as there is a 25-30% chance that it could return, or a different type of prolapse could develop.



We hope you've enjoyed this eBook

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