



Physical therapy treatment for prolapse

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Content

- ▶ What is prolapse?
- ▶ Treatment:
 - Life style change
 - Pelvic floor physical therapy
 - Pessary
 - Surgery

Types of POP

Cystocele

When the bladder herniates into the weakened vaginal wall.

Enterocoele

When the back and front of the vaginal wall separates. The small bowel can herniate into the vagina.

Uterine Prolapse

When the uterus descends into the vagina. See the four stages below.

Rectocele

When the back of the vaginal wall weakens and the rectum presses against it.

Stages of Prolapse

1

The uterus or organ is in the upper half of the vagina.

2

The uterus or organ descends near the opening of the vagina.

3

The uterus or organ protrudes out of the vagina.

4

The uterus or organ is outside of the vagina.

Treatments

Life style change

- ▶ losing weight if you are overweight
- ▶ managing a chronic cough if you have one; stopping smoking will help
- ▶ avoiding constipation; talk to your doctor about ways of helping and treating constipation
- ▶ avoiding heavy lifting; you may wish to talk to your employer if your job involves heavy lifting
- ▶ avoiding physical activity such as trampolining or high-impact exercise.

Avoid heavy Activity

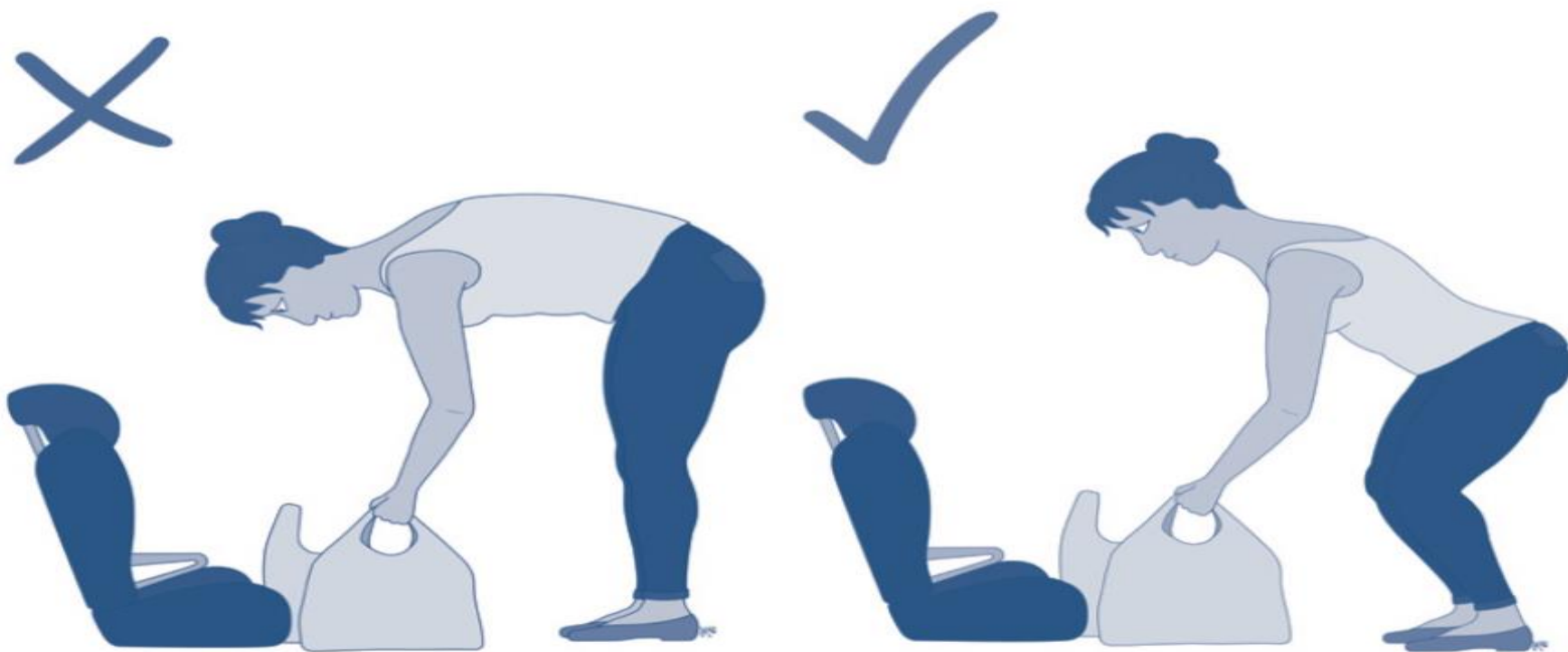
- ▶ Avoid Bringing laundry up and down stairs.
- ▶ Carrying the baby for too long (especially when the baby is heavier than 15 pounds).
- ▶ Packing the stroller with lots of items.
- ▶ Pushing the stroller up a hill.
- ▶ Loading the car.
- ▶ Weight training exercises, running, CrossFit, plyometrics, or other high impact activities. Doing overhead presses of any kind, including stacking dishes and putting them away overhead.

Instead

- ▶ Using a stroller versus the baby carrier (but don't load it up with lots of stuff).
- ▶ Asking the grocery store clerk to load your car. Taking small loads into the house.
- ▶ Leaving heavy objects in the car until someone gets home to help unload.
- ▶ Swimming or water activities for exercise.



Lifting



Physical therapy

- ▶ Pelvic floor physical therapy offers a series of nonsurgical interventions.
- ▶ Physical therapists help women to retrain their pelvic floor muscles through outpatient sessions to improve function and strength, typically within six to eight week

Physical therapy

- ▶ Check posture and alignment
- ▶ Get the transverse abdominis and pelvic floor working properly (tight and weak)
- ▶ Learn breathing

Manual therapy

- ▶ A physical therapist may use soft tissue mobilization techniques to help with muscle tightness, function and posture of the pelvic floor

Electrical stimulation

- ▶ Tens
- ▶ IF
- ▶ Muscle training with stimulation

Kegel Exercises

- ▶ The pelvic floor muscles act like a hammock to support the pelvic organs.
- ▶ Pelvic floor muscle exercises will strengthen the muscles and retrain them to be more effective in supporting the pelvic organs making the symptoms of prolapse less bothersome.
- ▶ Pelvic floor muscle exercises (sometimes called Kegels) should include long, held squeezes as well as short quick squeezes, ensuring that you fully relax the muscles after each squeeze.
- ▶ You should work the muscles until they tire and do the exercises regularly to help the muscles become stronger and more effective.
- ▶ if your prolapse is bulging beyond the vaginal entrance, you may find it better to do them lying down. If your prolapse is less severe you may find it easier to do these exercises in sitting.

Slow Kegel Exercises



- 1 Sit, stand or lie with your knees slightly apart
- 2 Slowly tighten your pelvic floor muscles starting with your anus
- 3 Tighten around your vagina
- 4 Squeeze both areas and as hard as you can and lift
- 5 Hold for the ten seconds, then relax



Fast Kegel Exercises

- 1 Sit, stand or lie with your knees slightly apart
- 2 Quickly tighten your pelvic floor muscles starting with your anus
- 3 Tighten around your vagina
- 4 Squeeze both areas and as hard as you can and lift
- 5 Hold for two seconds, then relax

Biofeedback

- ▶ Biofeedback therapy involves placing a sensor near the pelvic floor muscles, which transmits the amount of force the woman is exerting to a computer. The computer displays the results on a monitor so the patient can immediately see whether she is using the correct muscles. Once she gets a sense of how to properly do the exercises, she can continue doing them without biofeedback therapy.

Physical therapy ;does it work?

- ▶ In a study by Panman et al in 2016, examining the two-year effects of pelvic floor muscle retraining, it was demonstrated that in women aged 55 and greater with symptomatic mild pelvic organ prolapse, pelvic floor muscle retraining results in a significant decrease in pelvic floor symptoms when compared to watchful waiting
- ▶ There is now some evidence available indicating a positive effect of PFMT for prolapse symptoms and severity. The largest most rigorous trial to date suggests that six months of supervised PFMT has benefits in terms of anatomical and symptom improvement (if symptomatic) immediately post-intervention. Further evidence relating to effectiveness and cost-effectiveness of PFMT, of different intensities, for symptomatic prolapse in the medium and long term is needed

Pessary

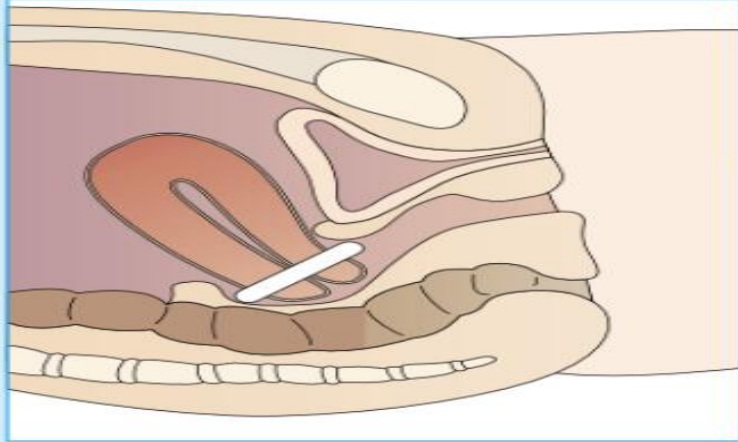
- ▶ A pessary is a good way of supporting a prolapse. You may choose this option if you do not wish to have surgery, are thinking about having children in the future or have a medical condition that makes surgery more risky.
- ▶ Pessaries are more likely to help a uterine prolapse or an anterior wall prolapse, and are less likely to help a posterior wall prolapse. The pessary is a plastic or silicone device that fits into the vagina to help support the pelvic organs and hold up the uterus.

Pessary

- ▶ There are various types and sizes; your doctor will advise which one is best for your situation. The most commonly used type is a ring pessary.
- ▶ Fitting the correct size of pessary is important and may take more than one attempt.
- ▶ Pessaries should be changed or removed, cleaned and reinserted regularly. This can be done by your doctor, nurse or sometimes by yourself. Estrogen cream is sometimes used when changing the pessary, particularly if you have any soreness.
- ▶ Pessaries do not usually cause any problems but may on occasion cause inflammation. If you have any unexpected bleeding, you should see your doctor.
- ▶ It is possible to have sex with some types of pessary although you and your partner may occasionally be aware of it.

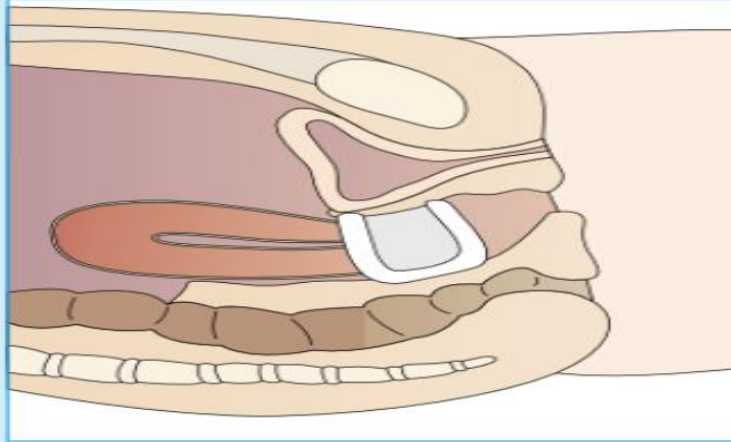
Support pessaries

Ring pessary



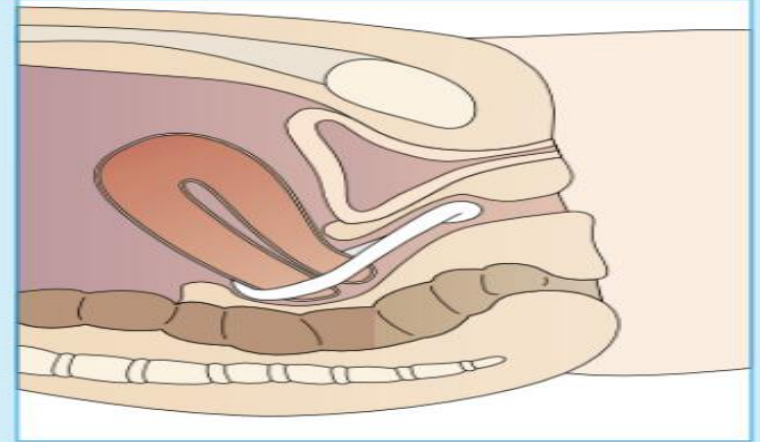
First and second degree uterovaginal prolapses
The most common pessary, and the easiest to use

Gehring pessary



Cystoceles and rectoceles, with or without uterine collapse
Can be manually moulded. It rests along the anterior vaginal wall to straddle the bladder, and the lateral bars straddle the rectum, providing support via the legator sling

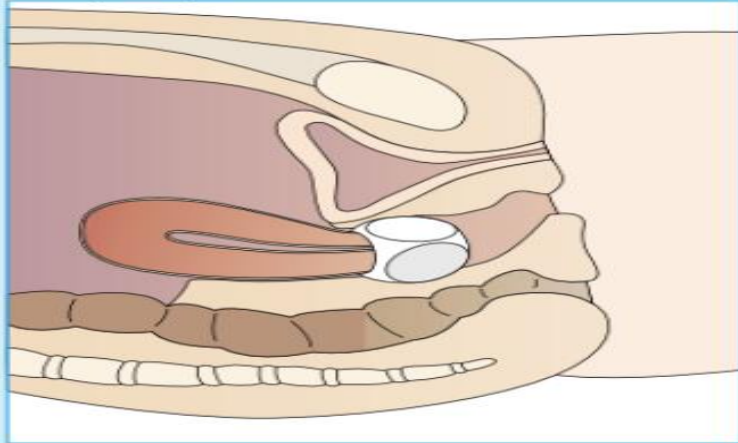
Hodge pessary



Mild cystoceles in women with a narrow pubic arch, and for correcting a retroverted uterus

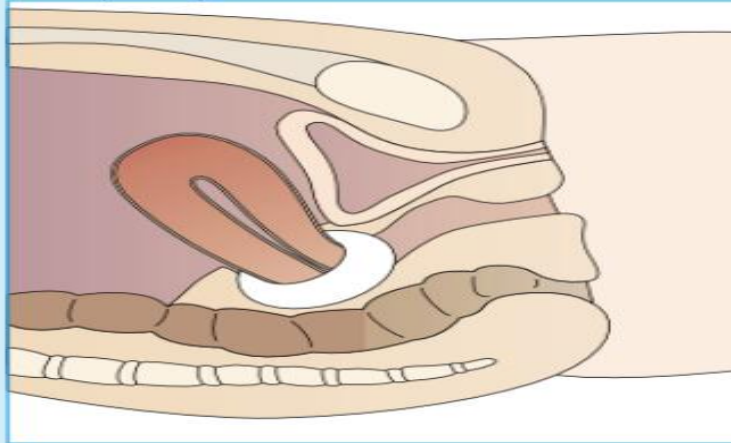
Space occupying pessaries

Cube pessary



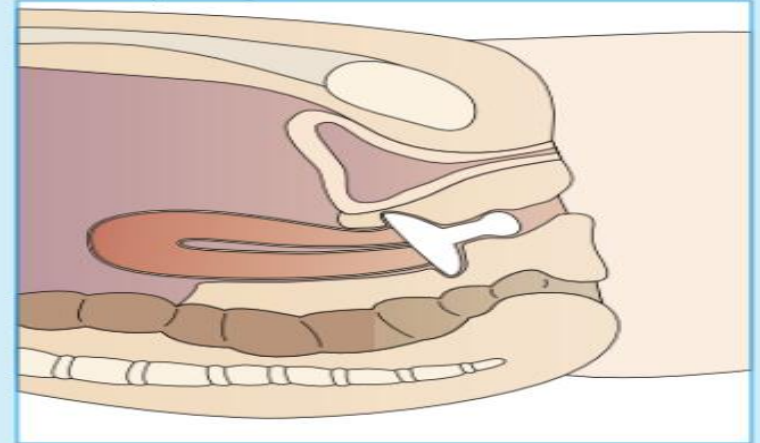
Third degree uterovaginal prolapse
Maintains its position by creating suction between itself and the vaginal wall. Has no area for drainage and has to be removed nightly

Donut pessary



Third degree uterovaginal prolapse
Remains in place by having a larger diameter than the genital hiatus. Usually latex, but an inflatable version allows for easy insertion and removal and an individualised fitting

Gellhorn pessary



Third degree uterovaginal prolapse with decreased perineal support
Concave surface fits against the cervix or vaginal cuff. Stem should be positioned just behind the introitus, so perineum must be intact

References

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