

# Pelvic organ prolapse

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■ Cite as: *CMAJ* 2023 August 8;195:E1013. doi: 10.1503/cmaj.230089

## 1 Pelvic organ prolapse, defined as the descent of 1 or more aspects of the vagina, is common

Prolapse is found in 41%–50% of adult females, with symptoms of pelvic pressure and vaginal bulge sensation reported by 3%–6% of adult females.<sup>1</sup> Prolapse is diagnosed and staged with physical examination based on the maximum descent of vaginal tissue (anterior, posterior or apex) on Valsalva manoeuvre. Symptoms commonly begin when the bulge reaches within 0.5 cm of the vaginal opening.<sup>1</sup> Imaging is not routinely needed. Risk factors include increasing age, parity, a history of vaginal delivery, obesity, constipation, postmenopausal status and connective tissue disorders.<sup>1</sup>

## 2 Other pelvic floor disorders often coexist and may require referral to a specialist

Among people receiving care for prolapse, 49%–87% reported symptoms of urinary frequency or urgency, incontinence or difficulty voiding; 24%–67% reported difficult defecation, with 31% experiencing fecal incontinence; and 57% reported decreased sexual function.<sup>2</sup> Chronic incomplete bladder emptying may lead to recurrent urinary tract infections.

## 3 The condition is undertreated

Among older adults, conditions such as incontinence are associated with increased risk of depression, social avoidance, falls and institutionalization.<sup>3</sup> Despite these impacts, one-third of females with a pelvic floor disorder do not seek care. Barriers include the perception that these disorders are a normal part of aging and that no effective treatments are available.<sup>3</sup>

## 4 Treatment involves conservative measures or surgery

Conservative management may be started in the primary care setting and includes lifestyle modifications (e.g., avoiding constipation and heavy work), pelvic floor physiotherapy and pessary use.<sup>1</sup> Surgical treatments include repairs and suspensory and obliterative procedures; however, the risk of recurrence after surgery is 6%–30%.<sup>1</sup>

## 5 Untreated pelvic organ prolapse can be associated with serious complications

These can include erosion of prolapsed tissues, procidentia and, less commonly, vaginal perforation with evisceration.<sup>1,4</sup> Ureteral obstruction occurs in 3%–30% of patients with severe prolapse; serum creatinine and ultrasonography of the kidneys and bladder should be considered in these patients.<sup>5</sup>

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**Competing interests:** None declared.

This article has been peer reviewed.

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