

Bladder Prolapse

What You Should Know



What is Bladder Prolapse?

Most of the time, the bladder is held in place by a “hammock” of supportive pelvic floor muscles and tissue. Bladder prolapse happens when these tissues are stretched and become weak. In women, the bladder can drop and bulge through this layer of muscles and into the vagina.

Bladder prolapse, also called cystocele, is common in women. Some women have bladder prolapse but are not bothered by the symptoms. For others, the symptoms of bladder prolapse can be bothersome enough to seek treatment.

Women who have multiple pregnancies, deliver vaginally, or have long or difficult deliveries are at higher risk.

Other factors leading to prolapse may include:

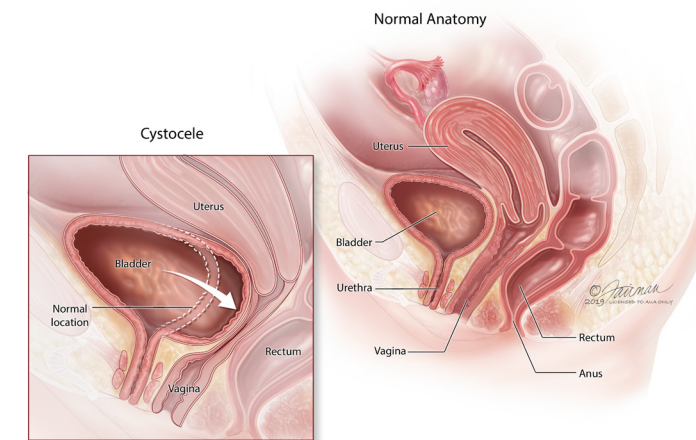
- heavy lifting
- too much coughing
- constipation
- frequent straining to pass stool
- obesity
- menopause (when estrogen levels start to drop)
- prior pelvic surgery
- aging

What are the Symptoms of Bladder Prolapse?

Some cases of bladder prolapse may not cause any symptoms or pain. The most common symptom is feeling or seeing a bulge in the vagina.

Other signs and symptoms related to prolapse include:

- frequent voiding or the urge to pass urine
- urinary incontinence (unwanted loss of urine)
- frequent urinary tract infections (UTIs)
- pain in the vagina, pelvis, lower belly, groin or lower back
- feeling extra weight or pressure in the vaginal area
- painful sex
- not feeling relief after passing urine
- tissue sticking out of the vagina



What Causes Bladder Prolapse?

Prolapse can happen for many reasons. A major cause may be stress on this supportive “hammock” when giving birth.



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How is Bladder Prolapse Diagnosed?

Bladder prolapse can be found with a clinical history and a pelvic exam. The pelvic exam may be done while you are lying down, straining or pushing, or standing. Other tests and imaging studies may also be done to check the pelvic floor, such as:

- cystoscopy
- urodynamics
- x-rays
- ultrasound
- MRI

How is Bladder Prolapse Treated?

Some women have bladder prolapse and do not have bothersome symptoms. You do not need to treat your prolapse if it is not causing you problems or it is not blocking your urine flow. It is of great value to seek treatment if you are experiencing any of the signs or symptoms of prolapse. Some ways to manage bladder prolapse may include:

Behavior Therapy, such as:

- Kegel exercise, to help strengthen pelvic floor muscles
- pelvic floor physical therapy
- a pessary (a vaginal support device)

Drug therapy may also help bladder prolapse and could include estrogen replacement therapy. Estrogen may help treat symptoms of prolapse such as recurrent UTIs, frequent urination or pain with sex, but will not treat the prolapse itself.

Surgery. The goal of surgery is to repair your body and improve the way you feel. Some types of bladder prolapse surgeries include:

- **Open surgery**, which is when an incision (cut) is made through the abdomen.
- **Minimally invasive surgery**, which uses small incisions (cuts) in the abdomen. Some types include laparoscopic surgery and robotic surgery (which is always controlled by the surgeon).

Before having surgery, you should talk with your surgeon to learn about the risks, benefits and other choices available. It is of great value to give informed consent to your doctor and this can best be done after your doctor has answered all of your questions.

About the Urology Care Foundation

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This information is not a tool for self-diagnosis or a substitute for professional medical advice. It is not to be used or relied on for that purpose. Please talk to your urologists or health care provider about your health concerns. Always consult a health care provider before you start or stop any treatments, including medications. For more information, visit UrologyHealth.org/Download or call 800-828-7866.

