

Protecting Your Pelvic Health

Millions of women, particularly those who have given birth vaginally, develop pelvic organ prolapse, so why is there such little public discussion around this condition? We examine why POP occurs and what can be done to treat it.

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Pelvic organ prolapse (or 'POP' for short) is a condition that affects around 50 per cent of women who have had a child, yet no-one seems to be talking about it. It can also, less commonly, develop in women who have never given birth.

Tissues called fascia and ligaments hold the uterus, bladder, and bowel in position, attaching them to the side of the pelvis and keeping them inside your pelvis. The pelvic floor muscles also lift your pelvic organs from underneath. If they're weakened, and the tissues in the pelvis are stretched or torn, your pelvic organs might slip down into the vagina.

There are various types of prolapse. The pelvic organs may push into the front wall of the vagina, the back vaginal wall, or the uterus may bulge down into the vagina. One or more of the pelvic organs might have shifted in the process.

FEELING THE EFFECTS

Although any woman can develop the condition, having a baby means you are more likely to be affected.

"The main risk factors associated with prolapse are pregnancy and childbirth," explains pelvic health physiotherapist Liz Childs. "Changing hormones during pregnancy can cause increased mobility of tissues, and more stretching than normal. During a vaginal delivery there can be damage to the pelvic floor muscles and other support structures which can also contribute to prolapse. This is more likely with a large baby, use of forceps, or a prolonged pushing stage."

Older age, obesity, menopause and constipation can also put you at greater risk of prolapsing.

"As we get older, we lose muscle mass, and with menopause comes hormone changes, both of which can lessen the support provided by the pelvic floor muscles," says Childs.

Women who've never had a child can still develop a prolapse, but it's a rare outcome, says Dr Alex Polyakov, gynaecologist and senior lecturer at the University of Melbourne. "There are some unusual diseases where there are problems with collagen and those people usually have very elastic skin, they can stretch their skin quite a bit, and in those people it's more common to have it without giving birth, but it is unusual," he says.

In case you're concerned, vigorous exercise is not going to shake anything loose in your pelvic



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region. Problems are more likely to come from a weakening to your pelvic floor caused by disease or other sources of damage.

"Women who are athletes, their muscles are quite taut, and it's not really a risk factor for prolapse," says Polyakov. "It's more to do with either laxity of the pelvic floor to start with because of the way your collagen fibres are – sometimes it's normal, sometimes this is a spectrum of diseases, or it's damage done to the pelvic floor due to childbirth."

The warning signs at the onset of a prolapse can leave a patient unsure as to what is happening.

"The symptoms are often initially quite vague," says Polyakov.

"It might feel like a bulge coming out from the vagina, and there may be related urinary incontinence when someone laughs or sneezes or lifts something heavy." The ongoing symptoms can make activities like running, lifting, jumping and other forms of exertion uncomfortable.

"Women with prolapse often notice their bulge more when they participate in exercise, so for many it

YOU ARE NOT ALONE

Spurred on by the lack of information and secrecy surrounding prolapse that she encountered when searching for answers about her own condition, Anja Morris has set up a website called 'Active and POP'. Aimed at anyone who has had a prolapse or would like to learn more about them, there are case studies on the website so you can hear from real women who've had a similar experience and learn how they deal with it. You can also write in through the contact page if you'd like to contribute your own story. "My hope is that we can break the silence around this topic," Morris says. "We want women to know that they are not alone." activeandpop.org.nz

For advice, contact the Continence Foundation of Australia.

EXERCISES YOU CAN PERFORM AT HOME TO PROTECT YOUR PELVIC FLOOR AND PREVENT PROLAPSE

Women's health and pelvic floor physiotherapist, Anna Scammell, recommends the following pelvic floor exercise programme to help women prevent prolapse.

Slow holds: To engage your pelvic floor correctly, you need to lift up internally as if you're stopping the flow of urine, closing the opening of your vagina, and like you're holding in wind. Hold this contraction for your endurance (up to 10 seconds) and then release completely. Take a deep breath in and on the breath out, lift again. Repeat this 10 times.

Fast contractions: Now complete 10 fast contractions where you lift your pelvic floor as before but release quickly without holding. Make sure you isolate your pelvic floor muscles and keep the muscles of your bottom, inner thighs, and upper abdominals relaxed.

Do 10 slow holds + 10 fast contractions three times a day in different positions (lying, sitting, and standing).

limits what they can do," says Childs. "For some this means they may be unable to run, for others even a half-hour walk can bring on symptoms. Inability to exercise can have far-reaching effects on both physical and mental health.

"Prolapse can also get worse with activities such as lifting, which impacts on mums having to lift buggies and children."

WHAT YOU CAN DO

If you already have a prolapse, there are things you can do to reduce its impact on your life.

Plastic or silicone devices known as pessaries may be inserted into the vagina to help support the pelvic organs and keep them from moving. Some patients can also benefit from surgery. In the first instance, however, treatment is pelvic floor training from a qualified professional, which involves exercises to strengthen the relevant muscles. These exercises are also useful for women seeking to prevent prolapsing in the first place.

"Seeing a pelvic floor physiotherapist means you can learn how to do pelvic floor exercises correctly and get a customised rehabilitation programme to get your pelvic floor back to full strength and function," Childs says.

Professionals can also offer advice about how to modify your lifestyle to reduce the symptoms and prevent the prolapse from worsening. These measures include altering how you go to the toilet, weight control, and taking care when lifting heavy objects.

For 56-year-old Anja Morris, it started two years ago when she felt a difference over the course of three days in how it felt when she was urinating. Then, overnight, she felt pressure in her pelvic area and had to get up to urinate six or seven times.

"I couldn't sleep," she says. "I was so uncomfortable because I was panicking, basically. I thought, 'What is happening down there?' I felt that pressure getting worse and worse, and I just couldn't work out what it was."

She made an appointment with her GP the next day, who diagnosed her with a prolapse and referred her to a pelvic physiotherapist as well as a gynaecologist.

Morris was shocked to hear that prolapses are a common condition, since she hadn't heard about them. She was also surprised to be affected,

since she maintains an active lifestyle and had very easy deliveries when giving birth to her two children.

"I didn't know why it would happen to me, because I go tramping, I do paddle boarding, I go kite boarding," she says. "I would have thought, 'That might happen to someone who's not fit and active and has not got good muscle tone.'"

Morris has found tremendous support, not only physically but also emotionally, from her medical team. This has come in handy when she reached a real low during her recovery.

At first after her diagnosis, she gradually built her pelvic floor back up and eased herself into exercising again by walking for a few hours or going on short day walks before attempting multi-day trips again. Six months later, however, she overdid it on a hike. This took a mental toll, even though her prolapse didn't return to feeling as bad as before.

MANAGING THE CONDITION

"I never ever got it as bad as that again," she says. "It just feels unstable. There's pressure down there, and you know you've done too much. And subconsciously, there's always that fear of getting that experience again from that night."

Now, Morris has learnt how to manage her condition and when to pull back from pushing herself too far. Her friends have been supportive by helping to carry her heavy pack when hiking. "You watch your breathing," says Morris. "You don't want to strain, basically. And when you do fitness exercises, you don't want to tighten your abdominal muscles really, really hard."

One thing that helped Morris in reframing her thinking about having a prolapse was when her pelvic physio pointed out to her that it's comparable to men having a hernia, which is also weakened ligaments in an intimate area, but is more often talked about.

If you have any concerns about your own situation, don't hesitate to seek advice from your GP. Without treatment, the condition is at risk of worsening over time. **MF**

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