Jefferson Healthcare

Pelvic Organ Prolapse

AND PELVIC FLOOR PHYSICAL THERAPY

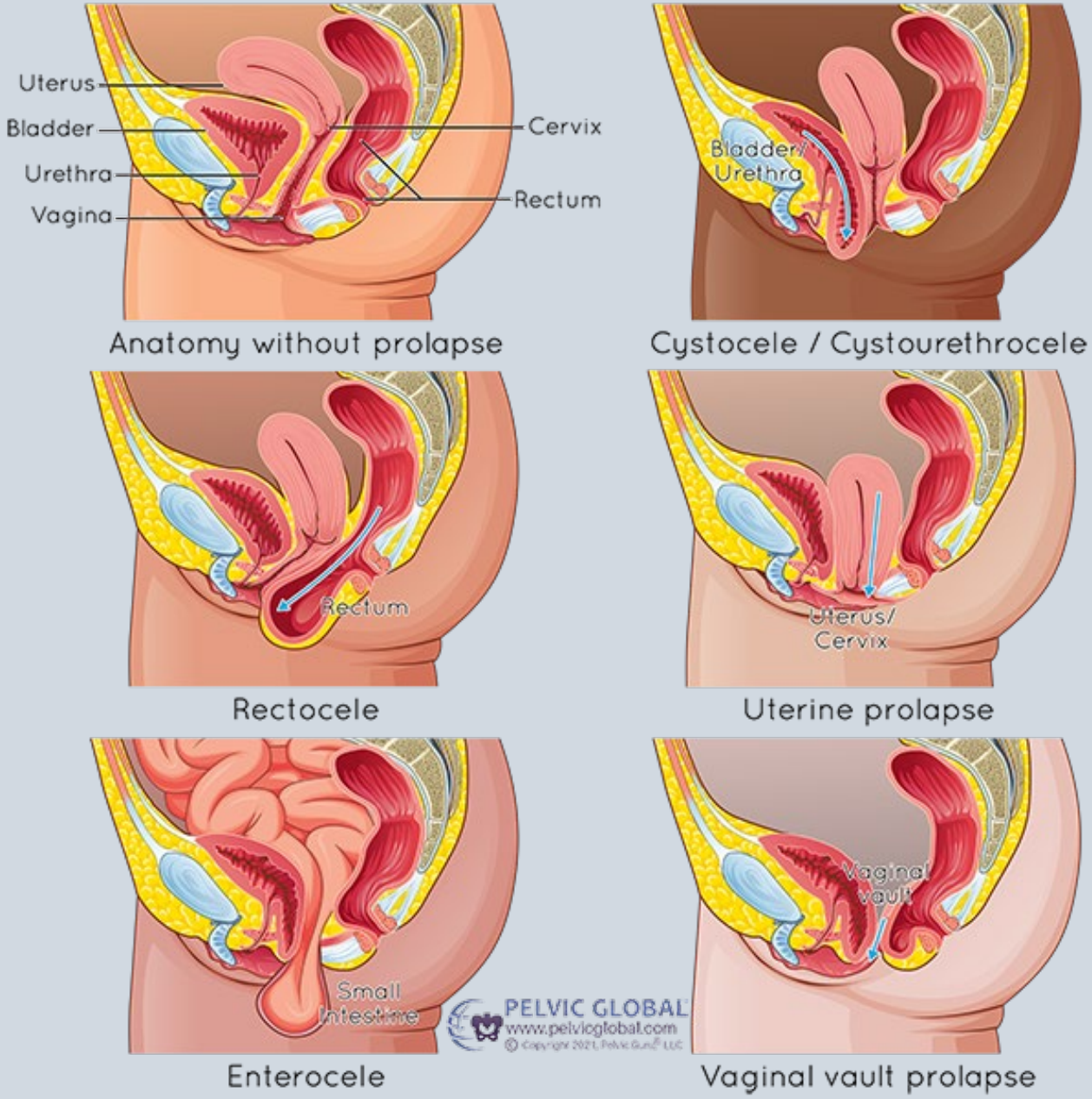
WITH CAITLIN DALY, PT, DPT

A little about me…

- Born and raised in southern New Jersey
- Completed BS in Biology at Stockton University in NJ
  - DPT at Stockton University
- Started career in Oregon in private practice working in outpatient orthopedics
- Had a personal experience with pelvic floor dysfunction!
- Completed continuing education through the Herman and Wallace Institute in pelvic rehabilitation
  - Fully certified pelvic rehabilitation practitioner in 2024
- Moved to Port Townsend in November 2019, started work at Jefferson Healthcare

What is pelvic organ prolapse? (POP)

- When one or more organs of the pelvis moves out of its normal resting position
  - Bladder
  - Uterus
  - Urethra
  - Rectum
  - Small intestine
- Caused by injury or weakening of the tissues that support the organs in the pelvis
- Risk factors include:
  - Pregnancy/Childbirth
  - Surgery (hysterectomy, etc.)
  - Age/menopause
  - Chronic constipation
  - Chronic stress due to – lifting mechanics, chronic cough, etc.
  - Genetics?

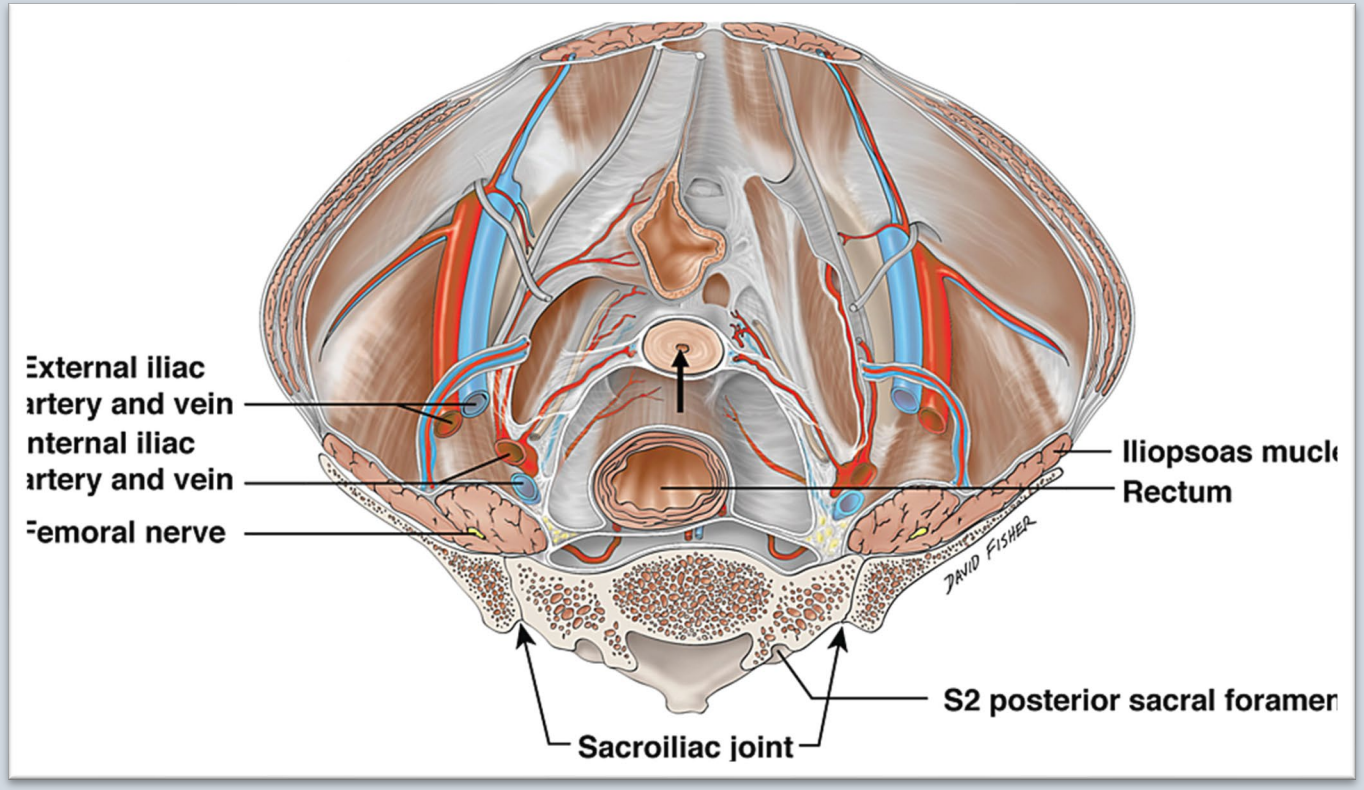


Types of Pelvic Organ Prolapse

The suffix "cele" (pronounced "seal") indicates movement into/towards the vaginal canal

Uterine prolapse – descent of the uterus towards or beyond the vaginal opening

Rectal prolapse – descent of the rectum towards or beyond the anal opening



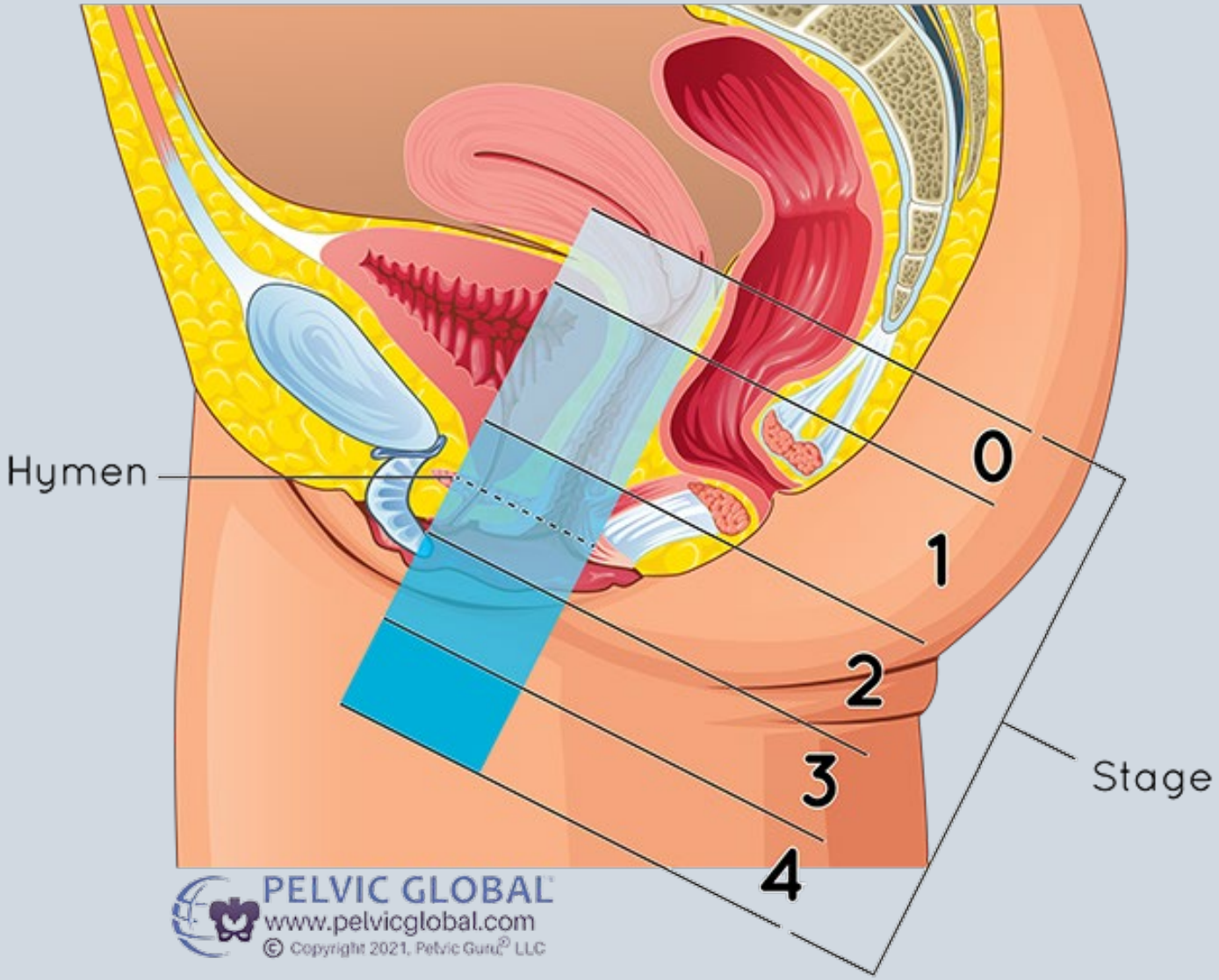
- Support and give structure to the organs and other soft tissues within the pelvis
- Consider how these tissues can be stressed in different scenarios

Connective Tissues of the Pelvis

Grading of Pelvic Organ Prolapse

Grading or staging is based on the degree of descent of the organ in the pelvis.

In this case, we are looking at the uterus and the distance from or beyond the hymen/hymenal remnants.



How common is POP?

Studies vary in agreement of what classifies as POP, but it's estimated that up to 50-65% of individuals assigned female at birth (AFAB) have some degree of prolapse

However, reports of symptoms associated with prolapse is much lower (</= 31%)

- In 2003, Swift et al. published research evaluating 497 individuals AFAB aged 18-82
  - Stage 0: 6.4%
  - Stage 1: 43.4%
  - Stage 2: 47.7%
  - Stage 3: 2.6%

Symptoms of Prolapse

- Feeling of pressure/heaviness/fullness
- Difficulty emptying the bowel/bladder
- Pelvic pain or low back pain
- Feeling or seeing a bulge at the vaginal or anal opening
- Incontinence (leaking) of urine or stool
- Difficulty or pain with vaginal insertion

Evaluation of Prolapse

- Primary care providers, gynecologists, urologists, and pelvic floor physical therapists can evaluate for the presence of prolapse
- Observing externally and/or internally, with or without a speculum
- Assessment of the walls or structures that move and the degree of movement
  - At rest and with pushing/bearing down as if producing a bowel movement
- Presence and degree of prolapse can vary
  - Consider position, time of day, and other factors affecting prolapse
- You can assess yourself using a mirror

Treatment of Prolapse

NONSURGICAL:

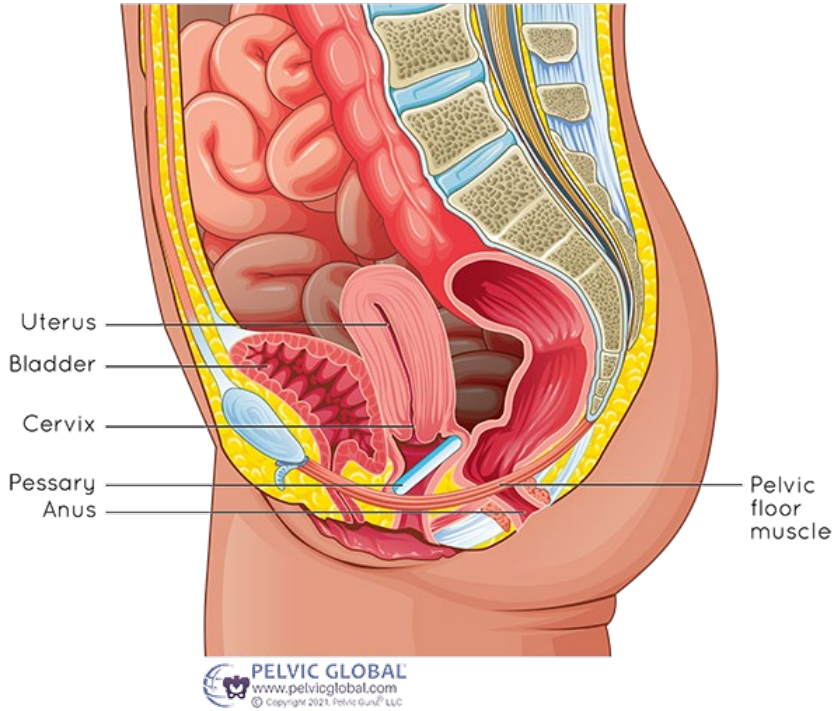
- Pelvic floor physical therapy
- Changes in diet
- Changes in activity
- Pessary
- Weight loss

SURGICAL:

- Obliterative surgery
  - Narrowing or closure of the vagina
  - Intercourse not possible
- Reconstructive surgery
  - Several different options based on the organs involved and the integrity of the tissues
  - Performed via the vagina or the abdomen (laparoscopic)
- Hysterectomy

Pessaries

- Insertable, medical grade silicone splint
- Different sizes, shapes
- May take several different trials to find an option that is comfortable and effective
- Independently managed or with your care provider
- Don't work for all patients
- Can be used alone or in conjunction with pelvic floor PT



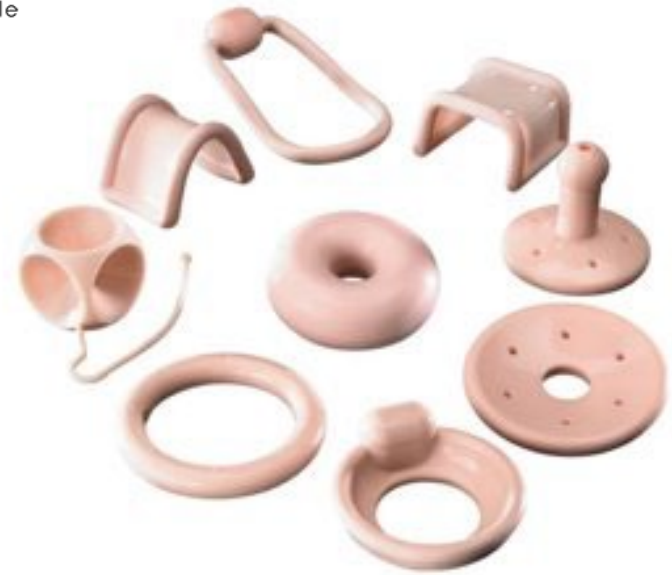
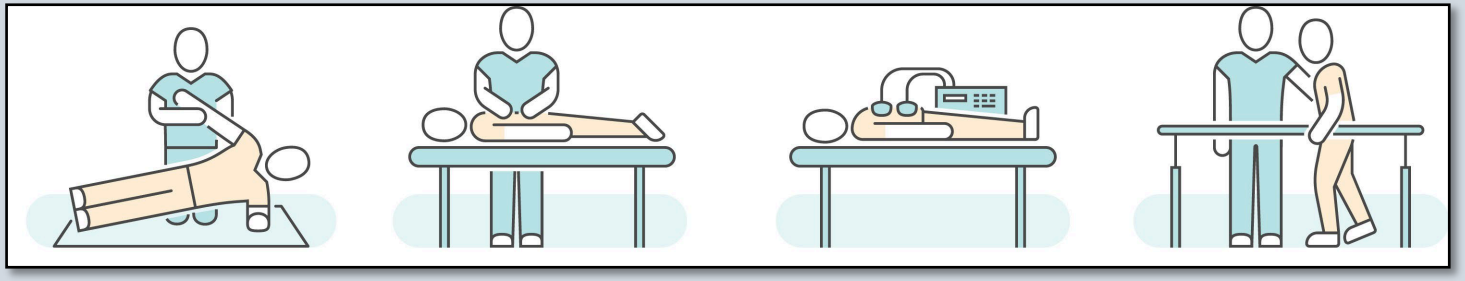


Image from: HTTPS://WWW.COOPERSURGICAL.COM/OUR-BRANDS/MILEX/

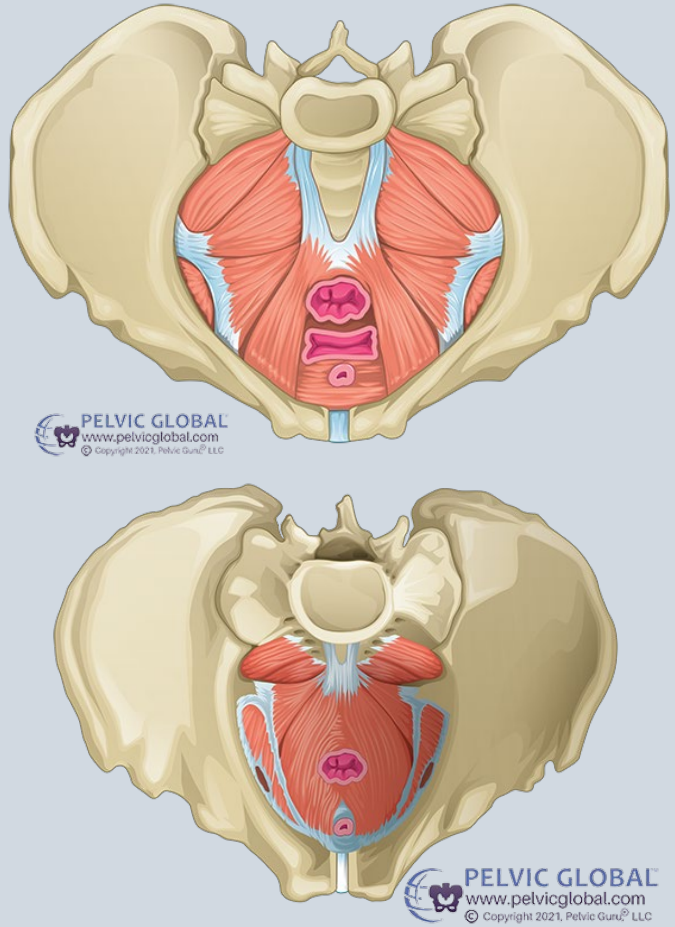
Pelvic Floor Physical Therapy

- Evaluation and treatment of the pelvic floor muscles (and the rest of the body, too!)
- Voiding mechanics
  - Splinting
  - Breath coordination/avoiding straining
  - Squatty potty
  - Timed voiding
- Recommendations on fluid and fiber intake
  - Fluid intake: 1/2 of your body weight in fluid ounces, ideally 2/3 of this amount should be plain water
  - Fiber intake: 25-35g per day, ideally via diet, but supplements can be a good option for some
- Lifting and other body mechanics



What is the pelvic floor?

- A group of muscles at the bottom of the pelvis
  - Forms a sling or hammock under the pelvic organs
- A proper contraction (Kegel) includes "squeeze" and "lift/displacement"
  - Closes the openings of the urethra, vagina, anus
  - Lifts and supports the pelvic organs
- Second line of defense for organ support but *does not reverse prolapse**



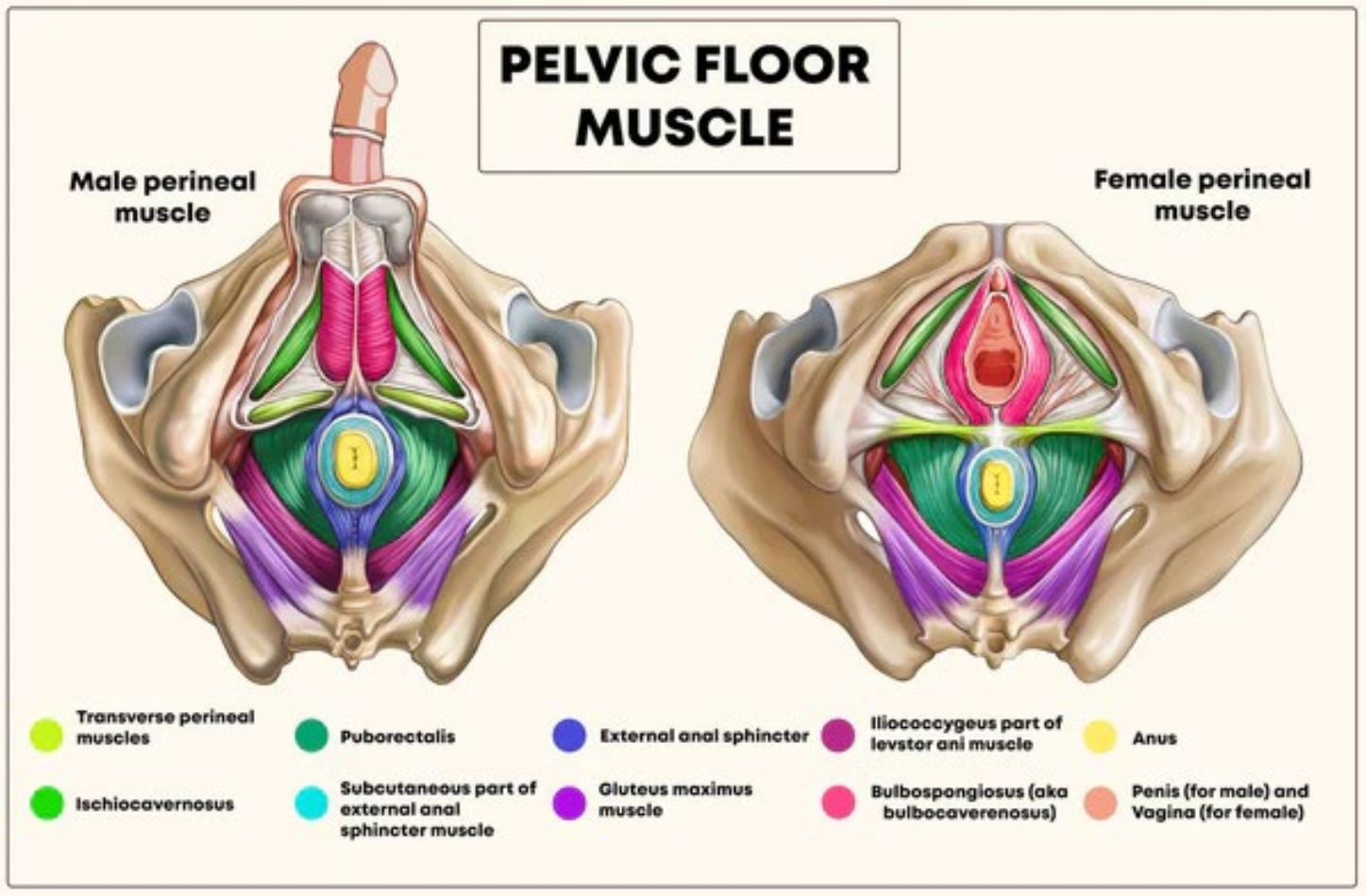


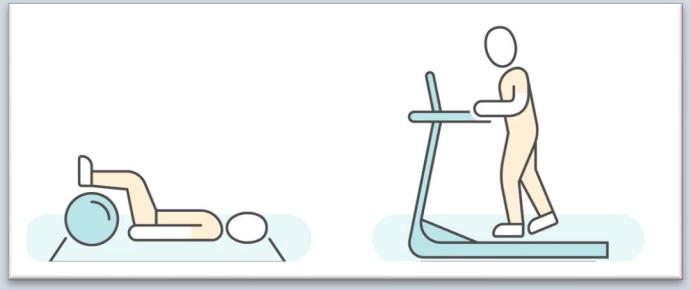
IMAGE FROM HTTPS://WWW.YAMUNAUSA.COM/BLOGS/WOMENS-WISDOM/YOUR-PELVIC-FLOOR-MUSCLES

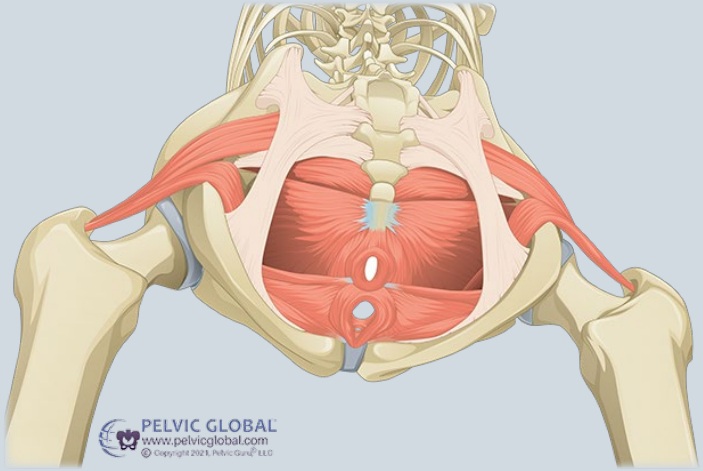
Superficial layer = **squeeze**

Deep layer = **lift/displacement**

How to Exercise Your Pelvic Floor

- Start with isolated contractions in static positions
  - Lying, sitting, standing
  - Emphasis on avoiding substitution and breath holding
- Ways to think about a pelvic floor contraction
  - Stop the flow of urine
  - Wink the anus
  - Move the clitoris/penis, lift the testicles
  - Imagine the vagina/anus drinking from a straw
- Progress to functional-based exercise
  - Bending
  - Squatting
  - Lifting
  - Pushing
  - Pulling
- *General goal for exercise with prolapse is to not exacerbate symptoms*



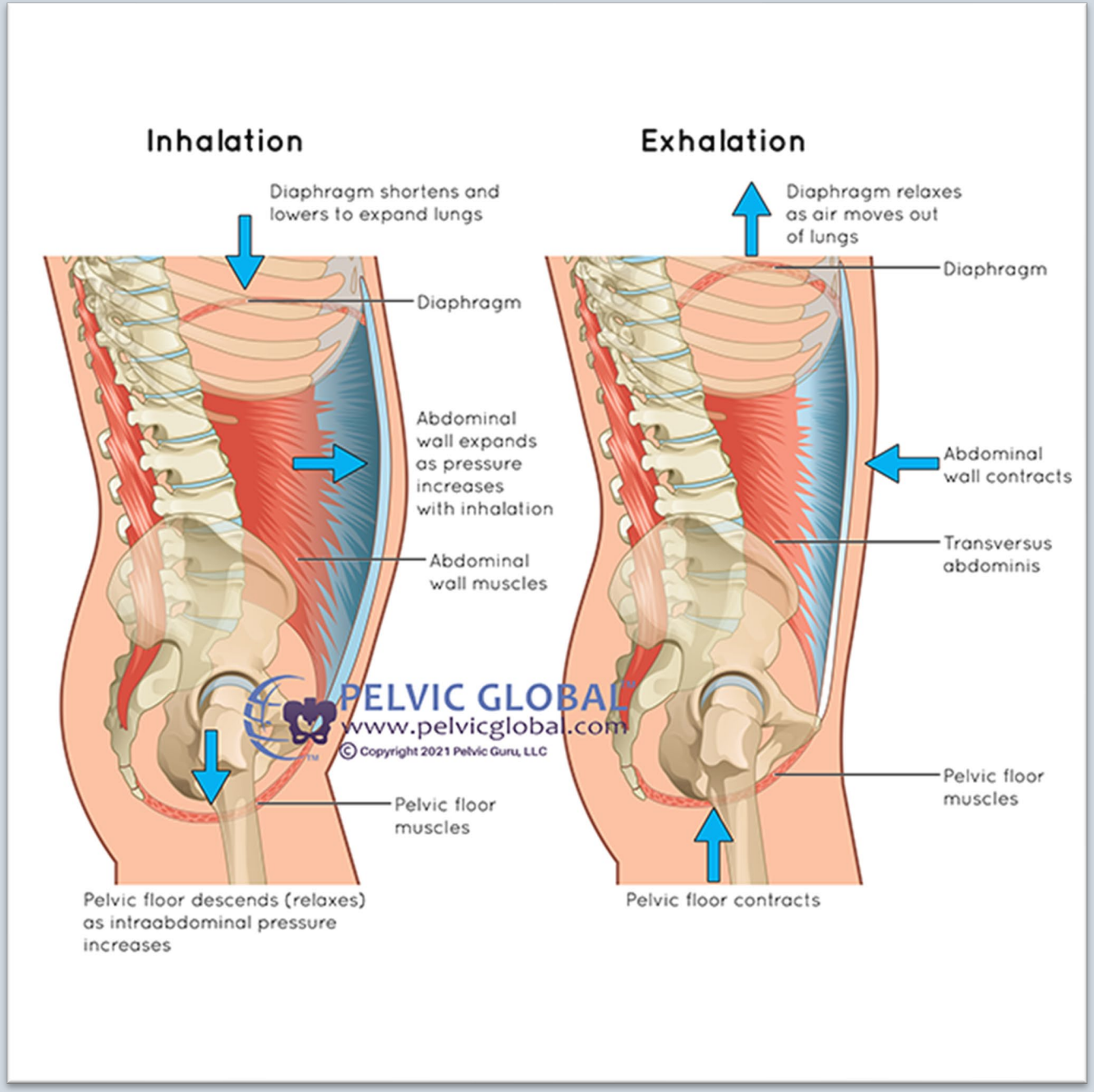


Use your breath to facilitate your core!

Breathing out (exhaling) facilitates a contraction of the abdominal wall and the pelvic floor.

Practice breathing out as you get up from a chair or lift something heavy.

Consider how posture affects the pressure in the abdomen.

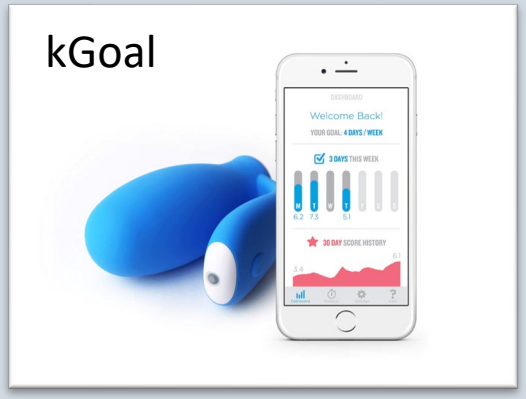


Proper Voiding Mechanics

- Avoid straining/breath holding
- Try to relax, think about breathing deeply into the belly
- Elevate your feet – squatty potty
- If you feel the urge to go, but nothing is moving
  - Try gently rocking side to side, front to back
  - For bowel - try "ILU" massage
  - Consider splinting – make sure to wash hands before/after
    - Femmeze device
- For bowel movements – consider a routine
  - Avoid sitting on the toilet for >10 minutes at a time

Biofeedback

- Surface electromyography (sEMG)
  - Electrodes placed on the skin externally
  - Displays a graph to visualize the contraction and relaxation of the pelvic floor
- Consider other forms of feedback for muscle contraction/performance like visual and tactile cues
- Now there are home versions of this!
  - Insertable or external



Big Takeaways…

- Symptoms of prolapse and other types of pelvic floor dysfunction are common but NOT NORMAL
- Diagnosis does not necessarily equate to symptoms or dysfunction
- Simple changes in habits and exercise can significantly improve symptoms
- A formal evaluation can help determine your individual needs and create a specific plan to meet your goals
  - You may need a referral to see a physical therapist depending on your insurance

Questions..?