## Care Pathway for the Management and Referral of Pelvic Organ Prolapse (POP)

#### **HISTORY**

Symptomatic pelvic organ prolapse Asymptomatic pelvic organ prolapse Symptoms may include: vaginal bulge / heaviness; perineal pressure; digitation / splinting to evacuate bowels; low back ache. Questions to ask:

- Do you experience any heaviness, dragging, or pressure feeling in the vagina, lower abdomen, or back?
- Do you have any difficulty evacuating your bowels / need to use digital assistance?
- Do you have difficulty passing urine or feel that you cannot empty your bladder fully
- Do you have any faecal incontinence?

# CLINICAL ASSESSMENT

- General health assessment.
- Symptom assessment, preferably with a validated pelvic floor questionnaire (bladder, bowel, vaginal, and sexual function, bothersomeness)
- Physical examination and pelvic organ prolapse quantification
- Identify co-existant pelvic pathology, including cytological screening to cervix
- Determine if epithelial/mucosal ulceration is present.
- Evaluate anal sphincter tone and/or presence of rectal prolapse if bowel symptoms are present



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- Observation (usually milder prolapse)
- Life style changes weight reduction; avoiding chronic strain (constipation, heavy lifting and chronic cough), correct position for voiding and defecation
- Supervised pelvic floor muscle therapy with nurse continence advisors and/or physiotherapists with a special interest in the pelvic floor
- Pelvic organ support pessaries, with regular review
- Local oestrogen for women with hypo-oestrogenic symptoms or urethral prolapse

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#### **REVIEW OF MANAGEMENT**





# "Complicated" Pelvic Organ Prolapse:

- Stage 3 and 4 prolapse (external)
- Pelvic pain
- Radical pelvic surgery
- Pelvic irradiation
- Suspected fistula
- Pelvic mass
- Other significant pelvic abnormality
- Impaired renal function
- Recurrent urinary tract infection/voiding dysfunction
- Any abnormal vaginal bleeding (e.g. post menopausal, post coital, menorrhagia)
- Urinary retention ± hydronephrosis
- Tissue ulceration
- Bowel symptoms that warrant colonoscopy

#### SPECIALIST MANAGEMENT

This may include care by gynaecologists, urogynaecologists, urologists and colorectal surgeons with a special interest in pelvic floor





