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

**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‐existent 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**

**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?

**First line management**
- 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

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

**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

**No treatment**
**Non‐surgical treatments**
**Patient assessed as requiring operative management**