

# PRIMARY CARE MANAGEMENT GUIDELINES

## Genital Prolapse

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NATIONAL GUIDELINE

DISTRICT HEALTH BOARD: National

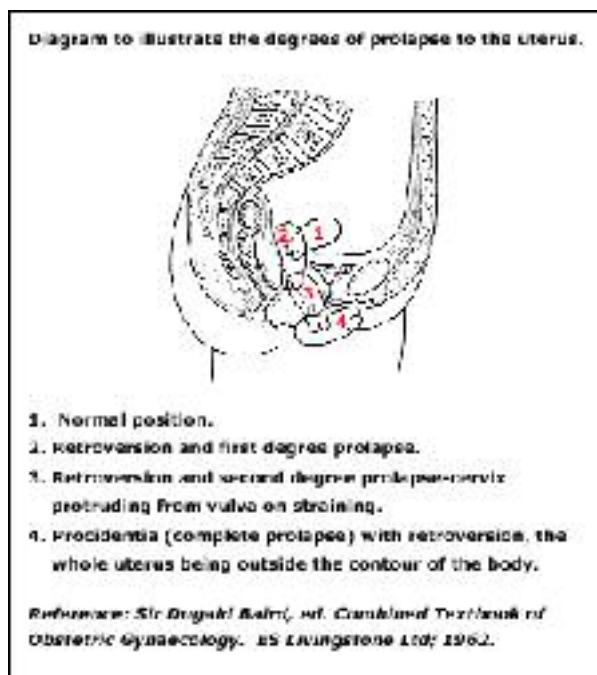
A downward herniation of the vagina and / or the uterus. May be classified as cystocele, rectocele, enterocele and uterine prolapse. Each of these classifications is described simply as first, second or third degree<sup>1</sup> depending on the increasing size and position of the prolapse. This is often described as a lump in the vagina, a feeling of something coming down the vagina and / or a feeling of sitting on something.<sup>2</sup>

CLINICAL PROBLEM (Clinical Determinants)	ACTIONS	LOCAL IMPLEMENTATION REQUIREMENTS
<b>FIRST OR SECOND DEGREE PROLAPSE<sup>1</sup></b>		
Without urinary or bowel symptoms	<ul style="list-style-type: none"> <li>• Manage constipation<sup>2</sup></li> <li>• Try oestrogen cream<sup>3</sup> and vaginal ring<sup>4</sup></li> </ul>	<ul style="list-style-type: none"> <li>- upskilling</li> <li>- refer skilled GP</li> </ul>
With... Stress incontinence Urge incontinence Voiding difficulties e.g. hesitancy, frequency, incomplete emptying of the bladder, nocturia <b>and desires treatment of urinary symptoms</b>	<ul style="list-style-type: none"> <li>• Dipstick and / or MSU</li> <li>• Consult Specialist</li> </ul>	Refer to local gynaecologist
With... Stress incontinence Urge incontinence Voiding difficulties e.g. hesitancy, frequency, incomplete emptying of the bladder, nocturia <b>and no desire for treatment of urinary symptoms</b>	<ul style="list-style-type: none"> <li>• Dipstick and / or MSU</li> <li>• Try oestrogen cream<sup>3</sup> and vaginal ring<sup>4</sup></li> </ul>	
With... Inability to empty the bowel. Not able to start a motion until prolapse reduced.	<ul style="list-style-type: none"> <li>• Oestrogen cream<sup>3</sup> and / or vaginal ring<sup>4</sup></li> </ul>	
If not responsive to treatment in six months	<ul style="list-style-type: none"> <li>• Consult Specialist</li> </ul>	Refer to local gynaecologist
<b>ALL THIRD DEGREE PROLAPSE<sup>1</sup></b>		
All third degree prolapse	<ul style="list-style-type: none"> <li>• Consult Specialist</li> </ul>	Refer to local gynaecologist
<b>ANY PROLAPSE WITH PV BLEEDING OR VAGINAL DISCHARGE</b>		
Any prolapse with PV bleeding or vaginal discharge	<ul style="list-style-type: none"> <li>• Consult Specialist</li> </ul>	Refer to local gynaecologist
<b>ABDOMINAL MASS WITH ANY PROLAPSE</b>		
Abdominal mass with any prolapse	<ul style="list-style-type: none"> <li>• Consult Specialist</li> </ul>	

SEE NOTES ON REVERSE >>>

### NOTES:

1. First degree descent of the uterus is where the cervix and body remain within the vagina with straining. Second degree is where the cervix reaches the introitus with straining. Third degree is where the cervix and body is outside the introitus with straining. First, second and third degrees of cystocele, rectocele and enterocele are the same as mild, moderate and severe degrees of those prolapses.



2. Treating constipation can be helpful in the general management of prolapse.
3. Oestrogen cream – 1 applicatorful or 1 pessary daily intravaginally for the first 1-2 weeks. Maintenance dosage is 1 applicatorful or 1 pessary intravaginally twice weekly.
4.
  - Vaginal rings come in different sizes and women will need the appropriate size determined individually.
  - Use of a vaginal ring will usually result in loss of sexual function.
  - Vaginal rings are usually fitted/refitted with oestrogen cream.
  - The appropriate size of the vaginal ring may decrease with increasing age of the patient.
  - Patients will need to be recalled every 6 months to allow removal and cleaning of the vaginal ring, examination of the vagina and refitting of the ring if appropriate.
  - It is permissible to reuse a ring after washing it.

[Click here for more information about Training for Vaginal Ring Fitting.](#)

### REFERRAL LETTER INFORMATION

- Demographics
- Specific critical determinants leading to referral
- Indication for referral (degree of prolapse, urinary and bowel symptoms), menstrual/climacteric history, obstetric history, pelvic examination/smear result, treatment tried and response to therapy, medications, allergies, adverse clinical features

### ADDITIONAL INFORMATION

The Elective Services Gynaecology National Referral Guidelines & Clinical Priority Assessment Criteria and the Genital Prolapse Primary Care Management Guidelines can be found at: [www.electiveservices.govt.nz](http://www.electiveservices.govt.nz)

See also the Female Urinary Incontinence Primary Care Management Guidelines at: [www.electiveservices.govt.nz](http://www.electiveservices.govt.nz)

*This management guideline has been prepared to provide general guidance with respect to a specific clinical condition. It should be used only as an aid for clinical decision making and in conjunction with other information available. The material has been assembled by a group of primary care practitioners and specialists in the field. Where evidence based information is available, it has been utilised by the group. In the absence of evidence based information, the guideline consists of a consensus view of current, generally accepted clinical practice.*