

Assessing and managing pelvic organ prolapse

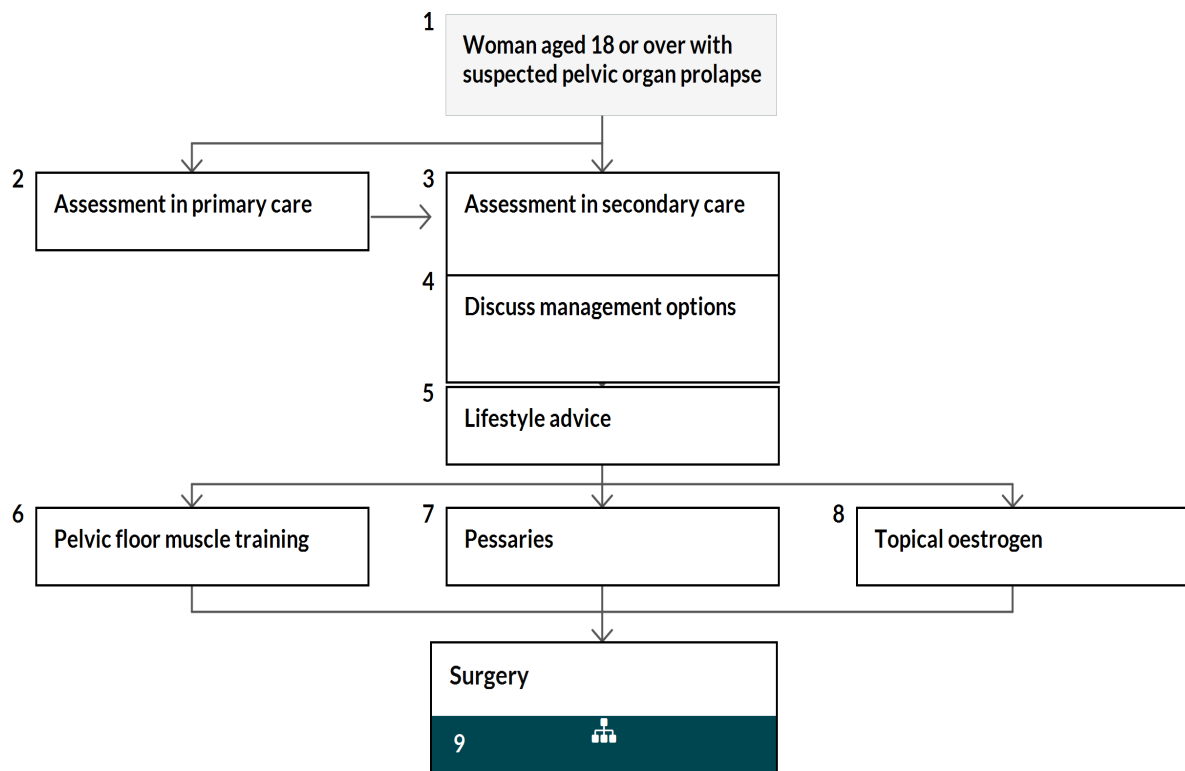
NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

<http://pathways.nice.org.uk/pathways/urinary-incontinence-and-pelvic-organ-prolapse-in-women>

NICE Pathway last updated: 03 September 2020

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



1 Woman aged 18 or over with suspected pelvic organ prolapse

No additional information

2 Assessment in primary care

For women presenting in primary care with symptoms or an incidental finding of vaginal prolapse:

- take a history to include symptoms of prolapse, urinary, bowel and sexual function
- do an examination to rule out a pelvic mass or other pathology and to document the presence of prolapse (see [ovarian cancer in the NICE Pathway on suspected cancer recognition and referral](#) and [bladder cancer in the NICE Pathway on suspected cancer recognition and referral](#))
- discuss the woman's treatment preferences with her, and refer if needed.

See the NICE guideline to find out [why we made this recommendation and how it might affect practice](#).

3 Assessment

For women referred to secondary care for an unrelated condition who have incidental symptoms or an incidental finding of vaginal prolapse, consider referral to a clinician with expertise in prolapse.

For women who are referred for specialist evaluation of vaginal prolapse, perform an examination to:

- assess and record the presence and degree of prolapse of the anterior, central and posterior vaginal compartments of the pelvic floor, using the POP-Q system
- assess the activity of the pelvic floor muscles
- assess for vaginal atrophy
- rule out a pelvic mass or other pathology.

For women with POP, consider using a validated pelvic floor symptom questionnaire to aid assessment and decision making.

Do not routinely perform imaging to document the presence of vaginal prolapse if a prolapse is

detected by physical examination.

If the woman has symptoms of prolapse that are not explained by findings from a physical examination, consider repeating the examination with the woman standing or squatting, or at a different time.

Consider investigating the following symptoms in women with POP:

- urinary symptoms that are bothersome and for which surgical intervention is an option
- symptoms of obstructed defaecation or faecal incontinence (see [baseline assessment in the NICE Pathway on faecal incontinence](#))
- pain
- symptoms that are not explained by examination findings.

Rationale and impact

See the NICE guideline to find out [why we made these recommendations and how they might affect practice](#).

4 Discuss management options

Discuss management options with women who have POP, including no treatment, non-surgical treatment and all surgical options, taking into account:

- the woman's preferences
- site of prolapse
- lifestyle factors
- comorbidities, including cognitive or physical impairments
- age
- desire for childbearing
- previous abdominal or pelvic floor surgery
- benefits and risks of individual procedures.

5 Lifestyle advice

Consider giving advice on lifestyle to women with POP, including information on:

- losing weight, if the woman has a BMI greater than 30 kg/m²

- minimising heavy lifting
- preventing or treating constipation.

See the NICE guideline to find out [why we made this recommendation and how it might affect practice](#).

6 Pelvic floor muscle training

Consider a programme of supervised pelvic floor muscle training for at least 16 weeks as a first option for women with symptomatic POP-Q stage 1 or stage 2 POP. If the programme is beneficial, advise women to continue pelvic floor muscle training afterwards.

See the NICE guideline to find out [why we made this recommendation and how it might affect practice](#).

7 Pessaries

Consider a vaginal pessary for women with symptomatic POP, alone or in conjunction with supervised pelvic floor muscle training.

Refer women who have chosen a pessary to a urogynaecology service if pessary care is not available locally.

Before starting pessary treatment:

- consider treating vaginal atrophy with topical oestrogen
- explain that more than 1 pessary fitting may be needed to find a suitable pessary
- discuss the effect of different types of pessary on sexual intercourse
- describe complications including vaginal discharge, bleeding, difficulty removing pessary and pessary expulsion
- explain that the pessary should be removed at least once every 6 months to prevent serious pessary complications.

Offer women using pessaries an appointment in a pessary clinic every 6 months if they are at risk of complications, for example because of a physical or cognitive impairment that might make it difficult for them to manage their ongoing pessary care.

See the NICE guideline to find out [why we made these recommendations and how they might](#)

[affect practice](#).

8 Topical oestrogen

Consider vaginal oestrogen for women with POP and signs of vaginal atrophy. See [urogenital atrophy in the NICE Pathway on menopause](#).

Consider an oestrogen-releasing ring for women with POP and signs of vaginal atrophy who have cognitive or physical impairments that might make vaginal oestrogen pessaries or creams difficult to use.

See also [review for long-term use of medicines](#).

See the NICE guideline to find out [why we made these recommendations and how they might affect practice](#).

9 Surgery

See [Urinary incontinence and pelvic organ prolapse in women / Surgery for pelvic organ prolapse](#)

Glossary

POP

pelvic organ prolapse

POP-Q

Pelvic Organ Prolapse Quantification

Sources

Urinary incontinence and pelvic organ prolapse in women: management (2019) NICE guideline NG123

Your responsibility

Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of

implementing NICE recommendations wherever possible.

Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this

interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.