



Restoring Support: Challenges and Care in Pelvic Organ Prolapse

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DESCRIPTION

Pelvic organ prolapse refers to the downward displacement of one or more pelvic structures, including the bladder, uterus, rectum or vaginal vault, into or through the vaginal canal. This condition develops when the muscles, ligaments and connective tissues that normally support these organs lose strength or integrity. It is a common health concern among women, particularly those who have experienced childbirth, advancing age or conditions that increase pressure within the abdomen. Although not always life-threatening, it can significantly affect daily comfort, physical function and emotional well-being. The pelvic floor is a complex network of muscles and connective tissues that acts like a supportive sling for the pelvic organs. It maintains organ position while allowing flexibility for functions such as urination, defecation and childbirth. When this support system weakens organs may descend from their normal anatomical positions. Depending on the organ involved, different forms of prolapse may occur, such as cystocele involving the bladder, rectocele involving the rectum, uterine prolapse or enterocele where the small intestine bulges into the vaginal space.

Childbirth remains one of the most significant contributors to pelvic organ prolapse. Vaginal delivery, particularly when prolonged or involving large infants, can stretch or injure the pelvic floor muscles and surrounding tissues. Instrument-assisted deliveries and repeated pregnancies may further increase the likelihood of structural weakening. However, prolapse is not limited to those who have given birth. Aging leads to a natural decline in tissue elasticity and reduced estrogen levels after menopause can contribute to thinning and weakening of the vaginal walls and supportive structures. Other contributing factors include chronic increases in intra-abdominal pressure. Conditions such as persistent coughing, obesity, constipation and heavy lifting can place repeated

strain on the pelvic floor. Over time, this continuous pressure may result in progressive weakening and eventual prolapse. Genetic predisposition also plays a role, as some individuals may have inherently weaker connective tissues.

Symptoms vary depending on the severity and type of prolapse. Many individuals report a sensation of heaviness or fullness in the pelvic region. Some describe the feeling as though something is bulging or descending within the vagina. In more advanced cases, a visible protrusion may extend outside the vaginal opening. Urinary symptoms are common, including leakage, difficulty initiating urination or a sensation of incomplete emptying. Bowel symptoms such as constipation or difficulty with defecation may also occur, especially in cases involving rectocele. Sexual discomfort and reduced satisfaction may further affect quality of life. Diagnosis typically involves a clinical examination by a healthcare provider. The extent of prolapse is often assessed using standardized grading systems that describe how far the organs have descended. Additional tests may be used to evaluate bladder and bowel function when symptoms suggest involvement of these systems. Imaging studies are sometimes employed to provide a more detailed understanding of pelvic anatomy.

Management of pelvic organ prolapse depends on symptom severity, patient preference and overall health status. Non-surgical approaches are often considered first, especially in mild to moderate cases. Pelvic floor muscle training, commonly known as Kegel exercises, aims to strengthen the supporting muscles and improve symptoms. These exercises require consistent practice and proper technique to achieve beneficial results. Physical therapy guided by trained specialists may enhance outcomes by providing individualized instruction and monitoring progress. Pessaries are another non-surgical option. These devices are inserted into the

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vagina to provide structural support and help maintain organ position. They come in various shapes and sizes and can be fitted based on individual anatomy. Pessaries are particularly useful for individuals who wish to avoid or delay surgery, as well as those who may not be suitable candidates for surgical intervention.

Surgical treatment may be recommended for individuals with more severe symptoms or when conservative methods fail to provide adequate relief. Procedures aim to restore normal anatomy and reinforce pelvic support. Various techniques exist, including repairs using native tissue or the use of graft materials. The choice of procedure depends on the type of prolapse, patient health and future reproductive plans. While surgery can be effective, it is not without risks and recurrence

remains a possibility. Prevention strategies focus on maintaining pelvic floor health and reducing risk factors. Regular pelvic floor exercises, maintaining a healthy weight and addressing chronic cough or constipation can help minimize strain on the pelvic structures. Education about proper body mechanics during lifting and physical activity may also contribute to long-term pelvic support. This can delay diagnosis and treatment, allowing the condition to progress. Pelvic organ prolapse illustrates the importance of structural integrity within the pelvic region and highlights how multiple factors can influence this delicate balance. Through a combination of preventive measures, early recognition and appropriate management, individuals can achieve improved comfort and maintain active lifestyles despite this condition.