

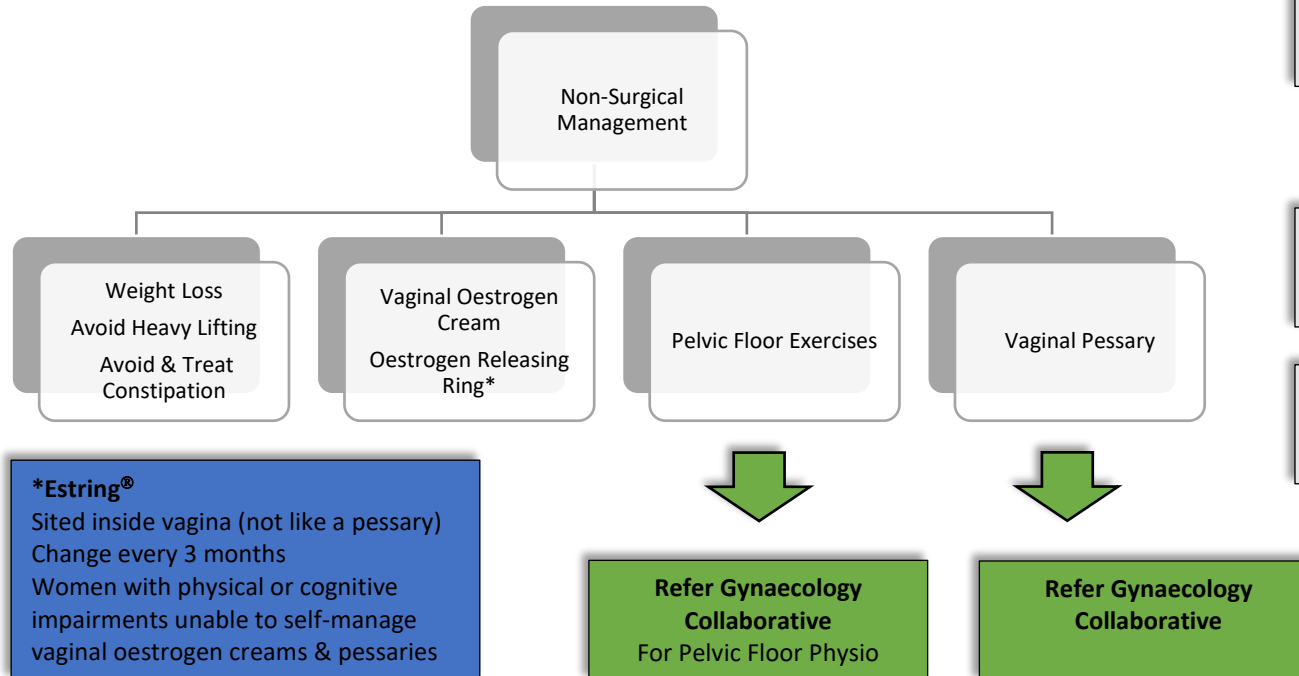
All Gynaecological referrals (except 2 week-wait referrals) will be processed by The Gynaecology Collaborative

Pelvic Prolapse Pathway

Assessment:
History:
 Symptoms of Prolapse
 Urinary, Bowel, Sexual Function
 Lifestyle, Smoking, Obesity
 Comorbidities
 Obstetric History & Desire to Conceive
 Previous Abdominal or Pelvic Floor Surgery
Examine:
 Prolapse/Cystocele/Rectocele
 Uterine Descent/Procidentia
 Assess Pelvic Floor Tone
 Vaginal Atrophy
 Bimanual for Pelvis Mass

Primary Care Management

Asymptomatic prolapse does not require treatment
 Advise weight loss, avoid constipation and encourage pelvic floor exercises to prevent deterioration



All management options used in combination as appropriate

Treat Vaginal Atrophy if present & pending pessary fitting appointment

***Estring®**
 Sited inside vagina (not like a pessary)
 Change every 3 months
 Women with physical or cognitive impairments unable to self-manage vaginal oestrogen creams & pessaries

Please consider further guidance

<https://www.nice.org.uk/guidance/ng123/chapter/Recommendations#assessing-pelvic-organ-prolapse>

Created July 2020, Review July 2025
 Dr Belinda Solomon

Based on most recent published guidelines
 In collaboration with local consultant gynaecologists