



16 PROLAPSE BËN BEI MUR

WHAT IS A VAGINAL (OR PELVIC ORGAN) PROLAPSE?

Your pelvic organs include your bladder, uterus (womb) and rectum (back passage). These organs are held in place by tissues called “fascia” and “ligaments”. These tissues help to join your pelvic organs to the bony side walls of the pelvis and hold them inside your pelvis. Your pelvic floor muscles also hold up your pelvic organs from below. If the fascia and ligaments are torn or stretched for any reason, and if your pelvic floor muscles are weak, then your pelvic organs (your bladder, uterus, or rectum) might not be held in their right place and they may bulge down into the vagina (birth canal).

WHAT ARE THE SIGNS OF PROLAPSE?

There are a few signs that you may have a prolapse. These signs depend on the type of prolapse and how much pelvic organ support has been lost. Early on, you may not know you have a prolapse, but your doctor or nurse might be able to see your prolapse when you have your routine Pap test.

When a prolapse is further down, you may notice things such as:

- a heavy feeling or dragging in the vagina;
- something ‘coming down’ or a lump in the vagina;
- a lump bulging out of your vagina, which you see or feel when you are in the shower or having a bath;
- sexual problems of pain or less feeling;
- your bladder might not empty as it should, or your urine stream might be weak;
- urinary tract infections might keep coming back; or
- it might be hard for you to empty your bowel.

These signs can be worse at the end of the day and may feel better after lying down. If the prolapse bulges right outside your body, you may feel sore and bleed as the prolapse rubs on your underwear.

YENÖ EE CÖL BËN BEI MUR (KÄK ADHIËETHIC)?

Kä kuun yiic aa leŋ alëëc, adhiëëth (wën ye meth dīt thīn) ku dhël la roor. Kä yiic aa räl muk nyien den. Räl kä kek aa kä yiic nuet yom kööth bī cī ye lööny piny ku yekä rëër nyien den yī yic. Aya, acuek kuun anjuum aa kä yiic kä muök nhial bīk rëër nyien den. Na leŋ kë cë räl tueny kööth wälä leŋ kë cë ke miit yiic, ku na cë acuek kuun anjuum lār, ka kuun yiic (alëëc, adhiëëth (wën ye meth dīt thīn) ku dhël la roor) aa cīk lëu bīk rëër nyien den ku na ye keya, ka keek aa bë ya dīr piiny loŋ bī yī mur – ku na nyuuckä mur nom, ka bë mur cöl ye thiek ku ye yī reem apɛy.

YE KÄ YĪNDÄ KEK BËN BEI MUR NYUÖÖTH?

A leŋ kä reen ye nyuööth tɛkdä yīn leŋ thiek mur. Käŋ ye nyuööth kä aa thiääk thook kek kë wën yen mur cöl thiek ku cë acuek anjuum lār kadä. Të puoc yen rot gol ka cī lëu ba ŋic loŋ leŋ yīn bën bei mur, kekädän akīm wälä akuonyakīm a lëu bë bën bei mur du tīŋ tē le mur caath yic tuenytuëny kök cëmën thæer dhie yīn la bë la looi keya.

Na cë tueny bën bei mur la ka juak ye nyin, ka yīn a bë kä yök:

- Thiek mur wälä ciët leŋ kën mur miëst piny;
- ciët leŋ leŋ kë ‘bö bei’ wälä ciët leŋ roŋ cë riëk mur yic;
- roŋ wën thuëëny bei mur yic, ku a lëu ba tīŋ wälä a lëu ba yök tē læc yīn;
- arɛɛm tē tēëc yīn ke moc wälä a cīn kë ye yök;
- aläny du a ce yic thök læc tē læc yīn, wälä lac ku aa bën bei cɔrcɔr;
- dhël duun alëëc ee la ka wuöök yic; wälä
- Tɛkdä ka lëu bë yic riel bë kädän cī ye bën bei tē le yīn roor.

Mur ee thieek apɛi tē le aköl piny ku tik a lëu bë guäp de yök yic tē tēëc yen ye köu. Na ye kën mur cöl thieek piny thuëëny bei, ka yīn a lëu bë yī reem apɛi ku kuëër rin ye kë wën thuëëny bei mur giëër ajuaan köu.



WHAT CAUSES PROLAPSE?

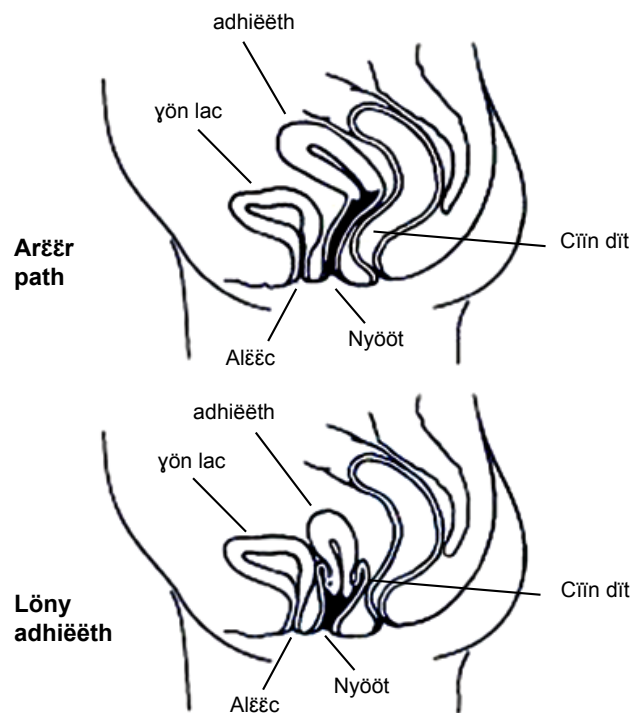
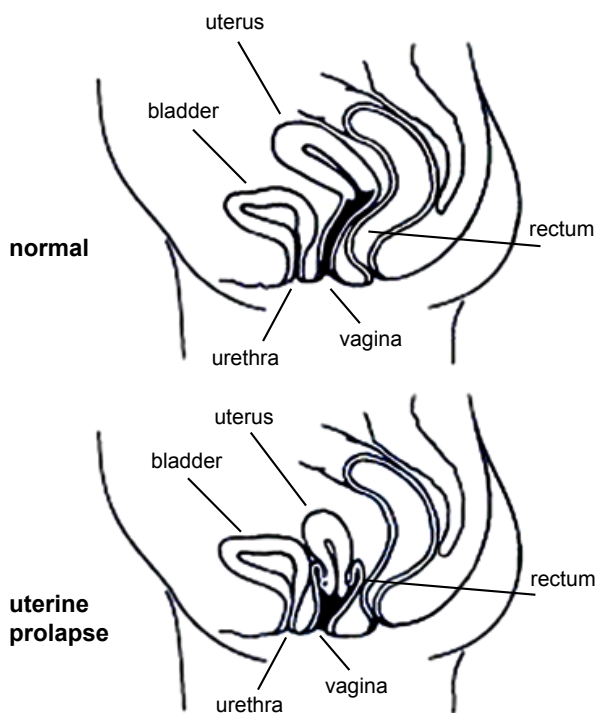
The pelvic organs are held inside the pelvis by strong healthy fascia. They are held up from below by pelvic floor muscles that work like a firm muscle sling. If the support tissues (fascia and ligaments) that keep the bladder, uterus and bowel in place inside the pelvis are weak or damaged, or if the pelvic floor muscles are weak and saggy, then prolapse can happen.

Childbirth is the main cause of prolapse. On the way down the vagina, the baby can stretch and tear the support tissues and the pelvic floor muscles. The more vaginal births you have, the more likely you are to have a prolapse.

YENÖ KËN MUR CÖL THIEEK PINY?

Kä yiic aa lej rä l ke muk nyien den. Ku keek aa ye acuek anuum muök nhial bïk cï ye dïr piny. Na cë rä l wën alëc, adhiëeth (wën ye meth dït thïn) ku dhël la roor muök nhial lär wälä lej kë cë ke tueny kööth, wälä na cë acuek anuum lär, ka kä yiic aa lëu bïk ya dïr piny ku yekä mur cöl thieek piny.

Dhiëth yen ee thieek mur piny lac bëy. Ka meth bö bei wæth, ka meth a lëu bë mur cuot yic ciëen ku tueny rä l kök ku cöl acuek anuum a lär. Na dhiëth mïth juäc në dhiënh aciëk, ka tekdä tueny ye mur thieek piny a bï dom.



Other things that press down on the pelvic organs and the pelvic floor muscles that can lead to prolapse, are:

- coughing that goes on for a while (such as smoker's cough or asthma);
- heavy lifting; and
- constipation and straining to empty the bowel.

Kä kök kä yiic thany piny ku thenykä acuek anuum piny ku bïk thieek mur aa:

- yool wën ce lac kööc (cëmën yool ë raan math wälä raan adhiäma);
- jön ka thieek; ku
- Kuil ku kuat kë dëd wën raan cöl a cöl.

TYPES OF PROLAPSE.

Pelvic organs may bulge through the front wall of the vagina (called a cystocele [sist-o-seal]), through the back vaginal wall (called a rectocele [rec-to-seal] or an enterocele (enter-o-seal]) or the uterus may drop down into your vagina (uterine prolapse). More than one organ may bulge into the vagina.

WHO IS LIKELY TO HAVE A PROLAPSE?

Prolapse tends to run in families. It is more likely after menopause or if you are overweight. But it can happen in young women right after having a baby.

- It is thought that half of all women who have had a child have some level of pelvic organ prolapse, but only one in five women seek help.
- Prolapse can also happen in women who haven't had a baby, mainly if they cough, strain on the toilet, or lift heavy loads.
- Even after surgery to mend prolapse, one in three women will prolapse again.
- Prolapse can also happen in women who have had their womb removed (that is, had a hysterectomy). In a case like this, the top of the vagina (the vault) can prolapse.

WHAT CAN BE DONE TO HELP PREVENT PROLAPSE?

It is much better to prevent prolapse than try to fix it! If any women in your close family have had a prolapse, you are more at risk and you need to try very hard to follow the advice given here.

As prolapse is due to weak pelvic tissues and pelvic floor muscles, you need to keep your pelvic floor muscles strong no matter what your age.

Pelvic floor muscles can be made stronger with proper training (See the brochure "Pelvic Floor Muscle Training for Women"). It is important to have your pelvic floor muscle training checked by an expert such as a pelvic floor physiotherapist or a continence nurse advisor. If you have been told you have a prolapse, these experts are the best people to help plan a pelvic floor muscle training program to suit your needs.

KUAT KÄWËN BËN BEI

Kä yiic a lëu bïk ya la gulguul tik juny (tuany cöl cystocele), a lëu bïk dhël la roor ya njiεc yic (tuany cöl rectocele/ enterocele) wälä adhiëeth a lëu bë lööny mur nhom (thiek mur ye adhiëeth bëy). Kä juëc yiic aa lëu bïk lööny mur nhom kedhie.

YE TID NO YEN MUR LAC THIEEK PINY?

Thiek mur ee cath kuat. Mur ee lac thieek piny tē cī tik köc dhiëth wälä tē cī tik cuai apey. Kekëdarj, ee rot luöi diäär kor tē puoc kek dhiëth.

- Abak tēn diäär cē kaŋ dhiëth ebën ee dhiel laŋ thiek mur, ku tieŋ tök diäär ka dhiëc yiic yen wēt lueel lon leŋ yen tueny töu ke yeen ku wïc kuocny.
- Muur diäär këc kaŋ dhiëth aa lëu bïk ya thieek piny aya, apey tē yool kek, tē cöl kek thöny la roor nhom, wälä tē jot kek kë thiek.
- Na cök tik rät bë thiek mur döc, ka tieŋ tök diäär ka diäk a ye thiek mur ben dhuök.
- Muur diäär cī adhiëth ken bëi bei aya aa lëu bïk ya thieek piny (tē cī ke ret bë adhiëeth bëy bei – cöl hysterectomy). Kalä, ka guëk tē wën la tulul mur nhom a lëu bë ya thieek piny.

YENÖ LËU BË LOOI BÏ THIEK MUR GËL?

Gël-gël ë thiek mur apath ka wär döc ë thiek mur! Na leŋ tiŋ ruäi ke yïin cē mur kaŋ ye thieek piny, ka yï diεr rin lëu bin mur ya thieek piny aya ku na ye keya ka path ba wëet cē lëk yïin tēn dhiel ya kuany cök apath.

Rin ye acuek aŋuum cē lar thiek mur bëy, ka yïin a dhil acuek kuun aŋuum ya duääny bïk rëer ke ril tör cökalon yïin nyanthi.

Acuek aŋuum aa lëu bë ke looi bïk riel tē ye raan ke njiεc duääny (kuen athörthi: "Duëeny Acuek Aŋuum tēn Diäär"). Apath ba tē duun yïin acuek aŋuum duääny cöl a tiŋ raan cē wël kïim kween – raan cīt mëduëeny wälä akuonyakim ë thiu thar. Na cē yï lëk lon cïn laŋ thiek mur, ka köc kek aa köc bï kony ba tē bin acuek kuun aŋuum ya duääny guui.



WHAT CAN BE DONE TO TREAT PROLAPSE ONCE IT HAS HAPPENED?

Prolapse can be dealt with **simply** or with **surgery**—it depends on the level of prolapse.

The simple approach

Prolapse can often be treated without surgery, chiefly in the early stages, and when the prolapse is mild. The simple approach can mean:

- pelvic floor muscle training planned to your special needs, with the advice of a pelvic floor physiotherapist or continence nurse advisor;
- learning what caused your prolapse, and making needed lifestyle changes;
- keeping good bowel and bladder habits to avoid straining (see the brochure “Good Bladder Habits for Everyone”); and
- having a pessary (a silicone device that fits into your vagina) carefully measured and placed into the vagina to provide inside support for your pelvic organs (a bit like a prop) rather than surgery.

The surgery approach

Surgery can be done to repair the torn or stretched fascia and ligaments. Surgery can be done through the vagina or the tummy. Sometimes special mesh is placed into the front or the back vaginal wall to strengthen it where it is weak or torn. As the body heals, the mesh helps form stronger tissues to give more support where it is needed.

After surgery

To prevent the prolapse coming back again, you should make sure you:

- have expert training to make sure your pelvic floor muscles work to support your pelvic organs;
- don't strain when using your bowels (see the brochure “Good Bladder Habits for Everyone”);
- keep your weight within the right range for your height and age;

YENÖ LËU BË LOOI BË THIEK MUR DOJC TË CÏ YEN ROT LOOI WËN THËER?

Thiek mur a lëu bë wiëc **döny koor** wälä a lëu bë **ret** – a ye luöcy tË cÏt nyin cÏ thiek mur dööt.

Döny koor

Thiek mur a lëu bë wiëc döny koor ku cë ret, ku a lac gəl, ku ee tË njoct koor thiek mur. Döny koor kën ee ku bë raan:

- duëñy bÏn acuek anjuum ya duääny tË cÏt tË wiëc yeen, ku yÏn a dhil mëduëñy wälä akuonyakim ë thi u thar kañ wëët tË wÏc yÏn yeen ba kën looi;
- nÏny bÏn kË cÏ yÏëk thiek mur njic, ku war kuat kË wÏc ba waar yÏc rin bë thiek mur jäl;
- njÏic bÏn dhël la roor ku alëëc njic njëëc rin ba cÏ ye cəl apëy (kuen athörthi: “Raan Ebën a Dhil Aläny de DÏec DÏëëc”); ku
- Ba da kË cÏ tääu muric cəl pessary (ee lÏthÏk ye tääu muric ku bÏ lëc ya gël) aye njëc them ku tËëu muric akäny-thÏn ee rin bÏ räl yÏi ya kuony (yen acÏt acÏwei thoi kÏu) ee rin bÏ yÏn cÏ ret.

Ret

Tik a lëu bë ret bë räl cë kööth tuëny wälä räl cë ke yÏic miit dhuök nyÏen den. Luöñ ë ret a lëu bë ke tËëk mur yÏc tË ret tik wälä yäc a lëu bë njoct ku tËëkke thÏn. Döny dëd ye gam kaam dëd ee bë cabak thiet mur nhom rin bë acuek ku räl wën cë cak cəl ril. Na la guöp dëm, ka cabak kën a bë guöp cəl a cuëc acuek ku räl ril tör rin bÏ kã yÏic ya muök nhial bÏk cÏ ye thieek mur nhom.

TË cÏ yÏ ret

Rin bë thiek mur yÏ cÏ ben dhuök, ka yÏn a dhil kãkã ya looi:

- cəl rot piöoc rin ba acuek kuum anjuum njic ya duääny rin bÏk kã kuun yÏic njic ya muök nhial;
- duk ye cəl apëy tË le yÏn roor (kuen athörthi: “DÏÏc bÏn alänydu njic njëëc”);
- cəl cuai du ye rot thöñj ke bër du ku ruön ku;



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- learn safe ways of lifting, including sharing the lifting of heavy loads;
- see your doctor if you have a cough that won't go away; and
- see your doctor if simple things don't seem to make it better.

The diagrams have been reprinted with kind permission from Women's Health Queensland Wide's Genital Prolapse factsheet. www.womhealth.org.au

SEEK HELP

Qualified nurses are available if you call the National Continence Helpline on 1800 33 00 66* (Monday to Friday, between 8.00am to 8.00pm Australian Eastern Standard Time) for free:

- Information;
- Advice; and
- Leaflets.

If you have difficulty speaking or understanding English you can access the Helpline through the free Telephone Interpreter Service on 13 14 50. The phone will be answered in English, so please name the language you speak and wait on the phone. You will be connected to an interpreter who speaks your language. Tell the interpreter you wish to call the National Continence Helpline on 1800 33 00 66. Wait on the phone to be connected and the interpreter will assist you to speak with a continence nurse advisor. All calls are confidential.

Visit bladderbowel.gov.au or continence.org.au/other-languages

* Calls from mobile telephones are charged at applicable rates.

- piöc njec jöt, gut kuny bin rot col ye kony tē jot yin kē thiek;
- loor tēn akim tē leŋ yin ɣool kuc jäl; ku
- Loor tēn akim tē cīn kē riēc ebēn them ku kuc jäl.

Cuura kēn a cī Aguir ē Thiek Mur Panakim Diäär ē Queensland (Women's Health Queensland Wide's Genital Prolapse) päl ɣook buk nyuocōth.

www.womhealth.org.au

WĪC KUƆƆNY

Mathaat akim cī piöc aabi tō na yī ayup telepun KuƆƆny Baai kāk thiu thar ee nīmra kēnēic tōk, bēt, gueu, diāk, diāk, gueu, dhetem, dhetem*/ 1800 33 00 66* (akōl Tök agut akōl Dhiēc ee Läätic (Monday- Friday) kaam thaa bēt nhiäk-duur (8am) ku thaa bēt thēēi (8pm) ee thaa koc Australia ciēŋ Ciēēn) aye gām koc abec:

- Läk/Wël;
- Wëēt; ku
- Athör thiin ē læk.

Na yin acie njec jam thoŋ English apieth ka yin alēu ba telpun luoi ye koc KuƆƆny wēr thokic yuöp. Col nīmra kēnē tōk diāk, tōk, ŋuan, dhiēc/13 14 50. Tuenic, abī raan koc dhuk nom ee thoŋ English, luel thoŋduön ee yin jam ku tiēēt ee telepunic. Yin abī tuööm thok kek raan koc waar thook/duwēr jam thuŋdu, ku jal kek læk wētduön wic ee yin koc Baai KuƆƆny Kāk thiu thar yuöp ee nīmra kēnēic tōk, bēt, gueu, diāk, diāk, gueu, dhetem, dhetem/ 1800 33 00 66. Tiēēt ee telepunic ku bī yī gam ku duwēr abī kony ba jam kek mathaat akim koc læk. Telepun duwēr aye koc yup thīn abec/majan ee rin cīn en wēu ye wic tēnē yin. Kek wël ebēn aye thiaan yiic.

Nem thiöŋyin eet bladderbowel.gov.au wulē continence.org.au/other-languages (thok-thok kōk yiic)

* Yup mobaalic ee wēu cam tēcīt cōt baai ētēn.

