An Australian Government Initiative

16 PROLAPSE

ဝိ၀်မှုဉ်ဒၢလိၢ်ခိုဉ်ထိးလီၤသတြူး

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.

ဝိ၀်မှုဉ်ကၢ်ဂီၤအံၤမၤ်မနုၤလဲဉ် (မ့တမ့ၢ်ခံတကွိဉ်ယံကၢ်ဂီၤ)

နခံတကွိဉ်ယံကၢ်ဂီၤလၢပဉ်ယုာ်ဆံဉ်ဒၢလိၢ်, ဒၢလိၢ်,ဒီးခံပူၤ(ကျိၤလၢလိၢ်ခံ)တဖဉ်နှဉ်လီၤ.ကၢ်ဂီၤတဖဉ်အံၤအိဉ်လၢအလိၢ်ဒဉ်ဝဲလၢအညဉ်ထူဉ်စှိၤတံၢ်ယာ်အီၤဘဉ်တၢ်ကိးအီၤလၢ (fascia) ဒီး (ligaments)နှဉ်လီၤ.ညဉ်ထူဉ်တဖဉ်အံၤမၤစၢၤခံတကွိဉ်ယံထူဉ်ပျၢ်တဖဉ်ဆူခံအတကွိဉ်ယံအဂီၤပၤနှဉ်ဒီးဖိဉ်ဂၢ်ယာ်ဝဲလၢအပူၤတပၤနှဉ်လီၤ.နခံတကွိဉ်ယံထူဉ်ပျၢ်တဖဉ်စ့ၢ်ကိးဆိဉ်ထိဉ်နခံတကွိဉ်ယံလၢအဖီလာ်တကပၤစ့ၢ်ကိးနှဉ်လီၤ.ထူဉ်ပျၢ်ခံခါလာ်လၢတၢ်ယၢၤထိဉ်အီၤဒ်အဖီခိဉ်အသိးမ့ၢ်ညာ်မ့တမ့ၢ်ထုးယဲာ်ထိဉ်အသးလၢတၢ်ဂ့ၢ်တမံၤမံၤအယိ,ဒီးနခံတကွိဉ်ယံထူဉ်ပျၢ်တဖဉ်အဂံၢ်မ့ၢ်စၢ်ဝဲနှဉ်,နခံတကွိဉ်ယံကၢ်ဂီၤ (ဆံဉ်ဒၢလိၢ်, ဒၢလိၢ်,မ့တမ့ၢ်ခံပူၤ)တဖဉ်တအိဉ်ဝဲလၢအလိၢ်အကျဲဘဉ်သ့ဉ်သ့ဉ်ဝံၤကလီၤသတြူးအသးဆူဝိ၀်မှုဉ်အလံၢ်ပူၤ (ဒၢလိၢ်ကျိၤ)သ့ဝဲနှဉ်လီၤ.

ဒၢလိၢ်ခိုဉ်ထိးလီၤသတြူးအံၤအတၢ်ပနီဉ်ကဖျၢ်ထိဉ်ဝဲဒ်လဲဉ်.

တၢ်ပနီဉ်အိဉ်စ့ၢ်မံၤလၢကနဲဉ်ဖျၢ်ထိဉ်နဒၢလိၢ်လီၤသတြူးအဂီၢ်လီၤ.တၢ်ပနီဉ်တဖဉ်အံၤကဒီးသနၤ့ထိဉ်အသးခိဖျိတၢ်လီၤသတြူးအကလှာ်ဒ်လဲဉ်ဒီးခံတကွိဉ်ယံကၢ်ဂီၤတၢ်ဆိဉ်ထွဲအံၤလီၤမၢ်ဝဲဆံးအါလဲဉ်အဖီခိဉ်နှဉ်လီၤ. ဖဲအသိခါနှဉ်နတသ့ဉ်ညါလၢနအိဉ်ဒီးဒၢလိၢ်လီၤသတြူးအံၤဘဉ်သ့ဉ်သ့ဉ်, ဘဉ်ဆဉ်နကသံဉ်သရဉ်မ့တမ့ၢ်နၤစ်တဖဉ်ကကွၢ်နဒၢလိၢ်လီၤသတြူးအလိၢ်သ့ဝဲဖဲအမၤကွၢ်နဒၢလိၢ်အခါနှဉ်လီၤ.

ဖဲနဒၢလိၢ်လီၤသတြူးယိာ်ထိဉ်ဝဲနှဉ်,နကထံဉ်ဘဉ်တၢ်မၤသးတဖဉ်ဒ်...

- နတူၢ်ဘဉ်တၢ်ယၢတမံၤမံၤမ့တမ့ၢ်တၢ်တ့ၢ်အသးတမံၤမံၤဖဲနလံၢ်ပူၤနှဉ်,
- “တၢ်ဟဲလီၤတဲာ်တမံၤ”မ့တမ့ၢ်တၢ်ကိဉ်လိဉ်တမံၤအိဉ်ဖဲနလံၢ်အပူၤအသိး,
- တၢ်ကိဉ်လိဉ်တခါကဟဲဖျိုးထိဉ်ဘဉ်အသးဖဲနလံၢ်ခိဉ်ထိး,ဖဲနကထံဉ်ဘဉ်မ့တမ့ၢ်တူၢ်ဘဉ်ဖဲနလုၢ်ထံမ့တမ့ၢ်စုဉ်လီၤနသးလၢထံအခါနှဉ်လီၤ.
- ဖဲနမံယုာ်သ့ဉ်ထံးအခါကအိဉ်ထိဉ်ဒီးတၢ်ဂ့ၢ်ကိလၢကဆါဝဲမ့တမ့ၢ်နတၢ်တူၢ်ဘဉ်တဖဉ်ကစ့ၤဝဲ,
- နဆံဉ်ဒၢတလီၤကအိဝဲဒ်ကြၤဝဲအသိးဘဉ်, မ့တမ့ၢ် နဆံဉ်ဆါကလီၤစၢ်ဝဲ, မ့တမ့ၢ်,
- နဆံဉ်ယၢ်တဖဉ်ကဟဲကၢ့ၤကဲထိဉ်ကဒါအသး,မ့တမ့ၢ်,
- နကလဲၤအ့ဉ်ဆါအဂီၢ်ကကိဝဲလၢနဂီၢ်သ့ဉ်သ့ဉ်လီၤ.

တၢ်ပနီဉ်တဖဉ်အံၤကနးဒ်ဉ်ထိဉ်ဖဲနံၤကတၢ်ဝဲတနံၤအဂီၢ်ဒီးကကိညၢ်ကၢ့ၤဝဲဖဲနမံလီၤအခါသ့ဉ်သ့ဉ်လီၤ.နမ့ၢ်ထံဉ်လၢနဒၢလိၢ်လီၤသတြူးဖျိုးထိဉ်အသးလၢတၢ်ချၢနှဉ်, နကတူၢ်ဘဉ်တၢ်ဆါဒီးသ့ဉ်ဝဲဖဲနဒၢလိၢ်လၢအလီၤသတြူးတလိဉ်အံၤကဘဉ်ဂ်ာ်ဂ့ဉ်ဒီးနဖျိဉ်ခံဖိအခါနှဉ်လီၤ.

WHAT CAUSES PROLAPSE?

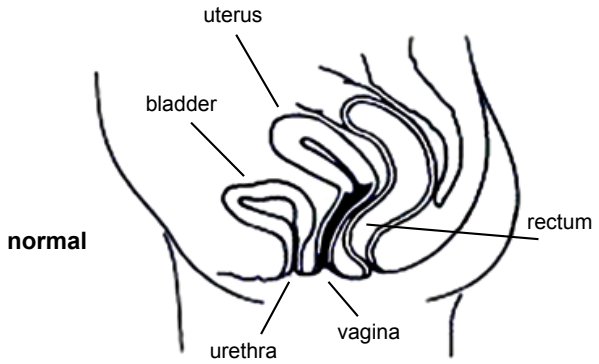
The pelvic organs are held inside the pelvis by strong healthy fascia. They are held up from below by pelvic floor muscles that work like a firm muscle sling. If the support tissues (fascia and ligaments) that keep the bladder, uterus and bowel in place inside the pelvis are weak or damaged, or if the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

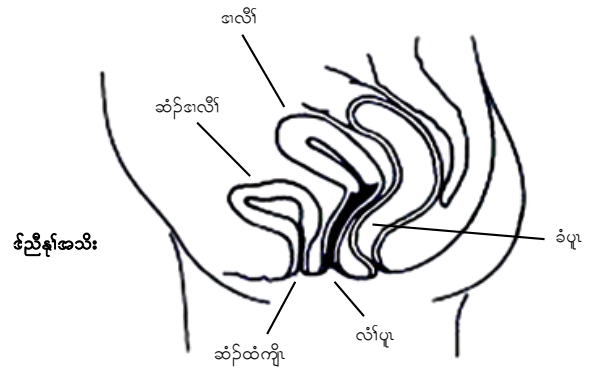
Childbirth is the main cause of prolapse. On the way down the vagina, the baby can stretch and tear the support tissues and the pelvic floor muscles. The more vaginal births you have, the more likely you are to have a prolapse.

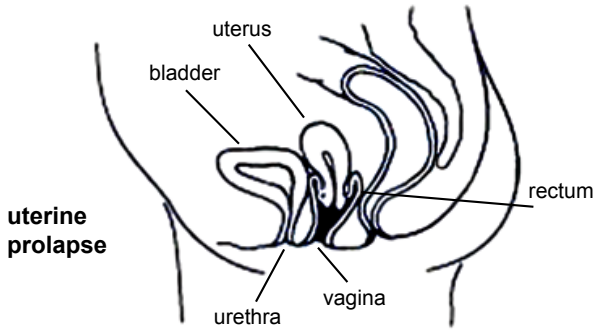
တၢ်ဂ့ၢ်မနုၤဒုးကဲထိဉ်ဒၢလီၢ်လီၤသတ္ထုးအံၤလဲဉ်.

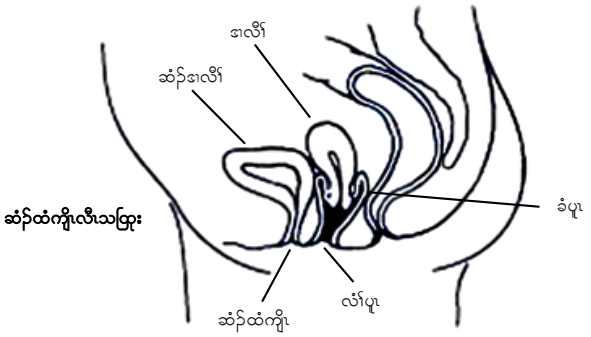
နခံတကွိဉ်ယံက့ၢ်ဂီၤတဖဉ်အံၤဘဉ်တၢ်ဖိဉ်တံၢ်ယာ်အီၤလၢထူဉ်ညဉ်လၢအဆူဉ်ဒီးဆူဉ်ရှ၊ တဖဉ်လၢလၢခံတကွိဉ်ယံအပူၤန့ဉ်လီၤ. အဝဲသ့ဉ်ဘဉ်တၢ်စိာ်ထိဉ်အီၤလၢတၢ်ဖိလာ်တပၤလၢခံတကွိဉ်ယံလၢအမၤတၢ်ဒ်သိးထူဉ်ပျၢ်အပျုံၤလၢအဂံၢ်ဆူဉ်တဘိအသိးန့ဉ်လီၤ.ထူဉ်ညဉ်လၢအဖိဉ်ကျၢ်ဆံဉ်ဒၢလီၢ်,ဒၢလီၢ်ဒီးဟၢဖၢလၢခံတကွိဉ်ယံအပူၤတဖဉ်အဂံၢ်မ့ၢ်စၢ်ဒီးဟးဂီၤဝဲ, မ့တမ့ၢ်ခံတကွိဉ်ယံအဂံၢ်မ့ၢ်စၢ်ဝဲ,ဒီးလီၤကစဲၤန့ဉ်, ဒၢလီၢ်လီၤသတ္ထုးအသးကသ့ဝဲန့ဉ်လီၤ.

တၢ်အိဉ်ဖျိဉ်ဖိဆံးအံၤမ့ၢ်တၢ်ဂ့ၢ်ခိုဉ်သ့ဉ်တခါလၢဒုးကဲထိဉ်ဒၢလီၢ်လီၤသတ္ထုးသ့ဝဲန့ဉ်လီၤ. ဖဖိသဉ်ဟဲလီၤဝဲလၢဒၢလီၢ်ကျိုၤခိုဉ်ထိးအခါ, ဖိသဉ်ကထုးယဲာ်ထိဉ်ဒီးမၤညာ်ထူဉ်ညဉ်လၢအဖိဉ်ကျၢ်တၢ်ဒီးခံတကွိဉ်ယံထူဉ်ပျၢ်တဖဉ်နှ့ဉ်သ့ဝဲလီၤ. နမ့ၢ်အိဉ်ဖျိဉ်နဖိလၢဒၢလီၢ်ခိုဉ်ထိးအါဂၤန့ဉ်, နကအိဉ်ဒီးဒၢလီၢ်လီၤသတ္ထုးအသးအါတက့ၢ်လီၤ.









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.

တၢ်အဂၤတမံၤလၢအဆိဉ်လီၤတၢ်လၢခံတကွိဉ်ယံက့ၢ်ဂီၤတဖဉ်ဒီးခံတကွိဉ်ယံထူဉ်ပျၢ်တဖဉ်လၢကဒုးကဲထိဉ်ဒၢလီၢ်လီၤသတ္ထုးသ့ဝဲတဖဉ်မ့ၢ်ဝဲ...

- တၢ်ကူးအီၤလၢဆၢကတိၢ်ယာ်ဝဲတတိၤဖိ(ဒ်သိးပှၤအိမ်ာ်ဖိတဖဉ်ကူးဝဲအသိးမ့တမ့ၢ်တၢ်သးအံးအိဉ်),
- စိာ်ထိဉ်တၢ်ယၢ,ဒီး
- တၢ်ဟၢဖၢကျၢ်ဒီးဆုအအ့ဉ်ဖဲအလဲၤအ့ဉ်ဆါအခါလီၤ.

16 PROLAPSE

ပိတ်မှုဂၢလီၢ်ခိုဉ်ထိုးလီၤသတြူး

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.

ဂၢလီၢ်လီၤသတြူးအကလုာ်တဖၣ်

ခံတကွိုဉ်ယံကၢ်ဂီၤတဖၣ်ကဟဲလီၤသတြူးအသးခီဖျိပိတ်မှုဉ်အဂၢလီၢ်အကျိၤလၢအမ̀ဉ်ညါတပၤ (တၢ်ကိုးအီၤလၢ cystocele)ခီဖျိ ဂၢလီၢ်ခိုဉ်ထိုးလၢအချုတပၤ (enterocele)မ့တမ့ၢ်ဂၢလီၢ်ကလီၤတဲာ်ဝဲလၢနလံၢ်ပူၤဒ်နှဉ်သ့ဝဲလီၤ.တၢ်အကၢ်အဂီၤတဖၣ်အံၤကအါနှ်ၤဒ်းတခါသ့ဉ်သ့ဉ်လၢကလီၤတဲာ်လၢနဂၢလီၢ်ပူၤသ့ဝဲလီၤ.

ပှၤလၢတူၢ်ဘဉ်ဂၢလီၢ်လီၤသတြူးတဖၣ်အံၤမ့ၢ်မတၢတဖၣ်လဲဉ်.

တၢ်ဂၢလီၢ်လီၤသတြူးတကလုာ်အံၤဟဲလီၤစၢၤအသးလၢနှုဉ်ဖိထၢဖိအအိဉ်နှဉ်လီၤ. အါတကၢ်ကကဲထိဉ်အသးဖဲပိတ်မှုဉ်ဟုးကတၢ်ဝဲမ့တမ့ၢ်ဖဲနတယၢ်ယၢၢ်ဒိဉ်ထလၢအခၢးအခါနှဉ်လီၤ. ဘဉ်ဆဉ်ကဲထိဉ်အသးသ့ဖဲလၢပိတ်မှုဉ်သးစၢ်တဖၣ်အအိဉ်ဖဲအဖိဆံးအိဉ်ဖျိဉ်ဝဲဝံၤအလီၢ်ခံနှဉ်လီၤ.

- တၢ်ဆိမိဉ်လၢပိတ်မှုဉ်ခဲလာ်အကျါတတ်လၢအိဉ်ဒီးအဖိတဖၣ်ကအိဉ်ဒီးဂၢလီၢ်သတြူးသ့ဝဲ. ဘဉ်ဆဉ်ပိတ်မှုဉ်ယဲၢ်ဂၤအကျါတဂၤဒီၤယုထံဉ်နှ်တၢ်မၤစၢၤနှဉ်လီၤ.
- ဂၢလီၢ်လီၤသတြူးဒ်အံၤတကလုာ်ကဲထိဉ်စ့ၢ်ကီးအသးသ့ဝဲလၢပိတ်မှုဉ်လၢအဖိဆံးတအိဉ်တဖၣ်အအိဉ်.အါတကၢ်မ့ၢ်ဖဲအဝဲသ့ဉ်ကူး.ဆုအအ့ဉ်လၢတၢ်ဟားလီၢ်ပူၤ.မ့တမ့ၢ်စိ်ာ်ထိဉ်တၢ်ယၢအယိနှဉ်လီၤ.
- အဝဲသ့ဉ်ကွဲးကါအသးလၢကမၤဘဉ်က့ၤဂၢလီၢ်လၢအလီၤသတြူးအံၤဘဉ်ဆဉ်. ပိတ်မှုဉ်သၢဂၤအကျါတဂၤကအိဉ်ဒီးဂၢလီၢ်လီၤသတြူးတဘျိကဒီးသ့ဝဲလီၤ.
- ဂၢလီၢ်လီၤသတြူးအံၤကဲထိဉ်အသးဒီးပိတ်မှုဉ်လၢအထုးထိဉ်ကွဲာ်အဂၢလီၢ်တဖၣ် (လၢအအိဉ်ဒီး), မ့မ့ၢ်တၢ်ဂ့ၢ်ဒ်အံၤတဖၣ်. ပိတ်မှုဉ်ဂၢလီၢ်အဖိခ်ိ(ဂၢလီၢ်ကျိၤ) ကလီၤပှိၤသ့ဝဲလီၤ.

ဒ်သီးပကသ့တြီဆၢဂၢလီၢ်လီၤသတြူးအံၤအဂီၢ်ပကဘဉ်မၤတၢ်မနုၤလဲဉ်

ပကတြီဆၢဂၢလီၢ်လီၤသတြူးအံၤအဂီၢ်ညီဒ်ဉ်နှ်ၤဒ်းပကကူစါယါဘျါအီၤအဂီၢ်လီၤ. လၢနဟ်ဉ်ဖိယိဖိအဘူးကတၢ်ဒီးနၤအကျါတဂၤလၢအိဉ်ဒီးဂၢလီၢ်လီၤသတြူးအံၤအယိ.နကအိဉ်လၢတၢ်လီၤဟ့ၤဘဉ်ယိဉ်ဒိဉ်ဒ်းဒီးနကလိဉ်ကျဲးစားမၤပိတ်ထ့ဲတၢ်ဟ့ဉ်ကူဉ်ဟ့ဉ်ဖးလၢတၢ်ဟ့ဉ်နၤတဖၣ်နှဉ်လီၤ.

နသးနံဉ်မ့ၢ်အါဂ့ၤစ့ၤဂ့ၤဘဉ်ဆဉ်.ခီဖျိခံတကွိုဉ်ယံထူဉ်ညဉ်တဖၣ်အဂၢ်စ၊်အယိကဲထိဉ်ဂၢလီၢ်လီၤသတြူးဒီး.နကဘဉ်ဟ်နခံတကွိုဉ်ယံထူဉ်ပျ၊်လၢအဆူဉ်ဂ့ၤဝဲလီၤ.

ခံတကွိုဉ်ယံထူဉ်ပျ၊်တဖၣ်အဂၢ်ကဆူဉ်ထိဉ်က့ၤဝဲခီဖျိတၢ်ဂဲၤလီလၢအကြားဘဉ်ဝဲတဖၣ်အယိ(ကွၢ်ဘဉ်လ်ာ်ကဘျုံ"ခံတကွိုဉ်ယံထူဉ်ပျ၊်တၢ်ဂဲၤလီလၢပိတ်မှုဉ်တဖၣ်အဂၢ်")တကၢ်.မ့ၢ်တၢ်အကါဒိဉ်လၢနကအိဉ်ဒီးခံတကွိုဉ်ယံထူဉ်ပျ၊်တၢ်မၤကွၢ်လၢပှၤသ့ပှၤဘဉ်လီၤဆိုဒ်သိုးခံတကွိုဉ်ယံပှၤစ်ၢ်ဘံးတၢ်ဖိမ့တမ့ၢ်တၢ်ကီၤအ့ဉ်ကီၤဆံဉ်နှၤစ်ပှၤဟ့ဉ်ကူဉ်တၢ်ဖိတဖၣ်နှဉ်လီၤ. ပှၤမ့ၢ်တဲနၤလၢနအိဉ်ဒီးဂၢလီၢ်လီၤသတြူးအံၤသၢပျၢ, ပှၤသ့ပှၤဘဉ်တဖၣ်အံၤမ့ၢ်ပှၤအဂ့ၤကတၢ်လၢကရဲဉ်ကျဲၤနှ်ၤနဂီၢ်ခံတကွိုဉ်ယံတၢ်ဂဲၤလီလၢကကြားဒီးနၤအဂီၢ်နှဉ်လီၤ.

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;

ဖ၊လီ၊လီ၊သတ္တုးဝံ၊အလီ၊ခံတၢ်ကဘဉ်မၤအီ၊ဒ်လဲဉ်.

ဖ၊လီ၊လီ၊သတ္တုးအံၤတၢ်ကူစါ**မၤအီ၊ယိယိ**ယုာ်ဒီ**းတၢ်ကွဲးကါ**တဖဉ်–ဒီ၊သန့ၢ်ထိဉ် အသးလၢနဖ၊လီ၊လီ၊သတ္တုးအံၤအပတိၢ်နးထဲလဲဉ်အဖိခိုဉ်နှဉ်လီ၊.

တၢ်မၤအီ၊ယိယိ

ဖ၊လီ၊လီ၊သတ္တုးဒ်အံၤတကလုာ်အါတက့ၢ်တၢ်ကူစါယါဘျါအီ၊သ့လၢတလိဉ်တၢ်, ကွဲးကါအီ၊ဘဉ်,ဂ့ၤကတၢ်ဖဲကဲထိဉ်အသးသိသီအခါ,ဒီးဖဲဖ၊လီ၊လီ၊သတ္တုးညီဒီး အခါလီ၊. တၢ်အံၤအခီပညီမ့ၢ်ဝဲ

- ခံတကွိဉ်ယံထူဉ်ပျၢ်တၢ်ဂဲၤလိတၢ်ရဲဉ်ကျဲၤလၢကြၢ်းဒီ၊နတၢ်လိဉ်ဘဉ်, လၢအိဉ်ဒီ၊တၢ်ဟ့ဉ်ကူဉ်ဟ့ဉ်ဖးနၤလၢခံတကွိဉ်ယံပှၤစ၊်ဘံ၊တၢ်ဖိတဖဉ်မ့တမ့ၢ်တၢ်ကိၤ အ့ဉ်ကိၤဆံဉ်နၤ၊စ်ပှၤဟ့ဉ်ကူဉ်တၢ်တဖဉ်,
- နကသ့ဉ်ညါဘဉ်တၢ်ဂ့ၢ်မနၤကဲထိဉ်သ၊ခီဖျိနဖ၊လီ၊လီ၊သတ္တုးအံၤလဲဉ်, ဒီ၊ဒုၤဆီတလဲနတၢ်အိဉ်မူလုၢ်လၢ်ကိ၊နံၤ့အဂီ၊်တဖဉ်,
- အိဉ်ဒီ၊အ့ဉ်ဆံဉ်လုၢ်လၢ်လၢအဂ့ၤဒ်သိ၊ကသ့ဟ၊ဆဲ့၊တၢ်သုတဘဉ်ဆုန့ၢ်ဆူဉ် အ့ဉ်တဂ့ၤအဂီ၊်, (ကွၢ်ဘဉ်ဖဲလံာ်ကဘျံ၊ဖိ"ဆံဉ်ဖ၊လုၢ်လၢ်အဂ့ၤလၢပှၤကိ၊ဂၤ အဂီ၊်") ဒီ၊
- ထၢနှာ်ကသံဉ်ဒီသ၊ဖိ(ရိဘၢဉ်စဲ၊ကဘျဉ်ဖိတခါလၢအလီ၊ဘဉ်ကျဲဘဉ်ဒီ၊လံ၊ပူ၊) ထိဉ်ကွၢ်ဒ့ၢ်ကွၢ်အီ၊လီ၊တံ၊်လီ၊ဆဲ၊ဒီ၊ထၢနှာ်အီ၊လၢလံ၊်ပူ၊ဒ်သိ၊ကသ့ဖိဉ် ဂၢ်ယာ်နခံတကွိဉ်ယံအက့ၢ်ဂိၤတဖဉ်ကသ့ဝဲ(လီ၊ဂၢ်ဒ်သိ၊နိဉ်တိၢ်တဘိအသိ၊) လၢတလိဉ်မၤတၢ်ကွဲးကါဘဉ်.

တၢ်ကွဲးကါ

တၢ်ကွဲးကါအံၤတၢ်မၤအီ၊ဒ်သိ၊ကဘှိဘဉ်က့ၤထူဉ်ညဉ်ကဘျဉ်တဖဉ်လၢအညာ်ဝဲမ့ တမ့ၢ်ထုးယုာ်ထိဉ်အသးတဖဉ်နှဉ်လီ.တၢ်ကွဲးကါတဖဉ်တၢ်မၤအီ၊ခီဖျိလံ၊်အပူ၊ မ့တမ့ၢ်ဟၢဖသ့ဝဲလီ၊..တဘျိတခိဉ်စ၊လီ၊ဆိတကလုာ်ဘဉ်တၢ်ဟ်အီ၊ဖဲဖ၊လီ၊်ခိဉ် ထိ၊အနှဉ်ကပ၊လၢအမဲာ်ညါမ့တမ့ၢ်အလီ၊ခံဒ်သိ၊ကမၤဆူဉ်ထိဉ်အီ၊ဖဲအဂ်ၢ်စ၊်မ့တ မ့ၢ်ညာ်ဝဲအခါလီ၊. ဖဲနမိ၊်ပှၤ်ဘျါလံတဘျိ,စ၊အံၤမၤစ၊ထူဉ်ညဉ်တဖဉ်လၢဂ်ၢ်ကဆူဉ် ထိဉ်က့ၢ်ဒ်သိ၊ကဆိဉ်ထွဲဝဲဖဲအလီ၊်အိဉ်အသိ၊နှဉ်လီ၊.

ဖဲတၢ်ကွဲးကါဝံ၊အလီ၊ခံ

လၢကတြီဆ၊ဖ၊လီ၊လီ၊သတ္တုးသုတကဲထိဉ်ကဒါက့ၢ်အဂီ၊်, နကဘဉ်မၤလီ၊တၢ်ဒ်သိ၊နနေ...

- အိဉ်ဒီ၊တၢ်ဂဲၤဒိလၢအဂ့ၤကတၢ်ဒ်သိ၊နခံတကွိဉ်ယံထူဉ်ပျၢ်တဖဉ်ကမၤတၢ် လၢကကဲတၢ်ဆိဉ်ထွဲလၢခံတကွိဉ်အက့ၢ်ဂိၤတဖဉ်အဂီ၊်,
- ဖဲနလဲ၊ထိဉ်တၢ်ဟးလီ၊်အခါတဘဉ်ဆုန့ၢ်ဆူဉ်နအ့ဉ်တဂ့ၤ (ကွၢ်ဘဉ် လံာ်ကဘျံ၊ဖိ "ဆံဉ်ဖ၊လၢအိဉ်ဒီ၊လုၢ်လၢ်အဂ့ၤလၢပှၤခဲလာ်အဂီ၊်",
- ဒ်နသ၊နံဉ်ဒီ၊နနီ၊်ထိဝဲအသိ၊နကဘဉ်ဟ်နတယၢ်အယၢလၢအဘဉ်ဝဲ,

- 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.

- မၤလိသ့နသးလၢနကဘဉ်စိာ်ထိဉ်တၢ်ယၢလၢကပူၤဖျဲးဒီးတၢ်ဘဉ်ဒိဘဉ်ထံးဒ်လဲဉ်, ပဉ်ယှာ်တၢ်စိာ်ထိဉ်တၢ်ယၢဒီးပှၤဂၤ,
- တၢ်ကူးမ့ၢ်အိဉ်နၤလၢတလီၤမၢ်ညီညီဘဉ်နှဉ်နကဘဉ်ထံဉ်နကသံဉ်သရဉ်,ဒီး
- တၢ်ယိယိဖိဒၢဉ်လဲာ်မ့ၢ်တကိညၢ်ထိဉ်က့ၤဝဲနှဉ်ထံဉ်လိာ်နကသံဉ်သရဉ်တက့ၢ်.

တၢ်ဂီၤဒိတဖဉ်အံၤဘဉ်တၢ်ထုးထိဉ်ရၤလီၤက့ၤအီၤလၢအတၢ်ဟ့ဉ်ခွဲးလၢ Women's Health Queensland Wide'က့ၢ်ဂီၤလီၤသတ္ထုးတၢ်ဂ့ၢ်တၢ်ကျိၤတဖဉ်နှဉ်လီၤ. **www.womhealth.org.au**

ယုထံဉ်နှ၊်တၢ်မၤစၢၤ

နၢးစ်လၢဖျိတီၤပတိၢ်တဖဉ်အိဉ်ဝဲဖဲနဆဲးကျိး National Continence Helpline ဖဲ 1800 33 00 66 (မ့ၢ်ဆဉ်တုၤမ့ၢ်ဖိဖး,စးထိဉ်ဂီၤ 8.00တုၤ8.00နဉ်ရံၢ်ဟါအီးစတြ့ၢ်လ်ယဉ် မ့ၢ်ထိဉ်တၢ်ဆၢကတိၢ်အသိး) လၢတလၢ်စ့ဘဉ်...

- တၢ်ဂ့ၢ်တၢ်ကျိၤ
- တၢ်ဟ့ဉ်ကူဉ်ဟ့ဉ်ဖးဒီး
- လံာ်ဘိးဘဉ်ရၤလီၤကဘျုံးတဖဉ်

နမ့ၢ်အိဉ်ဒီးတၢ်ဂ့ၢ်ကိလၢနကကတိၤမ့တမ့ၢ်နၢ်ပၢ်အဲကလံးကျိာ်တခီနဒီးနှ၊်တၢ်မၤစၢၤအကျိၤအကျဲခီဖျိကျိးထံလိတဲစိအကျိၤလၢတလၢ်စ့ဘဉ်သ့ဖဲ 13 14 50နှဉ်လီၤ.ပှၤဖိဉ်လိတဲစိဖိတဖဉ်ကကတိၤတၢ်ဒီးနၤလၢအဲကလံးကျိာ်, အယိကတိၤဖျါထိဉ်ကျိာ်လၢနကတိၤအီၤဝံၤအိဉ်ခိးအီၤတက့ၢ်.တၢ်ဆဲးကျိးနှ၊် နဂိၢ်ဆူပှၤကျိးထံတၢ်ဖိလၢကတိၤနကျိာ်တဂၤအအိဉ်နှဉ်လီၤ. တဲဘဉ်ပှၤကျိးထံတၢ်ဖိတဂၤလၢကကိးနှ၊်နၤ National Continence Helpline ဖဲ 1800 33 00 66တက့ၢ်.အိဉ်ခိးကနဉ်လိတဲစိတုၤတၢ်ဆဲးကျိးနှ၊်နၤဝံၤတစုဒီးပှၤကျိးထံတၢ်ဖိကမၤစၢၤနၤလၢနကကတိၤဘဉ်တၢ်ဒီးနၢးစ်မ့ဉ်လၢကဟ့ဉ်ကူဉ်နၤဘဉ်ယးတၢ်ကိၤဆံဉ်တၢ်ဟ့ဉ်ကူဉ်ဟ့ဉ်ဖးတဂၤနှဉ်လီၤ. လိတဲစိတၢ်ဆဲးကျိးအပူၤတဖဉ်ခဲလၢတၢ်ဟ်အီၤလၢတၢ်ခူသူဉ်နှဉ်လီၤ.

ကွၢ်ဘဉ်ဖဲ bladderbowel.gov.au မ့တမ့ၢ် continence.org.au/other-languages တက့ၢ်.

* တၢ်ဆဲးကျိးခီဖျိလိတဲစိစိာ်စုတဖဉ်တၢ်ယ့အပှၤဒ်တၢ်ဟ်ပနိဉ်အီၤအသိးနှဉ်လီၤ.