



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.

X’INHU L-PROLASS VAGINALI (JEW -ORGANI TAL-PELVI)?

L-organi tiegħek tal-pelvi jinkludu l-bużżieqa tal-awrina, l-utru (il-ġuf) u r-rektum (il-passaġġ ta’ wara) tiegħek. Dawn l-organi jinżammu f’posthom permezz ta’ tessuti magħrufa bħala “fascia” u “ligamenti”. Dawn it-tessuti jgħinu biex jgħaqqdu l-organi tiegħek tal-pelvi mal-ħitan tal-ġnub mgħaddma tal-pelvi u jzommuhom ġewwa l-pelvi tiegħek. Il-muskoli tal-qiegħ tal-pelvi tiegħek iżommu wkoll ‘il fuq l-organi tal-pelvi tiegħek minn taħt. Jekk il-fascia u ligamenti jiccartu jew jinġebdu għal kwalunkwe raġuni, u jekk il-muskoli tal-qiegħ tal-pelvi tiegħek huma dgħajfa, allura l-organi tal-pelvi tiegħek (il-bużżieqa tal-awrina, l-utru, jew ir-rektum tiegħek) jistgħu ma jkunux miżmuma fejn suppost ikunu, u dawn jistgħu jiżzaqqu ‘l isfel fil-vaġina (kanal tat-twelid).

X’INHUMA S-SINJALI TAL-PROLASS?

Hemm xi ftit sinjali li juru li inti jista’ jkollok prollass. Dawn is-sinjali jiddependu mit-tip ta’ prollass u kemm intilef support tal-organu tal-pelvi. Għall-ewwel, għandu mnejn ma tkunx taf li għandek prollass, iżda it-tabib jew in-ners tiegħek jistgħu jkunu kapaċi jaraw il-prollass tiegħek meta tagħmel il-Pap test tiegħek tas-soltu.

Meta l-prollass ikun aktar ‘l isfel, int għandek mnejn tinnota ċerti affarijiet bħal:

- tħoss bħal toqol jew tiġbid fil-vaġina;
- tħoss xi “ħaġa niezla” jew għoqla fil-vaġina;
- għoqla sporguta ‘l barra minn ġismek mill-vaġina, li int tara jew tħoss meta tkun qed tieħu doċċa jew tkun qed tieħu banju;
- problemi sesswali ta’ uġiġ jew tħoss inqas sensazzjoni;
- il-bużżieqa tal-awrina tiegħek tista’ ma tkunx vojta kif suppost, jew il-fluss tal-awrina tiegħek jista’ jkun dgħajfef;
- l-infezzjonijiet tal-kanal tal-awrina għandhom mnejn jerġġu jiġu; jew
- għandek mnejn issibha bi tqila tbattal imsarnek.

Dawn is-sinjali jistgħu jkunu aġar fi tmiem il-jum u tista’ tħossok aħjar wara li timtedd. Jekk il-prollass jisporgi ‘l barra ġismek, int tista’ tħossok muġugħa u joħroġlok id-demmm hekk kif il-prollass iħokk mal-qalziet ta’ taħt tiegħek.



WHAT CAUSES PROLAPSE?

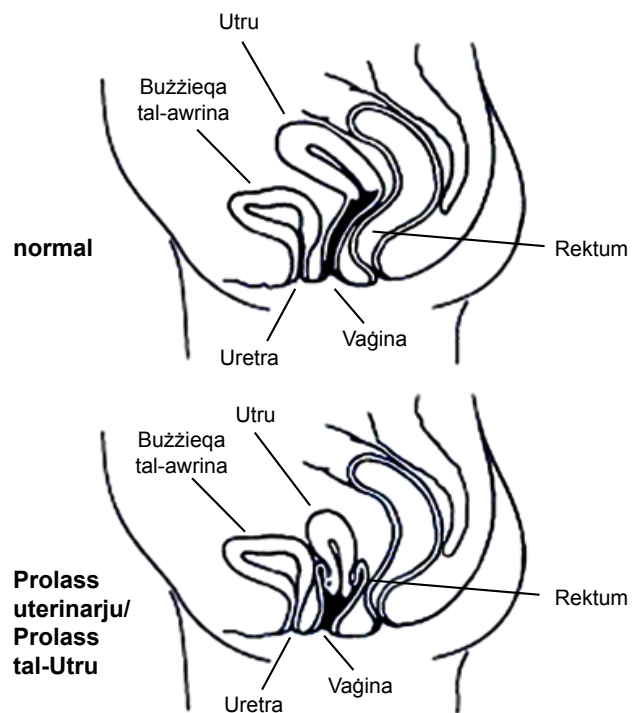
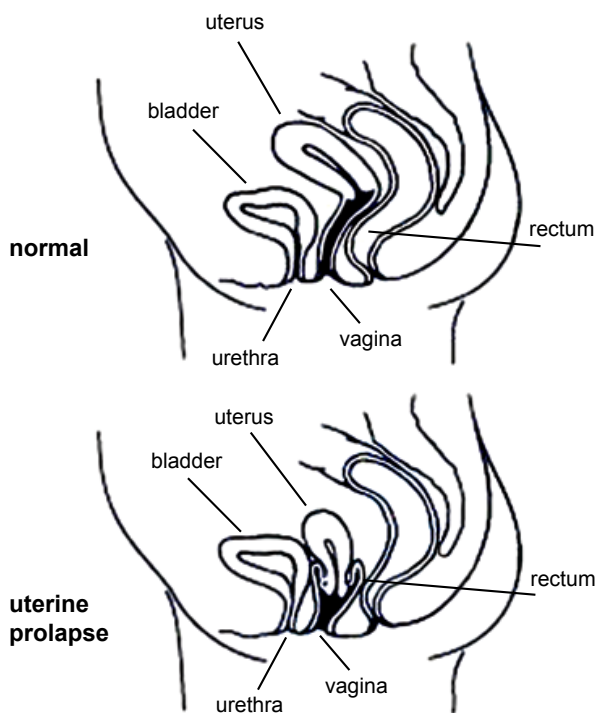
The pelvic organs are held inside the pelvis by strong healthy fascia. They are held up from below by pelvic floor muscles that work like a firm muscle sling. If the support tissues (fascia and ligaments) that keep the bladder, uterus and bowel in place inside the pelvis are weak or damaged, or if the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

X'INHUMA L-KAWŻI TAL-PROLASS?

L-organi tal-pelvi jinżammu ġewwa l-pelvi permezz ta' fascia b'saħħiħha. Huma jinżammu 'l fuq minn naħa t'isfel permezz tal-muskoli tal-qiegħ tal-pelvi li jaħdmu b'ħala branda iebsa tal-muskoli. Jekk it-tessuti tas-sapport (fascia u ligamenti) li jżommu l-bużżieqa tal-awrina, l-utru, u l-imsaren f'posthom ġewwa l-pelvi huma dgħajfin jew sofrew xi ħsara, jew jekk il-muskoli tal-qiegħ tal-pelvi huma dgħajfa u mzaqqa, allura jista' jkollok prollass.

It-twelid hi r-raġuni prinċipali tal-prolass. Hekk kif tkun niezla fil-vagina, it-tarbija tista' tistira u ċċarrat it-tessuti ta' sapport u l-muskoli tal-qiegħ tal-pelvi. Aktar ma jkollok drabi ta' twelid vaginali, aktar ikun hemm probabbiltà li ser ikollok prollass.



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.

Affarijiet oħra li jagħfsu 'l isfel fuq l-organi tal-pelvi u l-muskoli tal-qiegħ tal-pelvi li jistgħu jwasslu għal prollass, huma:

- sogħla li tkompli għal xi żmien (b'ħal sogħla ta' min ipejjep jew aźma);
- irfiġħ ta' affarijiet tqal; u
- kostipazzjoni u tisforza biex tbattal l-imsaren.

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.

TIPI TA' PROLASS

L-organi tal-pelvi jistgħu jisporgu minn ġol-ħajt ta' quddiem tal-vaġina (magħrufa bħala ċistoċeli [sist-o-siġill]), minn ġol-ħajt ta' wara tal-vaġina (magħruf bħala rektoċeli [rec għall-siġill] jew enteroċeli (enter-o-siġill) jew l-utru jista' jinżel l-isfel fil-vaġina tiegħek (prolass uterin). Jista' jkun hemm aktar minn organu wieħed li jisporgi fil-vaġina.

MIN X'AKTARX IKOLLU PROLASS?

Il-prolass għandu ħabta jkun ereditarju. Hemm probabbiltà akbar li jiġri wara menopawsa jew jekk tiżen aktar milli suppost. Imma nisa żgħażaġħ jista' jkollhom dan dritt wara li jkollhom tarbija.

- Huwa smat li nofs in-nisa kollha li kellhom wild ikollhom xi livell ta' prollass tal-organi tal-pelvi, iżda waħda biss minn kull ħames nisa jfittxu l-għajjnuna.
- Il-prolass jista' jiġri wkoll f'nisa li ma kellhomx tarbija, l-aktar jekk jisgħolu, jitqanzħu fuq it-tojlit, jew jerfġħu tagħbijiet tqal.
- Anke wara operazzjoni biex jissewwa prollass, waħda minn kull tliet nisa ser jerġa' jkollha prollass.
- Il-prolass jista' jiġri f'nisa li tneħħielhom il-ġuf (jiġifieri, kellhom isterektomija) F'każ bħal dan, il-parti ta' fuq tal-vaġina (il-vault) tista' tipprolassa.

X'JISTA' JSIR BIEK ISERVI TA' GĦAJNUNA HALLI L-PROLASS MA JIĠRIX?

Huwa ferm aħjar li tevita l-prolass milli tipprova ssewwih! Jekk xi nisa fil-familja li tiġi minnek kellha prollass, inti tinsab f'riskju akbar u trid tagħmel l-almu tiegħek kollu biex issegwi l-parir mogħti hawn.

Peress li l-prolass huwa dovut għal tessuti tal-pelvi u muskoli tal-qiegħ tal-pelvi dgħajfa, int trid iżomm il-muskoli tiegħek tal-qiegħ tal-pelvi b'saħħithom hi x'inhil l-età tiegħek.

Il-muskoli tal-qiegħ tal-pelvi jistgħu jissaħħu permezz ta' eżerċizzji tajba (Ara l-fuljett "Eżerċizzji tal-Muskoli tal-Qiegħ tal-Pelvi għan-Nisa"). Huwa importanti li tara li l-eżerċizzji tal-muskoli tal-qiegħ tal-pelvi tiegħek jkunu ċekkjati minn espert bħal fiżjoterapista tal-qiegħ tal-pelvi jew ners konsulent tal-continenza. Jekk qalulek li għandek xi prollass, dawn l-esperti huma l-aħjar nies biex jgħinuk tippjana programm tal-eżerċizzju tal-muskolu tal-qiegħ tal-pelvi li jkun jgħodd għalik.

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;

X'JISTA' JSIR BIEX TIKKURA L-PROLASS ĠALADARBA JIĠRI DAN?

Il-prolass jista' jiġi kkurat b'mod **sempliċi** jew permezz ta' **operazzjoni** - jiddependi mill-livell tal-prolass.

L-approċċ sempliċi

Spiss il-prolass jista' jiġi kkurat mingħajr operazzjoni, b'mod partikolari, fl-istadji bikrija, u meta l-prolass huwa moderat. L-approċċ sempliċi jista' jfisser:

- eżerċizzju tal-muskoli tal-qiegħ tal-pelvi ippjanat għall-ħtiġijiet speċjali tiegħek, bil-parir ta' fiżjoterapista tal-qiegħ tal-pelvi jew ners konsulenta tal-kontinenza;
- issir taf x'ikkawża l-prolass tiegħek, u tagħmel il-bidliet meħtieġa fl-istil tal-ħajja tiegħek;
- żamma ta' drawwiet tajba tal-imsaren u tal-bużżieqa tal-awrina biex tevita t-tqanziħ (ara l-fuljett “Drawwiet Tajba tal-Bużżieqa tal-Awrina għal Kulħadd”); u
- ikollok pessarju (tagħmir tas-silikone li jkun tal-qies fil-vaġina tiegħek) ta' kejl bir-reqqa u poġġut fil-vaġina biex jipprovdni sapport minn ġewwa għall-organi tal-pelvi tiegħek (bħal xi ħaġa biex jirfed) minflok operazzjoni.

L-approċċ tal-operazzjoni

Tista' ssir operazzjoni biex jissewew il-fascia jew il-ligamenti mċarrta jew miġbuda. L-operazzjoni tista' ssir minn ġol-vaġina jew minn ġoż-żaqq. Xi kultant titpoġġa mesh speċjali quddiem jew wara l-ħajt tal-vaġina biex tissaħħaħ fejn hi dgħajfa jew imqatta'. Hekk kif il-ġisem ifieq, il-mesh ser tgħin biex tiffirma tessuti aktar b'saħħithom biex tagħti aktar sapport fejn ikun meħtieġ.

Wara l-operazzjoni

Biex tara li ma jerġax ikollok il-prolass, int għandek tara li int:

- tingħata eżerċizzju speċjalizzat biex tkun żgura li l-muskoli tal-qiegħ tal-pelvi tiegħek jaħdmu biex jissapportjaw l-organi tal-pelvi tiegħek;
- titqanżaħx meta tipporga (ara l-fuljett “Drawwiet Tajba tal-Bużżieqa tal-Awrina għal Kulħadd”);
- żomm il-piż tiegħek skont il-qis li jgħodd għat-tul u l-età tiegħek;

- 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.

- tgħallem metodi li ma jinvolvux periklu kif terfa', inkluz il-qsim ma' ħaddieħor ta' tagħbijiet tqal;
- ara lit-tabib tiegħek jekk għandek is-sogħla li ma tistax' tgħaddi; u
- ara lit-tabib tiegħek jekk l-affarijiet sempliċi ma jkunux qed jidhru li qed itejbu l-affari.

Id-dijagrammi ġew stampati mill-ġdid bil-permess gentili mill-karta tal-fatti tal-Women's Health Queensland Wide's Genital Prolapse. www.womhealth.org.au

ITLOB L-GĦAJNUNA

Hemm nersis ikkwalifikati jekk iċċempel lin-National Continence Helpline fuq 1800 33 00 66* (mit-Tnejn sal-Ġimgħa, bejn it-8.00am to 8.00pm AEST (Hin Standard tal-Lvant tal-Awstralja)) mingħajr ħlas:

- Informazzjoni;
- Pariri; u
- Fuljetti.

Jekk ikollok diffikulta' biex titkellem jew biex tifhem bl-Ingliż jista' jkollok aċċess għall-Helpline permezz tat-Telephone Interpreter Service fuq 13 14 50 b'xejn. It-telefon ikun imwieġeb bl-Ingliż, għalhekk għid liema lingwa titkellem u stenna fuq it-telefon. Tkun ikkonnettjat/a ma' interpretu li jitkellem il-lingwa tiegħek. Għid lill-interpretu li tixtieq li iċċempel lin-National Continence Helpline fuq 1800 33 00 66. Stenna fuq it-telefon biex tkun ikkonnettjat/a u l-interpretu jgħinek biex titkellem ma' ners li tagħti pariri dwar il-kontinenza. It-telefonati kollha huma konfidenzjali.

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* Telefonati minn fuq telefonijiet mowbajl ikunu ċċarġjati r-rati li japplikaw.