



## 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.

## WAA MAXAY DURKIDA AMA SOO DHICIDA FERJIGU (AMA UNUGA MISKAHA)?

Unugyadaada miskaha waxaa ka mid ah kaadiheysta, uterus (ilmogaleenka) iyo xiidmaha (marinka dambe). Unugyadan waxaa meesha ku haya unugyo layiraahdo “fascia” iyo “seedo”. Unugyadani waxay caawiyaan unugyadaada miskaha dhinaca gidaarka lafaha xigta ee miskaha waxayna ku hayaan gudaha miskahaaga. Muruqyadaada sagxada miskaha sidoo kale waxay ka hayaan unugyadaada miskaha xagga hoose. Haddii fascia iyo seedaha ay jeexmaan ama loo kala jiido sabab kasta oo muruqyada sagxada miskahaagu daciif tahay, ka dib unugyada miskahaagu (kaadiheystaada, uterus ama rectum) waxaa laga yaabaa inaan lagu heynin meeshii saxda ahayd waxaana laga yaabaa inay soo cadaadiyaan ferjiga (marinka dhalmada).

## WAA MAXAY CALAAMADHA PROLAPSE-GU?

Waxaa jira calaamadu yar oo laga yaabo inaad qabto prolapse. Calaamadahan waxay ku xiran yihiin nooca prolapse iyo inta taageerada unuga miskaha ee aad lumisay. Wakhtiga ka horeeya, waxaa laga yaabaa inaad ogeyn inaad qabto prolapse, laakiinse dhakhtarkaaga ama kalkaalisada waxaa laga yaabaa inaad awoodo arkida soo dhicida ama durkida markaad sameyso baaritaanka joogtada ah ee pap test.

Marka waxa soo durkay ama soo dhacay uu aad u hooseeyo, waxaa laga yaabaa inaad ogaatid waxyaalahan sida:

- dareen xooggan ama jiiditaanka ferjiga;
- wax “hoos u soo dhacaya” ama buro ferjiga gudahiisa ku jirta;
- buro ka soo baxeysa ferjiga gudahiisa, oo aad aragto ama aad dareento markaad ku jirto qubeyska ama aad qubeysaneyso;
- xannuunka dhibaatooyinka galmada ama dareen yar;
- waxaa laga yaabaa inaysan kaadiheystaadu u faaruqin, ama socodka kaadidaadu inuu noqdo mid daciif ah;
- infekshinka kaadida waxaa laga yaabaa inay soo noqnoqdaan; ama
- waxaa laga yaabaa inay kugu adkaato inaad faaruqiso calooshaada.

Calaamadahan waxay sii xumaan karaan marka ugu danbeysa waxaana laga yaabaa inaad ka fiicnaato markaad jiipto. Haddii soo dhaco jirkaaga bannaanka uga soo baxo. Waxaa laga yaabaa inaad dareento xannuun oo dhiig kaa yimaado islamarka prolapsed-gu xoqo kastuumahaaga.



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## WHAT CAUSES PROLAPSE?

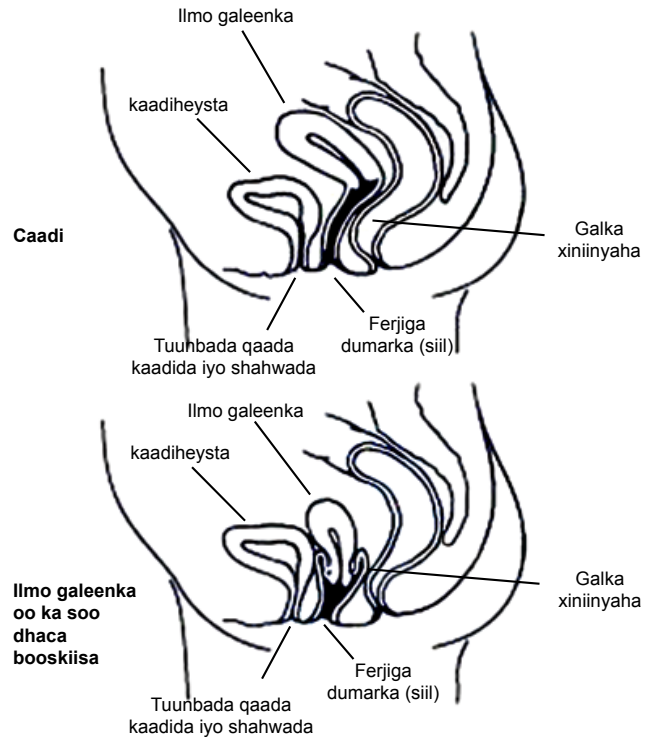
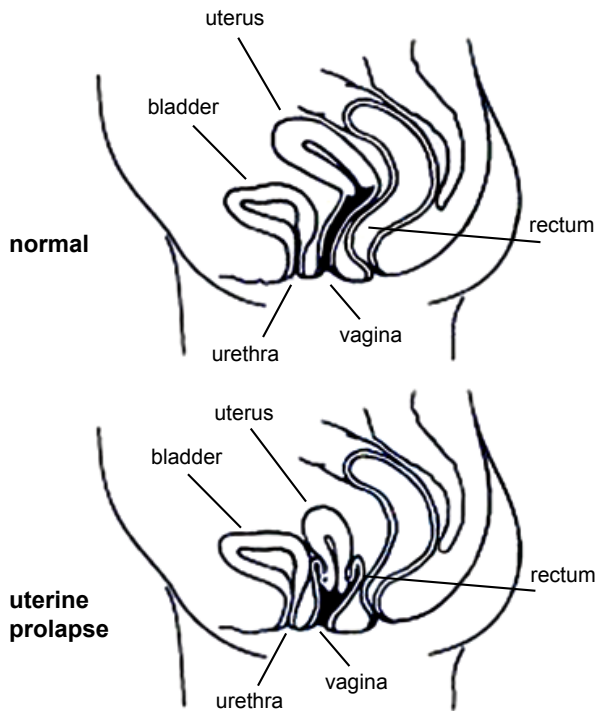
The pelvic organs are held inside the pelvis by strong healthy fascia. They are held up from below by pelvic floor muscles that work like a firm muscle sling. If the support tissues (fascia and ligaments) that keep the bladder, uterus and bowel in place inside the pelvis are weak or damaged, or if the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

## MAXAA SABABA PROLAPSE?

Unugyada miskaha waxaa ku hayaa gudaha miskaha fascia caafimaad qaba oo xooggan. Waxaa kor u haya oo hoos ka haya muruqyada sagxada miskaha oo u shaqeeya sidii xejiyaha muruqa oo adag. Haddii unugyada taageeridu (fascia iyo seeduhu) ee haya kaadiheysta, uterus iyo mindhicirka meel gudaha ah ee miskaha gudahooda ay daciif yihiin ama la waxyeeleeyey, ama haddii miskaha sagxada muruqyada ay daciif yihiin oo debceen, ka dib soo durkida ayaa dhici doonta.

Ilma dhalida ayaa ah waxa ugu weyn ee sababa soo dhicida. Xagga hoose ee ferjiga, ilmaha ayaa kala bixin kara oo jeexi kara unugyada taageerada iyo muruqyada sagxada miskaha. Dhalitaano badan ee aad ka dhasho ferjiga waxaad aad ugu dhow dahay inaad yeelato soo dhicid ama durkid waxa laga hadlaaya meeshii ka durkaan.



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.

Waxyaalaha kale ee hoos u caddaadiya unugyada miskaha iyo muruqyada sagxada miskaha ee horseedi kara inay timaado prolapse waxay yihiin:

- qufaca socda ilaa wakhti (sida qufaca qofka sigaarka caba ama neefta);
- wax culus qaadida; iyo
- caloosha oo ku fadhiisata iyo docoshada si aad u faaruqisid caloosha.



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### 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.

### NOOCYADEA PROLAPSE-GA

Unugyada miskaha waxaa laga yaabaa inay ka soo muuqdaan derbiga hore ee ferjiga (oo loogu yeero cystocele [sis-o-seal]), oo maraya derbiga danbe ee ferjiga (oo loogu yeero rectocele [rec-to-seal] ama an enterocele (enter-o-seal)) ama uterus waxaa laga yaabaa inuu hoos ugu soo dhaco ferjigaaga(uterine prolapse). Hal unug wax ka badan ayaa laga yaabaa inuu ka soo baxo ferjiga.

### YAA U BADAN IN UU QAADO SOO DHICID AMA DURKID?

Soo Dhicidu waxay u muuqataa inuu ku dhaco qoysaska. Wuxuu aad ugu dhaw yahay inuu yimaado dhalma deynta ka dib ama haddii miisaankaagu saa'id yahay. Laakiinse wuu ku dhici karaa dumarka dhalinta yar ka dib markay ilmo dhalaan.

- Waxaa laga fekaray in dumarka badhkii ee dhalay ilmaha ay leeyihiin heer ilaa waxoogaa ah oo ah prolapse- iga unuga miskaha, laakiisne mid ka mid ah shantii dumar ahba ayaa caawimaad doonata.
- Soo dhicidu waxay kaloo ku dhici kartaa dumarka aan wax carruur ah dhalin, badanaa haddii ay qufacaan, ay musqusha ku docdaan, ama ay qaadaan xamuul culus.
- Xitaa qaliinka ka dib si loo kabo prolapse-iga, hal ka mid ah saddexdii dumar ahba prolapse-ga ayaa mar labaad ku dhacaya.
- Soo dhaca ama durkidu waxay sidoo kale ku dhici kartaa dumarka ilmagaleenka laga saarey (waxaa looga jeedaa, kuwa lagu sameyey hysterectomy), lacala haddii xaalladu sidaan tahay, xagga kore ee ferjiga (vault) ayaa booskeedii ka dhaqaaqi kara.

### MAXAA LA QABAN KARAA SI LOOGA HORTAGO SOO DHICID AMA GOOB KA DURKID?

Aad ayey uga fiican tahay in laga hortago prolapse meeshii laysku deyi lahaa in la kabo! Haddii wax dumar ah oo qoyskaaga kuu dhow ay qabtay prolapse, aad baad khatar ugu jirtaa waxaanad u baahan tahay inaad aad isugu daydo inaad raacdo tallada halkan lagu siiyey.

Soo dhicida waxay timaadaa unugyada miskaha oo daciifa awgood iyo muruqyada sagxada miskaha waxaad u baahan tahay inaad xoojiso sagxada muruqyada miskaha adoon u eegeynin da'daada.

Muruqyada sagxada miskaha waxaa lagu xoojin karaa tababar ku haboon (Eeg warqada "Tababarka Muruqyada Sagxada Miskaha ee Dumarka loogu talagalay"), waxaa muhiim ah inuu jeegareeyo tababarka muruqyada sagxada miskahaaga khabiir sida fiisiyoteriba sagxada miskaha ama kalkaalisada ah la talliyaha ceshadka kaadida. Khabiiradan waa dadka ugu fiican ee kaa caawin kara inaad qorsheyso barnaamijka tababarka muruqyada sagxada miskaha si uu ugu haboonaado baahidaada.



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### 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;

### MAXAA LA SAMEYN KARAA IN LAGU DAAWEEYO SOO DHICIDA AMA BOOS KA DURKIDA MAR HADDII UU DHACO?

Soo dhicida waxaa loola wax lagu qaban karaa si **sahal** ah ama **qaliin** - waxay ku xiran tahay heerka soo dhicida.

#### Tallaabada ugu sahlan

Soo dhicida badanaa badanaa waa la daaweyn karaa qaliin la'aan, muhiim ahaan heerarka ugu horeeya intuu ku jiro, iyo marka prolapsed-gu uu wax yar yahay. Tallaabada ugu sahlan micnaheedu wuxuu noqon karaa:

- tababarka muruqyada sagxada miskaha ee loo qorsheeyey baahidaada khaaska ah, oo leh tallada fiisiyoterabiga sagxada miskaha ama kalkaalisada ah la talliyaha ceshadka kaadida;
- barashada wixii sababay prolapse-ga iyo sameynta isbedelada nololeed ee loo baahan yahay;
- yeelashada caaddada kaadiheysta iyo mindhicirka wanaagsan si aad isaga ilaalisid docoshada (eeg warqada “Caaddada Wanaagsan ee Kaadiheysta ee Qofwalba loogu talagalay”); iyo
- inaad haysato aallada loo yaqaan pessary (aallad silikoon ah oo ku filan cambarkaaga) kaas oo si degan loogu cabiray lana geliyo cambarka si uu u siiyo taageero gudaha ah oo xubnaha mistaha (wax u eg wax soo taagan) halkii ay ka ahaan lahayd qaliin.

#### Tallaabada qaliinka

Qaliinka waa la sameyn karaa si loo kabo meesha dilaacday ama kala baxday ee seedaha iyo fascia. Qaliinka waa lagu sameyn karaa ferjiga ama caloosha. Marmarka qaarkood waxaa la geliyaa mesh khaas ah xagga hore ama danbe ee derbiga ferjiga si loo xoojiyo haddii uu daciif yahay ama jeexan yahay. Isla marka jirku uu boqsanayo, mesh wuxuu ka caawinayaa sameynta unugyo xooggan oo siinaya taageero badan marka loo baahan yahay.

#### Qaliinka ka dib

Si looga hortago prolapse –gu inuu dib u soo noqdo, waa inaad hubisaa in adigu:

- yeelo tababar khabiirnimo si aad u hubiso in muruqyada sagxada miskuhu ay shaqeeyaan si ay u taageeraan unugyadaada miskaha;
- ha doconin markaad mindhirkaaga isticmaaleyso (eeg warqada ‘Caaddada Kaadiheysta Wanaagsan ee Qofwalba loogu talagalay’);
- miisaankaaga ha ahaado ilaa xadka saxda ah ee dhererkaaga iyo da'daada;



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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](http://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](http://bladderbowel.gov.au) or [continence.org.au/other-languages](http://continence.org.au/other-languages)

\* Calls from mobile telephones are charged at applicable rates.

- barro siyaalaha ammaanka leh ee wax loo qaado, oo ay ka mid yihiin la wadaagida qof kale qaadida xamuulka culus;
- dhakhtarkaaga arag haddii aad leedahay qufac aan kaa tegaynin; iyo
- Arag dhakhtarkaaga haddii waxyaalaha sahlan ay u muuqdaan inaysan fiicnaynin.

Shaxda dib ayaa loo daabacay ogolaanshaha naxariista leh ay bixiyeen Caafimaadka Dumarka Queensland oo dhan ee warqada xaqiiqda ee soo dhaca ferjiyada [www.womhealth.org.au](http://www.womhealth.org.au)

### RAADI CAAWIMO

Waxaa la helli karaa kalkaaliso caafimaad oo aqoon leh haddii aad wacdo Khadka caawimada Celinta Saxarada Qaranka tel: 1800 33 00 66\* (Isniinta ilaa Jimcaha, inta u dhexaysa 8.00 subaxii ilaa 8.00 fiidkii Waqtiga Bariga Australia) lacag la'aan.

- Macluumaad;
- Talo; iyo
- Xaashiyaha.

Haddii aad dhibaato ku qabto ku hadalka afka Ingiriiska ama fahamka waxaad raadsan kartaa Khadka Caawimada ee Adeega Afcelinta Telefoonka oo ah 13 14 50. Telefoonka waxaa lagaga jawaabi doonaa Ingiriis, sidaas darteed magacaw afka aad ku hadasho kuna sug telefoonka. Waxaa lagugu xiri doona mutarjum ku hadla afkaaga. U sheeg mutarjumka inaad doonayso inaad Khadka Caawimada Celinta Saxarada Qaranka oo ah 1800 33 00 66. Ku sug telefoonka in lagugu xiri waxaana ku caawimi doona mutarjum si aad ula hadasho Lataliyaha Kalkaalisada caafimaadka. Dhamaan wicidu waa qarsoodi.

Booqo websaytka [bladderbowel.gov.au](http://bladderbowel.gov.au) ama [continence.org.au/other-languages](http://continence.org.au/other-languages)

\* Telefoonada laga soo diro telefoonka waxaa la iska qaada qiima aad sarreeya.

