



Exercising with a pelvic organ prolapse

This leaflet gives advice on exercising if you have a pelvic organ prolapse.

What is a pelvic organ prolapse?

When the supporting structures in your pelvis (pelvic floor muscles, ligaments and connective tissues) become weak or damaged, organs in your pelvis can “drop” or “bulge” into your vagina. This is called a pelvic organ prolapse.

The main organs that prolapse are the bladder (sometimes called a “cystocele” or “anterior wall” prolapse); the rectum (sometimes called a “rectocele” or “posterior wall” prolapse); the uterus (womb); or the top of the vagina if you have had your womb removed (this is called a “vault” prolapse).

What problems can having a pelvic organ prolapse cause?

- Dragging feeling, heaviness or feeling of fullness within the vagina
- Sensation of a “lump” or like sitting on a ball
- Feeling like there is “something coming down”
- Urinary urgency and frequency
- Feeling of incomplete bladder emptying
- Constipation or difficulty emptying the bowels (having a poo), or having a feeling of incomplete emptying of bowels
- Needing to use a finger to help open bowels
- Pain or discomfort on sexual intercourse

What exercises are “safe” to do with a prolapse?

Pelvic floor exercises, also known as “Kegels”, are a must if you have a prolapse. These muscles must be strengthened and kept strong to give you more support. Doing the exercises regularly will hopefully reduce your symptoms and prevent a mild prolapse from getting worse. The exercises should be done **3 times per day, every day** – it should become a habit, like cleaning your teeth.

Most exercises that are considered “low impact” are safe, with the exception of deadweight lifting and abdominal crunches. This is because you need to minimise the amount of downward pressure your pelvic floor muscles have to work against when you are exercising.

Avoid any activities that include running or jumping. These are high impact and put a lot of downward pressure through the pelvic floor, which may not be able to react against it strongly enough. Also, **avoid deep squats**, as your pelvic floor is vulnerable in this position.

Pelvic floor muscle exercises (“Kegels”)

(Never do these exercises while on the toilet! Research has shown that this confuses the bladder and can lead to incontinence.)

Slow exercises

- Sit comfortably with your knees slightly apart (or lie down with your knees bent).
- Squeeze your vaginal muscles as if you are trying to hold in a tampon, suck something up inside, or stop wind and urine from coming out. Do not use your legs or your buttocks (bum cheeks) when you are doing this exercise. Your buttocks and legs should not move at all.
- Once you are able to do this, squeeze the muscles as tight as you can, and hold for as long as you can, up to 10 seconds. You should continue to breathe normally while doing this. You may not be able to hold it for more than two or three seconds at first. If you find the technique difficult, try lying down and putting a cushion or pillow under your bottom; you might find it easier to locate the right muscles.
- You should be aware of the skin around the back passage tightening and being pulled up and away from the chair.
- Repeat this 8-10 times, but have a rest in between each one for 4-5 seconds.

Fast exercises

- It is also important to work the pelvic floor muscles to react quickly to stop you leaking when you cough, sneeze, or move quickly. Therefore, practice tightening your pelvic floor quickly and then relax.
- Fast exercises are done in the same way as slow exercises but when you squeeze the muscles, let go immediately so that you only feel a very quick lift in your pelvic floor.
- You should repeat these exercises between 10-20 times.

The fast and slow exercises together make up one exercise session. You should do 3-5 sessions per day. **If you do less than 3 sessions per day, you risk not building enough strength to help your symptoms.** Your muscles will improve and strengthen with time and exercise.

Both the slow and fast pelvic floor exercises can be done at any time, provided there is at least a gap of 1 hour between sessions. It helps to associate these exercises with activities you do regularly every day. You can download and use the NHS Squeezy App to help you remember and count the exercises, if you think this would be useful to you. The NHS Squeezy App costs a small amount to download. Once a physiotherapist has assessed you, you may also be given a third exercise called “sub max”. This is like a half squeeze.

Other exercises that are generally safe with pelvic organ prolapse include:

- Swimming
- Water-based exercise classes
- Power walking
- Cycling and spinning, if you remain seated
- Cross training

- Yoga and Pilates – adapt any uncomfortable positions
- Dancing, if there is no jumping or running involved
- Gentle strength training – but always be aware of your symptoms while you are participating.

Once your pelvic floor is strong with good endurance, you may trial other exercises, but you must stop if symptoms worsen.

General tips

- It is a good idea when exercising to “engage your core”, particularly with strength or resistance work. This involves pulling the bottom of your tummy towards your spine – as if trying to zip up a tight pair of jeans. This can sometimes help your pelvic floor to engage at the same time.
- Always put your feet on a footstool to raise your knees above your hips when opening your bowels – this straightens out the angle to make it easier for stool (poo) to come out and reduces straining.
- You should also be drinking around 1.5 to 2 litres (2.5-3.5 pints) of clear fluid every day, to keep stools soft and easy to pass, and keep your bladder healthy and working normally.
- If you have a chronic cough, make sure that this is well managed, to reduce bouts of coughing as much as possible.
- Avoid lifting anything heavy, such as heavy boxes or heavy baskets of wet laundry.

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Please ask if you need this information in another language or format.

J Churches, RBFT Specialist Physiotherapist, Pelvic Health and Maternity, October 2024

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