



Cystocele

A cystocele occurs when the wall between a woman's bladder and her vagina weakens and allows the bladder to herniate into the vagina. A bladder that has dropped from its normal position may cause a variety of symptoms. A pure cystocele can be an uncomfortable bulge in the vaginal area that is usually first noticed while showering. The bladder can cause discomfort when sitting and may cause incomplete emptying of the bladder. In addition, in some women, genuine stress incontinence may also occur with loss of urethral support. Incontinence is not always associated with a cystocele and a cystocele by itself does not cause incontinence.

A cystocele usually results from loss of muscular support that may occur while giving birth. Other kinds of straining, such as heavy lifting or repeated straining during bowel movements, may also cause the bladder to fall. In addition, after menopause, a decrease in estrogen to the vagina causes weakening of the vaginal support to the bladder.

A cystocele is graded by its position in the vagina. A mild (grade 1) cystocele occurs when the bladder drops into the vagina. With a more severe (grade 2) cystocele, the bladder extends to the vaginal opening. The most advanced (grade 3) cystocele occurs when the bladder bulges out through the opening of the vagina.

Treatment options range from no treatment for a mild cystocele to surgery for a symptomatic cystocele. If a cystocele is not bothersome, no treatment is recommended other than to avoid heavy lifting or straining that could cause the cystocele to worsen. Unfortunately there is no muscle around the bladder. Kegel exercises may help elevate the bulbocavernosus muscles around the entrance to the vagina which may partially compensate for the herniation. If symptoms are bothersome, treatment is recommended. This includes either a pessary or surgery.

A pessary is a device placed in the vagina to hold the bladder in place. Pessaries come in a variety of shapes and sizes and must be fitted by your physician. Pessaries must be removed regularly to avoid infection or ulcers and are used until surgery is performed.

Surgery is the most common treatment for a symptomatic cystocele. During surgery, an incision is made in the wall of the vagina over the bladder and the layers of tissue between the bladder and the vagina are repaired to enhance support of the bladder. The repair can be performed as an outpatient or may require a single night in the hospital.

After surgery, avoid strenuous activity, such as heavy lifting. Avoid constipation. Stay at a healthy weight for your height. Straining or lifting after you have resumed normal activities may cause the problem to recur. Most women are able to resume sexual intercourse in less than 6 weeks. Urinary function usually returns to normal in 2 to 6 weeks.