Freyja Medical Clinic
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Cystocele (Fallen Bladder)

Definition

A cystocele (SIS-tuh-seal) occurs when the wall between a woman's bladder and her vagina weakens and lets the bladder droop into the vagina. This condition may cause discomfort and problems with emptying the bladder.

In some women, a fallen bladder stretches the opening into the urethra, causing urine leakage when the woman coughs, sneezes, laughs, or does any action that puts pressure on the bladder. So a bladder that has dropped from its normal position may cause two kinds of problems--unwanted urine leakage and incomplete emptying of the bladder.

Different Types of Cystoceles

A cystocele is mild (grade 1) when the bladder droops only a short way into the vagina. A more severe (grade 2) cystocele means that the bladder has sunk into the vagina far enough to reach the opening of the vagina. The most advanced (grade 3) cystocele occurs when the bladder bulges out through the opening of the vagina.

Causes

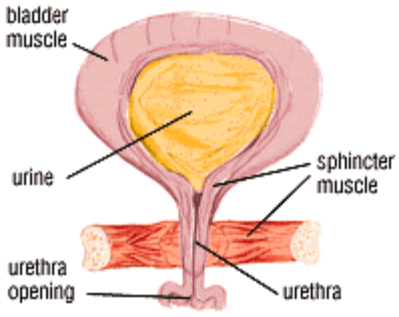
A cystocele may result from muscle straining while giving birth. Other kinds of straining--such as heavy lifting or repeated straining during bowel movements--may also cause the bladder to fall. The hormone estrogen helps keep the muscles around the vagina strong. When women go through menopause (when they stop having periods), their bodies stop making estrogen, so the muscles around the vagina and bladder may grow weak.

Diagnosis

A doctor may be able to diagnose a grade 2 or grade 3 cystocele from a description of symptoms and from physical examination of the vagina because the fallen part of the bladder will be visible. A voiding cystourethrogram (sis-toe-yoo-REETH- roe-gram) is a test that involves taking x-rays of the bladder during urination. This shows the doctor the shape of the bladder and lets the doctor see any problems that might block the normal flow of urine. Other x-rays and tests may be needed to find or rule out problems in other parts of the urinary system.

Treatment

Treatment options range from no treatment for a mild cystocele to surgery for a serious cystocele. If a cystocele is not bothersome, the doctor may only recommend avoiding heavy lifting or straining that could cause the cystocele to worsen. If symptoms are moderately bothersome, the doctor may recommend a pessary--a device placed in the vagina to hold the bladder in place. Pessaries come in a variety of shapes and sizes to allow the doctor to find the most comfortable fit for the patient. Pessaries must be removed regularly to avoid infection or ulcers.



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Large cystoceles may require surgery to move the bladder back into a more normal position and keep it there. This operation may be performed by a gynecologist, a urologist, or a urogynecologist. The patient should be prepared to stay several days in the hospital and expect to take 4 to 6 weeks for a full return to a normal life.
Estrogen replacement therapy (ERT) may be recommended for postmenopausal women. This can help strengthen the muscles around the vagina and bladder. ERT may be used alone, with a pessary, or before and after surgery. The patient should be informed about advantages and possible risks of taking estrogen.

Frequently Asked Questions

WHAT IS A CYSTOCELE?

Cystocele is the name for a hernia-like disorder in women that occurs when the wall between the bladder and the vagina weakens, causing the bladder to drop or sag into the vagina.

WHAT ARE THE RESULTS OF A CYSTOCELE?

In addition to discomfort, the resulting dropped bladder can cause two kinds of problems to occur:

- unwanted urine leakage
- incomplete emptying of the bladder

The dropped bladder stretches the opening into the urethra, and urine may leak when a woman:

- coughs
- sneezes
- laughs
- or does any action that puts pressure on the bladder

WHAT ARE THE GRADES OF CYSTOCELES?

grade 1 - mild - when the bladder droops only a short way into the vagina
grade 2 - more severe - when the bladder has sunk into the vagina far enough to reach the opening of the vagina
grade 3- most advanced - when the bladder bulges out through the opening of the vagina

WHAT CAUSES A CYSTOCELE?

A cystocele may result from:

- muscle straining while giving birth
- heavy lifting
- repeated straining during bowel movements
- menopause - The hormone estrogen helps keep the muscles around the vagina strong, but with menopause, the body stops making estrogen and the muscles around the vagina and bladder may become weakened.

HOW IS A CYSTOCELE DIAGNOSED?

Grade 2 or grade 3 cystoceles may be diagnosed from a description of symptoms and from physical examination of the vagina. The fallen part of the bladder will be visible. A cystourethrogram, a test that involves taking x-rays of the bladder during urination, shows the shape of the bladder and any problems that might block the normal flow of urine. Other x-rays and tests may be needed to find or rule out problems in other parts of the urinary system.

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WHAT ARE POSSIBLE TREATMENT OPTIONS FOR CYSTOCELES?

A treatment recommendation will be made by your physician depending upon the severity of your condition. Common treatment options for cystoceles include:

- activity modification (i.e. avoiding heavy lifting or straining that could cause the cystocele to worsen)
- a pessary - a device placed in the vagina to hold the bladder in place
- surgery - to move the bladder back into a more normal position and keep it there
- estrogen replacement therapy - may help to strengthen the muscles around the vagina and bladder
- other

Additional Information

For more information, contact the following organizations:

American Foundation for Urologic Disease
1128 North Charles Street
Baltimore, MD 21201
(800) 242-2383

National Association For Continence (NAFC)
P.O. Box 8310
Spartanburg, SC 29305-8310
(800) BLADDER

Credits

National Kidney and Urologic Diseases Information Clearinghouse
3 Information Way
Bethesda, MD 20892 3580
NIH Publication No. 97-4195