

Cystocele

National Kidney and Urologic Diseases Information Clearinghouse

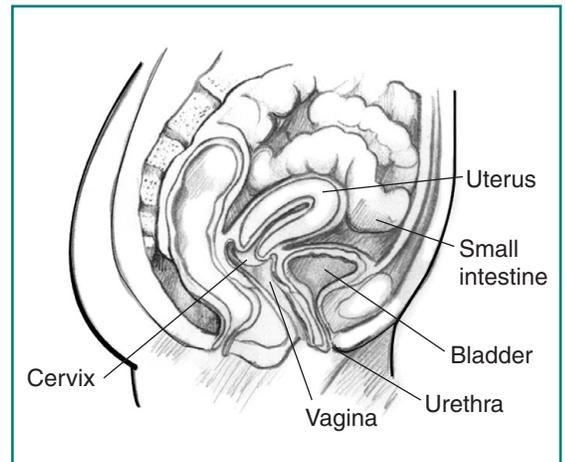


What is a cystocele?

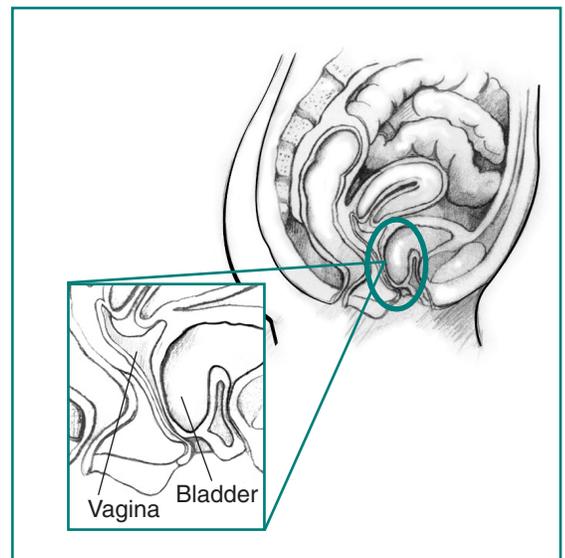
A cystocele, also called a prolapsed or dropped bladder, is the bulging or dropping of the bladder into the vagina. The bladder, located in the pelvis between the pelvic bones, is a hollow, muscular, balloon-shaped organ that expands as it fills with urine. During urination, also called voiding, the bladder empties through the urethra, located at the bottom of the bladder. The urethra is the tube that carries urine outside of the body. The vagina is the tube in a woman's body that runs beside the urethra and connects the womb, or uterus, to the outside of the body.

What causes a cystocele?

A cystocele occurs when the muscles and supportive tissues between a woman's bladder and vagina weaken and stretch, letting the bladder sag from its normal position and bulge into the vagina or through the vaginal opening. In a cystocele, the bladder tissue remains covered by the vaginal skin. A cystocele may result from damage to the muscles and tissues that hold the pelvic organs up inside the pelvis. A woman's pelvic organs include the vagina, cervix, uterus, bladder, urethra, and small intestine. Damage to or weakening of the pelvic muscles and supportive tissues may occur after vaginal childbirth and with



Normal bladder position



Cystocele

conditions that repeatedly strain or increase pressure in the pelvic area, such as

- repetitive straining for bowel movements
- constipation
- chronic or violent coughing
- heavy lifting
- being overweight or obese

A woman's chances of developing a cystocele increase with age, possibly because of weakening muscles and supportive tissues from aging. Whether menopause increases a woman's chances of developing a cystocele is unclear.

What are the symptoms of a cystocele?

The symptoms of a cystocele may include

- a vaginal bulge
- the feeling that something is falling out of the vagina
- the sensation of pelvic heaviness or fullness
- difficulty starting a urine stream
- a feeling of incomplete urination
- frequent or urgent urination

Women who have a cystocele may also leak some urine as a result of movements that put pressure on the bladder, called stress urinary incontinence. These movements can include coughing, sneezing, laughing, or physical activity, such as walking. Urinary retention—the inability to empty the bladder completely—may occur with more severe cystoceles if the cystocele creates a kink in the woman's urethra and blocks urine flow.

Women with mild cystoceles often do not have any symptoms.

How is a cystocele diagnosed?

Diagnosing a cystocele requires medical tests and a physical exam of the vagina. Medical tests take place in a health care provider's office, an outpatient center, or a hospital. The health care provider will ask about symptoms and medical history. A health care provider uses a grading system to determine the severity of a woman's cystocele. A cystocele receives one of three grades depending on how far a woman's bladder has dropped into her vagina:

- grade 1—mild, when the bladder drops only a short way into the vagina
- grade 2—moderate, when the bladder drops far enough to reach the opening of the vagina
- grade 3—most advanced, when the bladder bulges out through the opening of the vagina

If a woman has difficulty emptying her bladder, a health care provider may measure the amount of urine left in the woman's bladder after she urinates. The remaining urine is called the postvoid residual. A health care provider can measure postvoid residual with a bladder ultrasound. A bladder ultrasound uses a device, called a transducer, that bounces safe, painless sound waves off the bladder to create an image and show the amount of remaining urine. A specially trained technician performs the procedure, and a radiologist—a doctor who specializes in medical imaging—interprets the images. A woman does not need anesthesia.

A health care provider can also use a catheter—a thin, flexible tube—to measure a woman's postvoid residual. The health care provider inserts the catheter through the woman's urethra into her bladder to remove

and measure the amount of remaining urine after the woman has urinated. A postvoid residual of 100 mL or more is a sign that the woman is not completely emptying her bladder. A woman receives local anesthesia.

A health care provider may use a voiding cystourethrogram—an x-ray exam of the bladder—to diagnose a cystocele as well. A woman gets a voiding cystourethrogram while urinating. The x-ray images show the shape of the woman’s bladder and let the health care provider see any problems that might block normal urine flow. An x-ray technician performs a voiding cystourethrogram, and a radiologist interprets the images. A woman does not need anesthesia; however, some women may receive sedation. A health care provider may order additional tests to rule out problems in other parts of a woman’s urinary tract.

How is a cystocele treated?

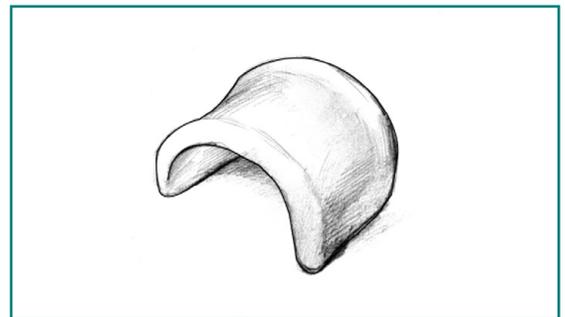
Cystocele treatment depends on the severity of the cystocele and whether a woman has symptoms. If a woman’s cystocele does not bother her, a health care provider may recommend only that she avoid heavy lifting or straining, which could worsen her cystocele. If a woman has symptoms that bother her and wants treatment, the health care provider may recommend pelvic muscle exercises, a vaginal pessary, or surgery.

Pelvic floor, or Kegel, exercises involve strengthening pelvic floor muscles. Strong pelvic floor muscles more effectively hold pelvic organs in place. A woman does not need special equipment for Kegel exercises.

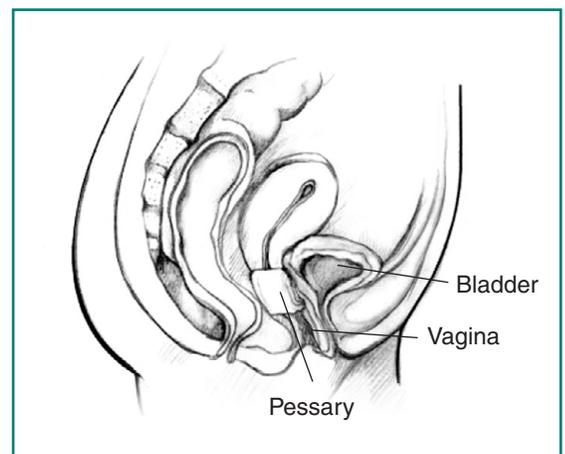
The exercises involve tightening and relaxing the muscles that support pelvic organs. A health care provider can help a woman learn proper technique.

Read more about pelvic muscle exercises in *Kegel Exercise Tips* at www.urologic.niddk.nih.gov.

A vaginal pessary is a small, silicone medical device placed in the vagina that supports the vaginal wall and holds the bladder in place. Pessaries come in a number of shapes and sizes. A health care provider has many options to choose from to find the most comfortable pessary for a woman.



Pessary device



Pessary inserted in the vagina

A health care provider may recommend surgery to repair the vaginal wall support and reposition the woman's bladder to its normal position. The most common cystocele repair is an anterior vaginal repair—or anterior colporrhaphy. The surgeon makes an incision in the wall of the woman's vagina and repairs the defect by folding over and sewing together extra supportive tissue between the vagina and bladder. The repair tightens the layers of tissue that separate the organs, creating more support for the bladder. A surgeon who specializes in the urinary tract or female reproductive system performs an anterior vaginal repair in a hospital. The woman receives either regional or general anesthesia. The woman may stay overnight in the hospital, and full recovery may take up to 4 to 6 weeks.

Eating, Diet, and Nutrition

Researchers have not found that eating, diet, and nutrition play a role in causing or preventing a cystocele.

Points to Remember

- A cystocele, also called a prolapsed or dropped bladder, is the bulging or dropping of the bladder into the vagina.
- A cystocele occurs when the muscles and supportive tissues between a woman's bladder and vagina weaken and stretch, letting the bladder sag from its normal position and bulge into the vagina or through the vaginal opening.
- Diagnosing a cystocele requires medical tests and a physical exam of the vagina.
- Cystocele treatment depends on the severity of the cystocele and whether a woman has symptoms.

Hope through Research

The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) conducts and supports a variety of research in kidney diseases and urinary tract disorders. The knowledge gained from these studies is advancing scientific understanding of why kidney diseases and urinary tract disorders develop and is leading to improved methods of diagnosing, treating, and preventing them.

Clinical trials are research studies involving people. Clinical trials look at safe and effective new ways to prevent, detect, or treat disease. Researchers also use clinical trials to look at other aspects of care, such as improving the quality of life for people with chronic illnesses. To learn more about clinical trials, why they matter, and how to participate, visit the NIH Clinical Research Trials and You website at www.nih.gov/health/clinicaltrials. For information about current studies, visit www.ClinicalTrials.gov.

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You may also find additional information about this topic by visiting MedlinePlus at www.medlineplus.gov.

This publication may contain information about medications and, when taken as prescribed, the conditions they treat. When prepared, this publication included the most current information available. For updates or for questions about any medications, contact the U.S. Food and Drug Administration toll-free at 1-888-INFO-FDA (1-888-463-6332) or visit www.fda.gov. Consult your health care provider for more information.

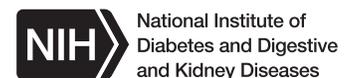
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The National Kidney and Urologic Diseases Information Clearinghouse (NKUDIC) is a service of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK). The NIDDK is part of the National Institutes of Health of the U.S. Department of Health and Human Services. Established in 1987, the Clearinghouse provides information about diseases of the kidneys and urologic system to people with kidney and urologic disorders and to their families, health care professionals, and the public. The NKUDIC answers inquiries, develops and distributes publications, and works closely with professional and patient organizations and Government agencies to coordinate resources about kidney and urologic diseases.

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