

## General Commissioning Policy

<b>Treatment</b>	<b>Prolapse</b>
<b>For the treatment of</b>	<b>Prolapse</b>
<b>Background</b>	<p>NHS Scarborough and Ryedale CCG (SRCCG) commissions' healthcare on behalf of its local population across primary, secondary and tertiary care sectors. Commissioning policy including clinical referral pathways and thresholds have been developed and defined using appropriate NICE guidance and other peer reviewed evidence and are summarised here in order to guide and inform referrers.</p> <p>This commissioning policy is needed in order to clarify the criteria for prolapse.</p>
<b>Commissioning position</b>	<p><b>Definition</b></p> <p>Weakness of the vaginal walls with/without significant descent of the cervix. Presenting symptom usually a 'lump down below' may be associated with bladder or bowel symptoms.</p> <ul style="list-style-type: none"> <li>• Cystocele: anterior vaginal wall prolapse</li> <li>• Rectocele: posterior vaginal wall prolapse</li> <li>• Enterocele: prolapse of the vaginal vault (usually as a result of hysterectomy)</li> <li>• Uterine prolapse: graded 1 minimal descent to 4 procidentia</li> </ul> <p><b>Exclude Red Flag Symptoms</b></p> <ul style="list-style-type: none"> <li>• Exclude cancerous cause for 'lump'</li> <li>• New presentation of procidentia with poor urinary output – consider acute gynaecology admission</li> </ul>
<b>Management</b>	<ul style="list-style-type: none"> <li>• <b>History</b> – including associated bladder and bowel symptoms</li> <li>• <b>Examination</b> – establish type of prolapse and any underlying atrophy. Note present of urethral caruncle (or prolapse) is pathognomonic of oestrogen deficiency. For more information please <a href="#">click here</a></li> <li>• <b>Assess urinary symptoms</b> – consider bladder diary and details of bladder drill</li> <li>• <b>Treat underlying atrophy</b> – vagifem 10mg/gynest cream daily for 2w, then twice weekly for 3m</li> <li>• Cystocele / Uterine Prolapse present – consider fitting a ring pessary</li> <li>• <a href="#">Pelvic Floor exercises</a></li> <li>• <b>Women's health physio</b> – all women with prolapse should</li> </ul>

Responsible GP – Dr Omnia Hefni, SRCCG	Approved: February 2017
Responsible Consultant – Ms Louise Hayes, YHFT	Date published: February 2017
Responsible Pharmacist – Ms Rachel Ainger, SRCCG Medicines Mngt	NHS Scarborough & Ryedale Clinical Commissioning Group

	be referred first for Gynae physio prior to considering surgery, as outcomes are much better
<b>Investigations prior to referral</b>	<ul style="list-style-type: none"> <li>• Bladder diary</li> <li>• Gynae physiotherapy completed</li> </ul>
<b>Information to include in referral letter</b>	<ul style="list-style-type: none"> <li>• Reason for referral</li> <li>• Examination findings</li> <li>• Treatment to date: <ul style="list-style-type: none"> <li>- Gynae physiotherapy completed</li> <li>- Atrophy treated</li> <li>- Bladder drill/urinary symptoms addressed</li> </ul> </li> <li>• Bladder diary completed and attached</li> <li>• Past medical/surgical history</li> <li>• Drug history</li> <li>• BMI (must be below 35)</li> <li>• Smoking cessation</li> </ul>
<b>Patient support</b>	<a href="http://www.rcog.org.uk/files/rcog-corp/2013-03-20_pelvic_organ_prolapse.pdf">http://www.rcog.org.uk/files/rcog-corp/2013-03-20_pelvic_organ_prolapse.pdf</a>  <a href="http://www.rcog.org.uk/files/rcog-corp/surgery%20for%20stress%20incontinence.pdf">http://www.rcog.org.uk/files/rcog-corp/surgery%20for%20stress%20incontinence.pdf</a>
<b>Date reviewed</b>	January 2017
<b>Next Review Date</b>	2019
<b>Contact for this policy</b>	CCG Service Improvement Team <a href="mailto:scrccg.rssifr@nhs.net">scrccg.rssifr@nhs.net</a>

**References:**

[Bladder drill](#)

Bladder diary

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