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Cystocele Repair

Patient information sheet

Cystocele

Cystocele is the descent of the bladder inside the front wall of the vagina, i.e. the supports of the bladder base and vagina have been injured usually as a result of overstretching that occurs during pregnancy and / or delivery.

Aging and hormonal changes, especially after menopause can further weaken the urethral (urethra – urine passage) or bladder supports.

When a cystocele is present it causes a bulge to appear in the front wall of the vagina. It can cause some dragging discomfort, bladder emptying difficulties and sometimes urine infection.

It may be associated with stress incontinence, urge incontinence and other forms of genital prolapse such as rectocele or uterine prolapse. Sometime its presence masks incontinence or leakage i.e. once the prolapse is corrected, incontinence can be more severe.

It is important to check for incontinence after pushing the bladder prolapse back into position. In this way, it becomes clear if incontinence surgery is needed at the time of prolapse repair.

There is also good data that a urethral sling used at the time of a cystocele repair reduces the tendency of cystocele to recur, thus, in general terms (there are some exceptions), a sling and cystocele is usually done as a combined procedure (please see information on pubovaginal sling).

Rectocele

Is defined as herniation or bulging of the posterior vaginal wall and underlying rectum into the vagina. It is due to childbirth and pregnancy, but repetitive straining may also cause or contribute.

It is common to be diagnosed with both of these conditions and not be aware of them. They can mask symptoms of stress urinary incontinence.

One may be experienced without the other.

Repair of the rectocele is often combined with repair of related structures such as the urethra (pubovaginal sling) or bladder prolapse (cystocele repair).