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# Cystocele (Fallen Bladder)

**On this page:**

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 moves in any way 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.

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.

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.

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 x ray shows the doctor the shape of the bladder and lets the doctor see any problems that might block the normal flow of urine. Other tests may be needed to find or rule out problems in other parts of the urinary system.

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.

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 in the hospital for several days and take 4 to 6 weeks for a full return to a normal life.

Estrogen replacement therapy (ERT) may be recommended for postmenopausal women to 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.

For more information, contact the following organizations:

**American Foundation for Urologic Disease**
1128 North Charles Street
Baltimore, MD 21201
Phone: 1-800-242-2383 or (410) 468-1800
Email: admin@afud.org
Internet: [www.afud.org](http://www.afud.org)

**American Urogynecologic Society**
2025 M Street NW., Suite 800
Washington, DC 20036
Phone: (202) 367-1167
Fax: (202) 367-2167
Email: augs@dc.sba.com
Internet: [www.augs.org](http://www.augs.org)

**National Association for Continence**
P.O. Box 8310
Spartanburg, SC 29305-8310
Phone: 1-800-BLADDER or (864) 579-7900
Email: memberservices@nafc.org
Internet: [www.nafc.org](http://www.nafc.org/)