

Family history places women at risk of pelvic organ prolapse, research finds

Pelvic organ prolapse – a tear or weakness in a woman’s pelvic floor muscles that allows her internal organs to fall outside the body – runs in families, a new Saint Louis University study finds.

Women with a family member who has had a hernia or prolapse – two conditions that cause internal organs to protrude through a body opening –are more likely to develop prolapse themselves, says Mary McLennan, M.D., director of the division of urogynecology at Saint Louis University School of Medicine and lead study author.

“If your father has had a hernia and your mother has prolapse, you already have a risk of prolapse and should look at changing the things you can control to reduce your risk,” says McLennan, who also is a Saint Louis University urogynecologist.

“Other major risk factors within a woman’s control are having children vaginally, being overweight, chronically straining from constipation or doing a lot of lifting.”

Prolapse affects more than one in five of all U.S. women and becomes more common as women age, occurring in 30 percent of U.S. women who are over 50. Women who have prolapse feel pressure or a heaviness when they stand. They could have problems emptying the bladder or the sensation of something dangling between their legs.

“It’s one of those problems you don’t hear a lot about, and you should because it’s treatable,” McLennan says.

Some women have surgery to resuspend and reposition the uterus, rectum or bladder to keep it inside the body. A more conservative treatment, McLennan says, is placing a plastic device inside the vagina to hold everything up.

Women with a family history of hernia or prolapse were at 1.4 times the risk of prolapse than those without a close relative with the problem.

SLU researchers studied 458 women who came into a gynecologist’s office for care. Nearly half had a family member – a grandparent, parent or sibling -- with a hernia or prolapse. Of these, more than half had prolapse.

Of the women without a relative who had a hernia or prolapse, about 29 percent had prolapse, significantly fewer than those with a direct family connection.

“You can’t change your family history,” McLennan says, “But there are a number of things you can change to minimize your risk of developing prolapse.

“Women with a family history should not take a job that requires them to do heavy lifting. They should watch their weight. They should avoid becoming constipated so they don’t strain during bowel movements,” she says.

McLennan found that the risk of prolapse in women with a family history dramatically increases among those who delivered three or more children vaginally. More research is needed on the connection between vaginal deliveries and the effect of family history, she says.

“I think people need to be aware of their family history as it may affect how a young woman thinks of the number of children she will have or how she will deliver them. With the increasing trend – demand for elective Cesarean section, this may have a role in the decision making process for select patients,” McLennan says.

“The study underscores the importance of women knowing their family history (both maternal and paternal) and reporting it to their physician.”

The research, published in an early on-line edition of the *International Urogynecology Journal*, was the first to consider the medical history of male and female family members as a risk factor for prolapse.

Source: Saint Louis University

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