

Cystocele (Fallen Bladder)

National Kidney and Urologic Diseases Information Clearinghouse



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What is a cystocele?

A cystocele occurs when the wall between a woman's bladder and her vagina weakens and allows the bladder to droop into the vagina. This condition may cause discomfort and problems with emptying the bladder.

A bladder that has dropped from its normal position may cause two kinds of problems—unwanted urine leakage and incomplete emptying of 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.

A cystocele is mild—grade 1—when the bladder droops only a short way into the vagina. With a more severe—grade 2—cystocele, the bladder sinks 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.

What causes a cystocele?

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—that is, when they stop having menstrual periods—their bodies stop making estrogen, so the muscles around the vagina and bladder may grow weak.

How is a cystocele diagnosed?

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 is a test that involves taking x rays of the bladder during urination. This x ray shows 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.

How is a cystocele treated?

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 and keep the bladder in a more normal position. This operation may be performed by a gynecologist, a urologist, or a urogynecologist. The most common procedure for cystocele repair is for the surgeon to make an incision in the wall of the vagina and repair the area to tighten the layers of tissue that separate the organs, creating more support for the bladder. The patient may stay in the hospital for several days and take 4 to 6 weeks to recover fully.



U.S. Department
of Health and
Human Services

For More Information

American Urological Association Foundation

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American Urogynecologic Society

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National Association for Continence

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Fax: 843-377-0905
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Internet: www.nafc.org

You may also find additional information on this topic using the following databases:

The NIDDK Reference Collection is a collection of thousands of materials produced for patients and health care professionals, including fact sheets, brochures, and audiovisual materials. Visit www.catalog.niddk.nih.gov/resources.

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U.S. DEPARTMENT OF HEALTH
AND HUMAN SERVICES
National Institutes of Health

NIH Publication No. 07-4557
August 2007