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By Mayo Clinic Staff

Treatment depends on how severe your anterior prolapse is and whether you have any related conditions, such as a uterus that slips into the vaginal canal (uterine prolapse).

Mild cases — those with few or no obvious symptoms — typically don't require treatment. You could opt for a wait-and-see approach, with occasional visits to your doctor to see if your prolapse is worsening, along with self-care measures, such as exercises that strengthen your pelvic floor muscles.

If self-care measures aren't effective, anterior prolapse treatment might involve:

- **A supportive device (pessary).** A vaginal pessary is a plastic or rubber ring inserted into your vagina to support the bladder. Your doctor or other care provider fits you for the device and shows you how to clean and reinsert it on your own. Many women use pessaries as a temporary alternative to surgery, and some use them when surgery is too risky.
- **Estrogen therapy.** Your doctor may recommend using estrogen — usually a vaginal cream, pill or ring — especially if you've already experienced menopause. This is because estrogen, which helps keep pelvic muscles strong, decreases after menopause.

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When surgery is necessary

If you have noticeable, uncomfortable symptoms, anterior prolapse may require surgery.

- **How it's done.** Often, the surgery is performed vaginally and involves lifting the prolapsed bladder back into place, removing extra tissue, and tightening the muscles and ligaments of the pelvic floor. Your doctor may use a special type of tissue graft to reinforce vaginal tissues and increase support if your vaginal tissues seem very thin.
- **If you have a prolapsed uterus.** For anterior prolapse associated with a prolapsed uterus, your doctor may recommend removing the uterus (hysterectomy) in addition to repairing the damaged pelvic floor muscles, ligaments and other tissues.

If you're thinking about becoming pregnant, your doctor may recommend that you delay surgery until after you're done having children. Using a pessary may help relieve your symptoms in the meantime. The benefits of surgery can last for many years, but there's some risk of recurrence — which may mean another surgery at some point.

Dealing with incontinence

If your anterior prolapse is accompanied by stress incontinence — involuntary loss of urine during strenuous activity — your doctor may recommend one of a number of procedures to support the urethra (urethral suspension) and ease your incontinence symptoms.

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1. Newsletter: [Mayo Clinic Health Letter](#)
2. Book: [Mayo Clinic Family Health Book, 4th Edition](#)

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