Bristol Menopause & Wellwoman Clinic

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Making Menopause a Positive Experience

Bristol Menopause & Wellwoman Clinic

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Perimenopause

Perimenopause is the transition phase leading up to menopause. During this time, your hormone levels (especially oestrogen) start to fluctuate, which can cause a wide range of symptoms. This phase can begin several years before menopause, often in your 40s, and typically lasts 4-8 years.

Common signs of perimenopause:

- Irregular or changing periods (shorter, longer, heavier, or missed)
- Hot flushes and night sweats
- Mood changes, anxiety or low mood
- Poor sleep
- Brain fog or difficulty concentrating
- Vaginal dryness or discomfort during sex
- Reduced libido
- Breast tenderness, bloating, or new PMS symptoms

People experience menopause differently. Some have many symptoms, some have only a few, and how severe they are can vary from person to person.

Menopause

Menopause is when periods stop permanently and pregnancy is no longer possible. It is a natural biological process that happens when the ovaries gradually slow down and stop releasing eggs and producing key hormones, like oestrogen, progesterone and testosterone.

You are officially considered menopausal when you have had 12 consecutive months without a period, and are not using hormonal contraception or HRT that affect bleeding patterns.

The average age of menopause in the UK is 51 and it usually occurs between the ages of 45 and 55, but can happen earlier or later.

If menopause happens before the age of 40, it's called premature ovarian insufficiency (POI). If it happens before the age of 45 it is called early menopause. Hormone Replacement Therapy can be particularly important in supporting the health of women going through an earlier menopause.

Post Menopause

Post-menopause is the stage after menopause and begins once you have gone 12 consecutive months without a period. This phase lasts for the rest of your life.

During post-menopause, levels of oestrogen, progesterone and testosterone remain low. While some symptoms improve, others may persist, and long-term health becomes a key focus. Common concerns include changes to bone and heart health, joint pain, sleep changes and vaginal and bladder symptoms.

Surgical and Chemical Menopause

A surgical menopause happens when the ovaries are removed during an operation (usually both together), causing an immediate and permanent drop in hormones. Symptoms can start suddenly and may be more intense because the body doesn't have time to adjust gradually.

A chemical menopause happens when medications are used to temporarily switch off the ovaries, stopping hormone production. This is often done for conditions like endometriosis, fibroids, or certain cancers. It creates menopause-like symptoms, but unlike surgical menopause, it's usually reversible once the medication is stopped and the ovaries start working again.

Premature Ovarian Insufficiency (POI)

Premature Ovarian Insufficiency (POI) occurs when the ovaries stop working normally before the age of 40. This leads to reduced or absent production of oestrogen and other hormones, meaning menopause type symptoms can develop much earlier than expected.

Unlike natural menopause, ovarian function in POI can be unpredictable and may fluctuate, with occasional periods or hormone production returning temporarily.

POI carries additional health considerations, particularly for bone health, heart health, and long-term wellbeing. Hormone replacement therapy is usually recommended until at least the average age of natural menopause to protect overall health, unless there is a medical reason not to use it.

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Hormone Replacement Therapy (HRT)

HRT (Hormone Replacement Therapy) replaces the oestrogen that naturally declines during menopause. HRT does not delay or prevent menopause. It helps manage symptoms caused by low oestrogen and stabilises hormonal fluctuations.

HRT can be tailored based on your needs and medical history:

- Oestrogen-only HRT – for women without a uterus
- Combined HRT (oestrogen and progesterone) for women with a womb, to protect the womb lining
- Body-identical HRT – uses hormones chemically identical to those produced by your body (e.g., oestradiol and micronised progesterone)

HRT is available in various forms and you may need to try a few different types to find the right one that works for you. These include:

- Patches
- Gels and sprays
- Tablets
- Vaginal oestrogen (creams, tablets, or rings)
- Intrauterine system (e.g., Mirena)

Combined HRT

If you still have a uterus, using oestrogen alone can cause overgrowth of the womb lining (endometrium), increasing the risk of cancer. Progesterone balances this and protects the lining from thickening. This prevents changes to cells that could lead to endometrial cancer.

Oestrogen only HRT

Women without a uterus do not need progesterone unless they have a diagnosis of endometriosis (where the lining of the womb is found outside the womb).

Types of HRT

Oestrogen Options

Transdermal oestrogen (skin-based delivery) is often preferred as it provides steady hormone absorption. These methods also have a lower risk of venous thromboembolism (blood clots) compared with oral preparations.

- **Patches**: Applied to the skin and changed twice weekly. Patches deliver a consistent dose of oestrogen and can be useful for those who experience migraines from hormonal fluctuations.
- **Gels**: Applied daily to the skin (usually arms or thighs). Gels allow flexible dosing and are useful for women who require dose adjustments.
- **Sprays** (e.g. Lenzetto®): Sprayed onto the skin once daily. Sprays offer a convenient alternative to gels and provide reliable absorption when used correctly.
- **Implants**: Small pellets inserted into the lower abdomen, releases oestrogen over several months. These require additional bloods monitoring to ensure their safe use.

Oral oestrogen

- **Tablets**: Taken by mouth daily. Oral oestrogen is convenient, effective for symptom control and is safe for most women to use. However, it is metabolised through the liver and may not be suitable for all women, particularly those with risk factors that increase the risk of clots.

Progesterone Options

- **Oral progesterone tablets**: Micronised progesterone is chemically identical to natural progesterone and is usually taken at night. It may also support sleep and mood in some women.
- **Intrauterine system (IUS)**: Devices such as the Mirena® coil release progesterone directly into the womb. This provides effective endometrial protection and can also reduce heavy or irregular bleeding. It can be used as part of HRT for up to five years.

Vaginal Oestrogen

Local creams or pessaries can be used to manage genitourinary symptoms. Available forms include:

- Vaginal creams; inserted into the vagina, can also be used directly on the vulva
- Vaginal tablets; inserted into the vagina
- Vaginal rings; can be placed inside the vagina for up to 90 days, providing consistent local oestrogen

Finding the Right HRT

HRT is not a one-size-fits-all treatment. The type, dose, and delivery method can be adjusted over time to optimise symptom control while minimising side effects. Regular clinical review allows treatment to be refined as symptoms, health status, and priorities change.

If symptoms persist or side effects occur, adjustments can be made. Finding the most appropriate HRT regimen is often a process, and careful monitoring and individualised care are key to achieving the best outcomes.

Risks and benefits of HRT

A lot of research is still being undertaken to understand the risks and benefits of HRT, and some studies don't always agree with each other which creates conflicting information and can be confusing. However, what we do know so far shows some clear, well-established benefits and risks:

Benefits:

- Symptom relief
- Reduced risk of osteoporosis and fractures
- May help maintain heart health if started early

Risks:

- Slight increased risk of breast cancer (with combined HRT and with long-term use)
- Risk of blood clots and stroke (mainly with tablet forms of HRT, not patches/gels)

Your personal risk can vary, so it's important to talk it through with your clinician. If your symptoms are affecting your quality of life and you don't have medical reasons to avoid HRT (like a past breast cancer or blood clots) HRT is often a safe and effective option. It tends to work best when started before age 60 or within 10 years of menopause.

What are the safest types of HRT?

- Transdermal oestrogen (patch, gel, spray) avoids being processed by the liver and has a lower risk of blood clots
- Micronised progesterone is body-identical and we think this has a lower breast cancer risk than other progesterones in the first five years of use
- Mirena (LNG-IUS) provides womb protection and contraception and can last up to 5 years

However, if you are fit and well, with no significant personal or family history of medical conditions like clotting or breast cancer, then most HRT is considered safe.

> *Postmenopausal women face a 40-50% lifetime risk of fragility fracture (e.g., hip, spine, wrist), compared to 13-22% in men.*
>
> *In the UK, 1 in 5 women will fracture due to osteoporosis.*

Genitourinary Syndrome of Menopause

Genitourinary Syndrome of Menopause (GSM) is a common condition caused by lower oestrogen levels in perimenopause and menopause. It can lead to vaginal dryness, irritation, burning, pain during sex, and urinary symptoms like urgency or more frequent infections. These changes happen because the vaginal and urinary tissues become thinner and less hydrated without oestrogen. The acidity of the vagina also changes, making it easier for certain bacteria to cause urinary infections. The condition is very treatable, and symptoms usually improve with simple options like vaginal moisturisers, lubricants, or low-dose vaginal oestrogen.

Vaginal Oestrogen

Vaginal oestrogen is a low-dose form of the hormone oestrogen that is applied directly to the vagina to treat symptoms caused by low oestrogen levels during and after menopause. Vaginal oestrogen is normally given as a small tablet, gel or cream which are inserted/applied directly to the vagina or vulva depending on your symptoms and preference.

Unlike systemic HRT, which affects the whole body, vaginal oestrogen works locally, targeting tissues in the vagina, vulva, and bladder area. This means it does not significantly increase your overall hormone levels. For this reason, it's safe to use alongside your regular HRT, even long-term, and does not increase the risk of breast cancer or blood clots.

Vaginal oestrogen can be used without systemic oestrogen in the longer term and does not require a progestogen to protect the womb lining. It may also be safe for women who can't take systemic HRT, such as some women who have had hormone sensitive cancers, but this should always be discussed with a specialist.

> *Approximately 50-85% of women experience symptoms consistent with Genitourinary Syndrome of Menopause (GSM).*

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Testosterone Replacement Therapy

Testosterone levels steadily decrease in women during perimenopause and postmenopause, as the ovaries gradually slow down hormone production. In the UK, testosterone is prescribed off-license for women specifically to treat hypoactive sexual desire disorder (low libido). Some women report testosterone has helped with a wide range of symptoms including energy levels and brain fog, however there is currently not enough research to support its use for these indications alone.

Before starting testosterone, women should be on a stable HRT regime, as HRT alone can often improve symptoms, and testosterone is used only when symptoms persist.

Testosterone appears to be generally safe when used at female-appropriate doses, but long-term safety data is still lacking.

Side effects are uncommon when testosterone levels are kept within target levels, but high doses can cause issues such as acne, oily skin, excess hair growth on the chest, face, or back, voice deepening, male-pattern hair thinning, and clitoral enlargement.

To reduce the risk of overtreatment, women need a baseline blood test to confirm their testosterone level is in the lower range before starting treatment, followed by regular monitoring to ensure levels stay within the normal female range.

Supplements

Many women find supplements helpful during perimenopause and menopause, either as an alternative to HRT or alongside it. Supplements can support specific symptoms, but their effects vary from person to person. It's usually best to try a supplement for around 12 weeks to see if it makes a meaningful difference to the symptom you're targeting. If you don't notice improvement after that time, it's sensible to stop and consider other options.

Vitamin D

Supports bone strength, immune function, and mood. Many women have low Vitamin D levels during midlife, especially in winter or with limited sun exposure. Adequate levels are essential for preventing osteoporosis.

Magnesium

Magnesium may help with muscle relaxation, stress reduction, and nerve function. Magnesium glycinate may be particularly helpful for improving sleep quality, easing anxiety, and being gentle on the stomach.

Omega 3

Anti-inflammatory and beneficial for heart, brain, and joint health.

Calcium

Important for bone strength, especially after menopause when bone loss accelerates. Best taken if you don't meet your daily needs through food (e.g., dairy, fortified plant milks, leafy greens).

Vitamin B (especially B6 & B12)

Supports energy levels, cognitive function, and mood balance. They can be especially helpful if you experience fatigue, brain fog, or if blood tests show deficiency.

Probiotics

Can support gut health, digestion, and immune function. Some strains may also improve vaginal and urinary symptoms by promoting a healthier microbiome.

Phytoestrogens (Soy Isoflavones, Red Clover)

Plant compounds with mild oestrogen-like effects. They may help reduce hot flushes and night sweats, although results vary from person to person. This is more helpful for women with milder symptoms.

Ashwagandha

A herbal adaptogen that may help reduce stress, anxiety, and support better sleep.

Exercise

Regular physical activity is one of the most effective tools for supporting health and wellbeing during perimenopause and menopause. Hormonal changes can affect weight distribution, muscle strength, bone density, mood, sleep, and cardiovascular health. Exercise helps counteract many of these changes, supporting both physical and mental wellbeing.

The most beneficial approach is a balanced routine that includes cardiovascular activity, strength training, and flexibility or balance work. Exercise does not need to be intense to be effective — consistency and enjoyment are far more important than pushing yourself too hard. Finding movement you enjoy and can maintain long term is key.

Cardio/Aerobic Exercise

Aerobic exercise, such as brisk walking, swimming, cycling, or dancing, is essential for heart health and overall wellbeing during menopause. Regular cardio helps manage weight, improves circulation, and can even reduce hot flushes. It also supports mood, energy levels, and sleep quality. Aim for at least 150 minutes of moderate-intensity activity per week, which can be broken into shorter sessions across the week. Moderate intensity means you should feel slightly out of breath but still able to hold a conversation.

If you are new to regular exercise start with shorter sessions of 10-15 minutes and gradually build up to 30 minutes or more.

Strength & Resistance Training

As oestrogen levels decline during menopause, muscle mass and bone density naturally decrease, which can affect strength, mobility, and long-term independence. Strength and resistance exercises, such as lifting weights, using resistance bands, or performing body-weight exercises like squats and push-ups, help maintain and build muscle, support metabolism, and protect bones from osteoporosis. Incorporating two sessions per week is ideal, and even gentle resistance exercises are beneficial if done consistently.
Focus on correct form rather than heavy weights at first to avoid injury and ensure long-term benefits.

Balance & Flexibility

Maintaining balance and flexibility becomes increasingly important with age to reduce the risk of falls and maintain mobility. Activities like yoga, pilates, tai-chi, and swimming not only stretch and strengthen muscles but also improve posture, coordination, and joint health. Regular practice can also reduce stress and help with relaxation, supporting both physical and mental wellbeing. Short daily sessions of stretching or balance exercises can make a significant difference over time.

Add 5-10 minutes of daily stretching or balance practice to your routine, even on non-exercise days.
Consider seeking guidance from a personal trainer, gym representative, or reputable online program to ensure proper technique and progression. Consistency is more important than intensity, and listening to your body is essential to prevent setbacks.

Nutrition during Menopause

Nutrition plays a central role in supporting health and wellbeing during perimenopause and menopause. Hormonal changes, particularly declining oestrogen levels, can influence metabolism, body composition, bone density, cardiovascular health, blood sugar regulation, and energy levels. As a result, dietary needs often shift during midlife.

A balanced, nutrient-rich approach to eating can help manage menopausal symptoms, support long-term health and maintain strength. Rather than focusing on restriction or short-term diets, the goal is to nourish your body with foods that support stable energy, muscle and bone health, heart health, and overall wellbeing. Small, sustainable changes to how and what you eat can make a meaningful difference over time.

Eat a Mediterranean-style diet

During menopause, a Mediterranean-style approach is one of the most supportive ways to eat. Focus on whole, colourful foods with plenty of fruits and vegetables ("eat the rainbow"). Include whole grains, nuts, seeds, olive oil, and lean proteins and complex carbohydrates like oats, quinoa, brown rice, and wholegrain bread to keep your energy stable. Aim for 1–2 servings of beans or legumes daily, and consider adding phytoestrogen-rich foods like soy, flaxseeds, and chickpeas, which may gently help with symptoms.

Support your bones and heart

Bone and heart health become especially important during menopause. Include calcium-rich foods such as dairy products, fortified plant milks, tofu, almonds, and leafy greens to help protect bone density. Make sure you're getting enough vitamin D from sunlight, food, or supplements. Healthy fats, especially from oily fish like salmon, mackerel, and sardines, can raise your HDL ("good") cholesterol and support heart health. Aim for two portions of oily fish each week.

Limit foods that aggravate symptoms

Some foods can make menopausal symptoms feel worse. Try to reduce ultra-processed foods, refined sugars, and heavy or late meals, as they can trigger energy crashes and worsen hot flushes or night sweats. Caffeine and alcohol may also disrupt sleep or make symptoms more noticeable, so adjusting your intake or timing can be helpful.

Weight Management During Menopause

Weight management during menopause requires a slightly different approach than in earlier years. Hormonal changes can slow metabolism, reduce muscle mass, and affect energy levels. A combination of adequate protein, resistance or strength training, regular movement, quality sleep, and stress management forms the foundation for staying healthy and supporting weight control. HRT can help indirectly by improving symptoms like poor sleep and fatigue, which can make it easier to maintain healthy habits, but it does not directly cause weight loss.

Prioritise Health

Health and overall wellbeing are more important than a specific number on the scales. Focus on building muscle, improving fitness, and supporting your body through hormonal changes with patience and consistency.

Body composition, particularly increasing lean muscle and reducing fat mass, is a more meaningful marker of long-term health than weight alone, even if the scales change very little.

Diet Approaches and Intermittent Fasting

Some women find time restricted eating, like eating within an 8-10 hour window helps manage appetite and weight. However, it isn't suitable for everyone. If fasting increases stress, affects sleep, or triggers binge eating, it's not the right approach. Focus first on eating balanced, nutrient-rich meals, before experimenting with timing. The key is choosing a method that feels sustainable and low-stress.

Weight Loss Medications

Many women use weight loss injections or medications to support weight management. These can be very effective, but they may also lead to loss of muscle mass if strength and resistance training aren't maintained. It's also important to consult your clinician before starting, changing, or adjusting doses, as some medications can affect HRT dosing or interact with other treatments.

Realistic Goals and Sustainable Habits

Set realistic goals. Rapid weight loss is rarely sustainable and can lead to muscle loss. Track progress holistically and consider energy levels, how clothes fit, strength improvements, better sleep, and overall wellbeing, not just the number on the scale. Changes can be slower during menopause, but consistency and sustainable habits are far more effective than extreme diets or very low-calorie approaches, which can slow metabolism and harm muscle mass.

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Managing Sleep During Menopause

Up to 60% of women experience sleep disturbances during menopause, including difficulty falling asleep, early morning waking, night sweats, hot flushes, or waking feeling unrefreshed. Anxiety and racing thoughts can also disrupt sleep. With the right strategies, sleep quality can improve significantly, helping you feel more rested and energised during the day.

Techniques for Nighttime Wakefulness

- The 4-7-8 breathing method - inhale for 4 counts, hold for 7, exhale for 8 - activates your body's relaxation response.
- Progressive muscle relaxation involves tensing each muscle group from toes to head for 5 seconds, then releasing, focusing on the sensation of letting go.
- The 15-minute rule advises getting out of bed if you can't sleep after 15 minutes, moving to another quiet, dimly-lit space until drowsy, then returning to bed. Even quiet rest is valuable, and pressure to sleep often makes it harder.

Managing Anxiety and Your Sleep Environment

- The "worry parking" technique: write down worries, tasks, or concerns at least 30 minutes before bed. If they return in the night, remind yourself they are "captured" and can be addressed the next day.
- Keep your bedroom cool (16-18°C), dark, and use breathable, layered bedding for night sweats.
- Reserve your bedroom for sleep and intimacy only, avoiding work or stressful activities.

Evening and Daytime Habits for Better Sleep

- Your daily routine can have a big impact on sleep. About 90 minutes before bed, take a warm bath or shower (the cooling effect helps sleep) and avoid vigorous exercise.
- Dim lights about 60 minutes before bed, avoiding emails or emotionally-charged tasks.
- Switch off screens 30 minutes before bed, and instead read, meditate, or listen to calming music.
- During the day, get natural light soon after waking, exercise regularly (but not within 3 hours of bedtime).
- Limit caffeine to the morning, avoid large meals and alcohol close to bedtime.
- Keep naps to 20-30 minutes before 3pm. This helps regulate your circadian rhythm and improve sleep quality.
- Some women benefit from talking therapies such as cognitive behavioural therapy (CBT), which has been shown to help manage hot flushes, anxiety, and sleep difficulties.

Menopause and Mental Health

The hormonal changes during perimenopause and menopause can significantly affect your mental wellbeing. Fluctuating oestrogen levels can impact neurotransmitters like serotonin, which regulate mood, sleep, and emotional resilience.

Common mental health symptoms include:

- Low mood, anxiety, or irritability
- Brain fog and difficulty concentrating
- Loss of confidence or feelings of overwhelm
- Changes in sleep patterns affecting emotional regulation

How to support your mental health:

Hormonal support HRT can be effective for mood symptoms caused by hormonal changes.

Lifestyle strategies Regular exercise (particularly outdoor activity), maintaining stable blood sugars through balanced nutrition, prioritising sleep hygiene, and reducing alcohol can all support mental wellbeing.

Professional support If symptoms are severe or persistent, speak with your GP about whether additional support such as counselling or medication might be appropriate.

Social connection Maintaining relationships and talking about your experiences can reduce isolation and provide valuable support.

Menopause and Cancer

Understanding the relationship between menopause, hormone therapy, and cancer is important for making informed decisions about your health.

Breast cancer: Current evidence shows that combined HRT (oestrogen plus progestogen) carries a small increased risk of breast cancer, similar to other lifestyle factors like being overweight or drinking alcohol regularly. Oestrogen-only HRT (for women without a uterus) shows no increased risk, or even a small protective effect. Body-identical transdermal oestrogen with micronised progesterone appears to have the most favourable risk profile. The absolute risk remains small, and for most women, the benefits of HRT outweigh the risks.

Endometrial cancer: Oestrogen alone stimulates the womb lining, which is why women with a uterus must take a progestogen alongside oestrogen to protect against endometrial cancer. When used correctly, combined HRT does not increase endometrial cancer risk.

Ovarian cancer: Evidence suggests a very small increased risk with long-term HRT use, but again the absolute risk is small.

Protective effects: HRT may reduce the risk of bowel cancer and appears to have no impact on cervical cancer rates.

Important: If you have had hormone-sensitive cancer, your oncologist will advise on whether HRT is appropriate for you.

Regular breast screening, maintaining a healthy weight, limiting alcohol, and not smoking all reduce cancer risk regardless of HRT use.

Contraception

HRT does not prevent pregnancy. The Mirena (hormonal) coil is the only licensed progesterone that provides both contraception and can act as part of your HRT. If you are still having periods when you start your HRT there is still a chance you could become pregnant up until the age of 55. You may need to use an additional contraceptive method alongside your HRT.

Most women need to use contraception until:

- Age 55, or
- 12 months without a period if over 50, or 2 years if under 50 (if not using any hormonal treatments)

> ***Even in perimenopause, pregnancy risk remains up to 1 in 5 per year in early 40s, reducing to 1 in 10 in late 40s, and <1% after 50.***

FAQs

Do I need a blood test to diagnose menopause?
Not usually. If you are over 45 and have typical symptoms, diagnosis is made based on your history. As hormone levels fluctuate so much in the menopause transition, a blood test is not usually needed in diagnosing menopause. It may however be useful if you are under 40 and your clinician is concerned about Premature Ovarian Insufficiency.

How do I know If I'm perimenopausal?
You may be perimenopausal if you begin to notice changes in your menstrual cycle or experience new physical or emotional symptoms. This can happen even if you're still having periods, because hormone levels fluctuate unpredictably during this phase, the signs can vary widely between women. You don't need a blood test to confirm it in most cases.

If I'm on HRT or using the Mirena (LNG-IUS) how will I know if I've been through menopause?
Because we rely on periods to tell us if you are menopausal, you won't know if you're menopausal if you are using any HRT or hormonal contraception. Many will assume they have been through menopause by the age of 55, but there will be a small percentage of women who will have a later menopause.

How long can I use my Mirena (LNG-IUS) for HRT?
For HRT purposes the Mirena is effective for up to 5 years. It can be used for up to 8 years for contraception so it is important to know there are different expiry dates depending on what you are using it for.

When do I need a review for my HRT?
We recommend your HRT is reviewed 3 months after starting and then at least annually. You may need a review sooner if you experience side effects, new symptoms or unexpected bleeding.

How long can I stay on HRT?
Many women use HRT for several years, and some continue into their 60s and beyond if they are still experiencing benefits and have no reason to stop. For many women, the benefits of HRT outweigh the risks, especially when started before age 60 or within 10 years of menopause. For other women, their baseline risk of breast cancer rises with age, and they decide to stop taking HRT to avoid increasing this risk any further.

Most women do not choose to stay on HRT indefinitely and many decide to gradually reduce or stop HRT when they feel ready. However, there's no need to stop at a certain age if the treatment continues to manage your symptoms.

Symptom Tracker	Before HRT	3months	6months	12months
Psychological & Emotional				
Anxiety				
Low mood				
Irritability				
Mood swings				
Brain fog				
Poor concentration				
Loss of libido				
Physical symptoms				
Irregular periods				
Heavy periods				
Hot flushes				
Night sweats				
Heart palpitations				
Insomnia				
Low energy/fatigue				
Migraines/headaches				
Joint aches				
Dry skin				
Hair loss				
Weight gain				
Digestive problems				
Allergies				
Genitourinary symptoms				
Urinary tract infections				
Frequent urination				
Incontinence				
Painful sex				
Vaginal dryness/itching or discomfort				
Vaginal prolapse				

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