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Uterine prolapse

Definition

Uterine prolapse is falling or sliding of the uterus from its normal position in the pelvic cavity into the vaginal canal.

Alternative Names

Pelvic relaxation; Pelvic floor hernia

Causes

The uterus is normally supported by pelvic connective tissue and the pubococcygeus muscle, and held in position by special ligaments. Weakening of these tissues allows the uterus to descend into the vaginal canal. Tissue trauma sustained during childbirth, especially with large babies or difficult labor and delivery, is typically the cause of muscle weakness.

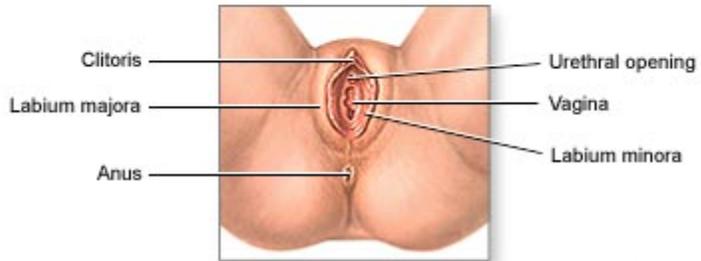
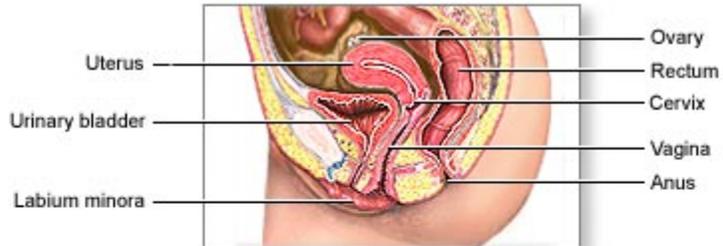
The loss of muscle tone and the relaxation of muscles, which are both associated with normal aging and a reduction in the female hormone estrogen, are also thought to play an important role in the development of uterine prolapse. Descent can also be caused by a pelvic tumor, however, this is fairly rare.

Uterine prolapse occurs most commonly in women who have had one or more vaginal births, and in Caucasian women.

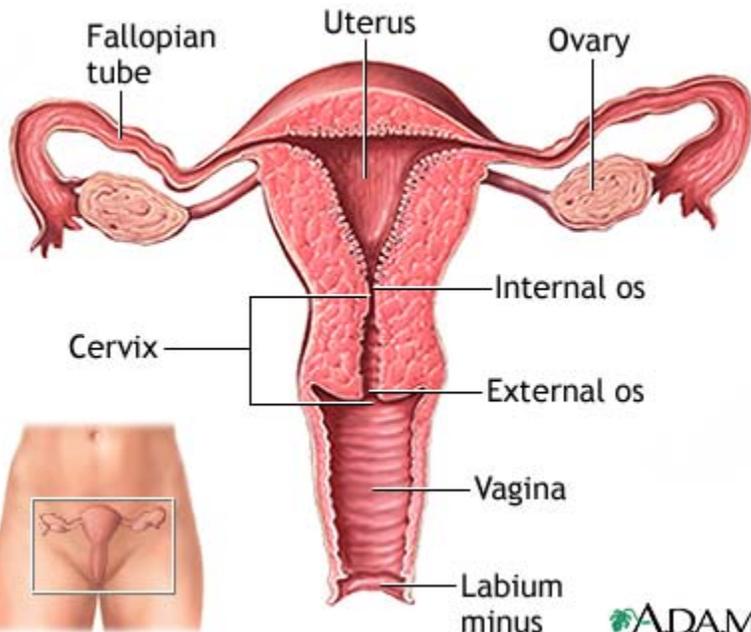
Other conditions associated with an increased risk of developing problems with the supportive tissues of the uterus include obesity and chronic coughing or straining. Obesity places additional strain on the supportive muscles of the pelvis, as does excessive coughing caused by lung conditions such as chronic bronchitis and asthma. Chronic constipation and the pushing associated with it causes weakness in these muscles.

Symptoms

- Sensation of heaviness or pulling in the pelvis
- A feeling as if "sitting on a small ball"
- Low backache
- Protrusion from the vaginal opening (in moderate to severe cases)
- Difficult or painful sexual intercourse



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Exams and Tests

A pelvic examination (with the woman bearing down) reveals protrusion of the cervix into the lower part of the vagina (mild prolapse), past the vaginal introitus/opening (moderate prolapse), or protrusion of the entire uterus past the vaginal introitus/opening (severe prolapse).

These signs are often accompanied by protrusion of the bladder and front wall of the vagina (cystocele) or rectum and back wall of the vagina (rectocele) into the vaginal space. The ovaries and bladder may also be positioned lower in the pelvis than usual.

A mass may be noted on pelvic exam if a tumor is the cause of the prolapse (rare).

Treatment

Uterine prolapse can be treated with a vaginal pessary or surgery.

A vaginal pessary is an object inserted into the vagina to hold the uterus in place. It may be used as a temporary or permanent form of treatment. Vaginal pessaries are fitted for each individual woman.

Pessaries may cause an irritating and abnormal smelling discharge, and they require periodic cleaning, usually done by the physician. In some women they rub on and irritate the vaginal mucosa, and in some cases may erode and cause ulcerations. Some types of pessaries may interfere with normal sexual intercourse by limiting the depth of penetration.

If the woman is obese, attaining and maintaining optimal weight is recommended. Heavy lifting or straining should be avoided.

There are some surgical procedures that can be done without removing the uterus, such as a sacral colpopexy. This procedure involves the use of surgical mesh for supporting the uterus.

Most surgery should be deferred until symptoms are significant enough to outweigh the risks. The surgical approach depends on:

- The woman's age and general health
- Desire for future pregnancies
- Preservation of vaginal function
- Degree of prolapse
- Associated conditions

When indicated, a vaginal hysterectomy is performed. Any sagging of the vaginal walls, urethra, bladder, or rectum can be surgically corrected at the same time.

Outlook (Prognosis)

With proper precautions (periodic check-ups and cleaning) vaginal pessaries can be effective for many women with uterine prolapse. Surgery, if done, usually provides excellent results, however, some women may require treatment again in the future for recurrent prolapse of the vaginal walls.

Possible Complications

Urinary tract infections and other urinary symptoms may occur due to the frequently associated cystocele. Constipation and hemorrhoids may also occur as a result of the associated rectocele. Ulceration and infection may occur in more severe cases of prolapse.

When to Contact a Medical Professional

Call for an appointment with your health care provider if symptoms of uterine prolapse occur.

Prevention

Prenatal and postpartum Kegel exercises (tightening of the pelvic floor musculature as if trying to interrupt urine flow) help to strengthen the muscles and reduces the risk.

How an episiotomy and other obstetric procedures affect the later development of uterine prolapse is unclear. Estrogen replacement therapy in postmenopausal women tends to help maintain muscle tone.

Notes:



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