



## **UTERINE PROLAPSE**

### **Q. WHAT IS UTERINE PROLAPSE?**

A. Uterine prolapse is the falling or shifting of the uterus down into the vaginal canal. The symptoms include a feeling of heaviness or "pulling" in the pelvic area, low back pain, pain in the rectal area, difficulty urinating often accompanied by urinary tract and bladder infections, and abnormal vaginal discharge.

### **Q. WHAT CAUSES UTERINE PROLAPSE?**

A. The normal connective tissue and the muscles that hold the uterus in place will weaken for various reasons as a woman matures. As the tissue weakens, the uterus will migrate into the vaginal canal. One or more of the following can cause this:

- Trauma to the ligaments after delivery of particularly large babies, multiples or a rapid delivery
- Hormone reduction due to the natural aging process
- Loss of muscle tone due to aging
- Pelvic mass
- Congenital abnormality (deformity that is seen as an infant)

Conditions that are associated with and aggravate uterine prolapse are as follows:

- Obesity
- Excessive coughing
- Long-term constipation

### **Q. HOW IS IT DIAGNOSED?**

A. Your doctor will perform a pelvic exam. You will be asked to bear down so that they may visualize or feel the protrusion of the uterus down through the vaginal canal. Mild or first-degree prolapse is diagnosed when the uterus moves down into the first third of the vaginal canal. Moderate or second-degree prolapse is when the uterus is seen past the vaginal opening and severe or third degree prolapse is when the entire uterus is past the vaginal opening. In severe cases the bladder and front wall of the vagina are also protruding (called cystocele) or if the rectum and back wall of the vagina are protruding (called rectocele).

## **Q. CAN I PREVENT UTERINE PROLAPSE FROM HAPPENING?**

A. Of the causes listed above, the first three can be eliminated or the effects reduced by the following procedures:

- During pregnancy practice pelvic floor exercises such as "Kegel" exercises (the tightening and loosening of the muscles around the pelvic floor as if you are stopping and starting urine flow) to strengthen those muscles.
- Labor and delivery assistance to reduce tearing and/or episiotomy scarring due to rapid deliveries and large babies.
- Postmenopausal hormone replacement therapy to help maintain bone and muscle structure.

## **Q. HOW IS UTERINE PROLAPSE TREATED?**

A. Treatment is often dependent upon the degree of prolapse, age of the patient, desire for future pregnancy, and sexual activity. Not all cases require treatment. If the degree is mild to moderate and the patient is still within childbearing age, the use of a doughnut-shaped object called a vaginal pessary may be suggested. The pessary is placed into the vagina to hold the uterus in place. However, if the prolapse is advanced and the patient is beyond childbearing age, then a hysterectomy may be performed. Another potential treatment is uterine suspension. The operation may be done using a variety of surgical techniques. The specific technique is chosen depending on your specific condition.

Talk to your doctor about any concerns or questions you may have.

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