



## **UTERINE AND VAGINAL PROLAPSE**

Uterine and vaginal prolapse are pelvic organ support problems. Each year many women endure pelvic organ support problems (pelvic organ prolapse), and many undergo surgical procedures for correction of these problems. These disorders usually are the result of trauma to the pelvic connective tissue and muscles, and often are the result of childbirth. The surgical procedures to correct these defects are considered elective, since women are at no medical risk.

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

A. Uterine prolapse is when the uterus drops down into the vagina. The distance of the descent of the uterus may vary. Your physician will grade the degree of your prolapse, and treatment options will be dependent on the grade and your symptoms. Mild prolapse may need no treatment. More significant uterine prolapse may cause women to have pelvic pressure, or the sensation that something is "falling out of the vagina."

### **WHAT IS VAGINAL PROLAPSE?**

A. Vaginal prolapse can occur after hysterectomy. This is when the highest point of the vagina loses its support and drops within itself. Women with this problem often notice a bulge in the vaginal area and may notice bladder and bowel dysfunction.

### **Q. WHO IS MOST LIKELY TO GET UTERINE PROLAPSE OR VAGINAL PROLAPSE?**

A. Uterine prolapse and vaginal prolapse result from pelvic floor trauma. Often this is the result of childbirth. During the second stage of delivery (the pushing stage), some of the tissues that normally support the pelvic organs (the pelvic fascia and ligaments) are stretched and damaged. This weakens the support of the pelvic organs. As a woman ages, the problems may be worsened by loss of tissue integrity from loss of the female hormone estrogen. Other causes of loss of pelvic support include excess intra-abdominal pressure over a prolonged period of time such as with heavy lifting, excessive coughing such as in a long-term smoker, or chronic constipation and straining with bowel movements.

### **Q. HOW ARE UTERINE PROLAPSE AND VAGINAL PROLAPSE DIAGNOSED?**

A. The diagnosis of uterine prolapse and vaginal prolapse is made by clinical exam. A woman usually presents to her physician with one or more of the above listed symptoms. To make an accurate diagnosis your physician will get your complete history, and will then perform a pelvic exam. He or she will probably perform this

exam while you are lying down and also while you are standing in an attempt to maximally demonstrate the prolapse. If other pelvic support problems are suggested from your physician's exam, he or she may order further testing.

**Q. WHAT ARE THE TREATMENTS FOR UTERINE PROLAPSE AND VAGINAL PROLAPSE?**

A. Your physician may recommend a variety of treatments for uterine/vaginal prolapse ranging from just watching the problem to see if it worsens, to basic lifestyle changes, to exercises in an attempt to strengthen your pelvic floor muscles, to surgery.

Many women with mild uterine prolapse are asymptomatic. If you have no discomfort, no pain with intercourse, and are not bothered by the vaginal bulge, then it is reasonable to just watch your uterine prolapse or vaginal prolapse with no further treatment. There are no associated medical risks with either uterine or vaginal prolapse.

Potential for improvement of uterine prolapse or vaginal prolapse exists if you perform Kegel's exercises. These exercises are used to strengthen the pelvic floor muscles. To perform these exercises a woman squeezes the pubococcygeus muscle (which is done by squeezing the muscles around the vagina that would be used to try to hold a tampon in place). These muscles are contracted for 10 seconds, and then relaxed for 10 seconds. This repetitive activity is done in sets of 10 to 20 about 3 to 5 times a day. Maximum results are obtained in about 3 to 6 months.

Due to the increased deterioration of the integrity of the pelvic tissues, your physician may ask you to start a regimen of estrogen if you are postmenopausal. Estrogen replacement therapy has been shown to have many potential benefits for the postmenopausal woman including a decrease in osteoporosis (thinning of the bones), as well as an improvement in pelvic support. Estrogen replacement therapy may be prescribed in many different forms, including pills or a transdermal patch. If you have not had a hysterectomy, progesterone therapy will be necessary to prevent endometrial hyperplasia (a precursor to endometrial cancer).

Your physician may suggest a pessary for support of the vaginal vault and relief of the symptoms associated with uterine or vaginal prolapse. A pessary is a rubber device that is inserted into your vagina. It is fitted to conform to the vaginal walls. Your physician will teach you how to insert and remove your pessary. You will be asked to remove and clean your pessary on a regular basis. A pessary is a good form of treatment for someone who does not want, or is unable to tolerate surgery.

Finally, your physician may suggest surgery as an option for correction of your prolapse. With uterine prolapse, if you are finished having children your physician may suggest a hysterectomy. This can often be done vaginally, and repair of other pelvic support problems done at the same time. If you have medical problems that contraindicate long and major abdominal surgery and you are no longer sexually active, your physician may suggest surgery such as colpocleisis in which the uterus is left in place and the vagina is closed for support. This procedure is shorter and less risky for the person who is not a good surgical candidate.

If you have vaginal vault prolapse, your physician may recommend either abdominal surgery or vaginal surgery. Abdominal sacrocolpopexy is a surgery that your physician may suggest. This involves making an incision in your abdomen and then placing a piece of synthetic mesh between the top of the vagina and connecting it to the sacrum, the bone at the back of the pelvis. This provides support to the top of the vagina. Or, your physician may suggest vaginal surgery known as a sacrospinous ligament suspension. With this surgery your physician will place a stitch between the top of the vagina and a ligament in your lateral pelvis. This supports the top of your vagina.

### **PREVENTION OF UTERINE PROLAPSE OR VAGINAL PROLAPSE**

Uterine and vaginal prolapse are commonly the result of obstetrical trauma and/or tissue deterioration due to aging. At this point there is no recommendation for prevention of uterine prolapse and vaginal prolapse, except avoidance of prolonged increased abdominal pressure, such as excessive coughing and straining.

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