



UTERINE SUSPENSION

WHAT IS UTERINE SUSPENSION?

Uterine suspension is used to relieve pelvic pain or painful intercourse when the pain is thought to be the result of uterine retroversion (tilted uterus). Two methods are used to accomplish this: laparotomy and laparoscopy. Uterine suspension is sometimes used to increase fertility although this is very controversial and has never really been shown to increase one's chances of becoming pregnant.

WHAT CONDITIONS IS IT DESIGNED TO TREAT?

Uterine suspension is used to treat pelvic pain and dyspareunia (painful intercourse). It is used to correct the position of a uterus that has tilted away from the midline and toward the back. Often, prior to the procedure, a pessary is used in an attempt to correct uterine position. If the pessary does not relieve the pain, then a more permanent solution is sought.

HOW IS THE PROCEDURE DONE?

Uterine suspension is accomplished using laparotomy or laparoscopy.

In laparotomy, an incision is made in the abdominal wall. In laparoscopy, a small incision is made at the umbilicus. In either case, a long, scissor-like instrument is used to grasp the round ligaments that support the uterus and pull them to tighten, gently easing the uterus back into its original position. The ligaments are then attached to the underside of the anterior rectus fascia (muscle lining the abdominal wall) with permanent sutures.

ARE THERE OTHER SIMILAR PROCEDURES?

Pelvic denervation is a procedure in which specific nerves in the pelvis are destroyed. Both procedures have been used as treatment for pelvic pain.

WHAT ARE THE POTENTIAL RISKS?

Potential risks include the uterus going back to a reverted position over time. Other risks include bleeding, chance of infection, and perforated uterus.

WHAT ARE SPECIAL INSTRUCTIONS AFTER THE PROCEDURE?

The patient should avoid strenuous activity, sexual intercourse, douching, and tampon use for several weeks after the procedure. If any signs of infection appear, i.e., fever, chills, a yellowish discharge from either the vagina or the incision site, your physician should be contacted immediately.

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