



UTERINE PROLAPSE



PRIYADARSHINI MISHRA
ASST.PROF.PT
DEPT OF PHYSIOTHERAPY

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Introduction

- It is one of the common clinical condition met in day to day gynecological practice
- It is most often seen in multiparous women.
- It is a form of herniation
- Uterine prolapse can happen to women of any age, but it affects post menopausal women who had one or more vaginal deliveries.
- The incidence of prolapse is about one in 250 pregnancies.

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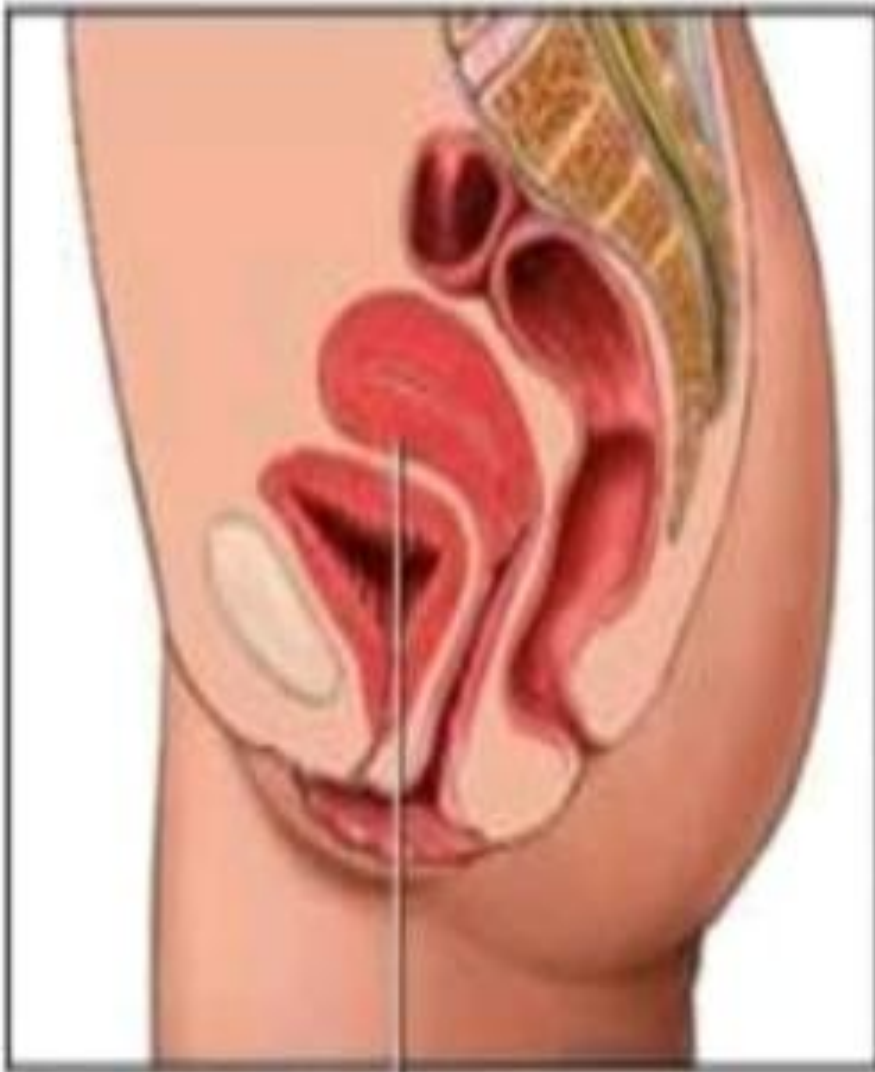
- Uterine prolapse occurs when pelvic floor muscles and ligaments stretch and weaken, providing inadequate support for the uterus . The uterus then slips down into or protrudes out of the vagina.
- Weakening of the pelvic muscles that leads to uterine prolapse can be caused by:
 - 1) Damage to supportive tissue during pregnancy and child birth
 - 2) Effects of gravity
 - 3) Loss of oestrogen

Support Of Uterus

- Round ligaments
- Broad ligaments
- Pubocervical ligaments
- Pelvic floor muscles
- Utero sacral ligaments

Definition

- **Uterine prolapse means the uterus** has descended from its normal position in the pelvis farther down into the vagina.
- **Uterine prolapse** is a form of female genital prolapse It is also called **pelvic organ prolapse** or **prolapse of the uterus (womb)**.



Uterus
PT 5TH SEM



Prolapsed Uterus

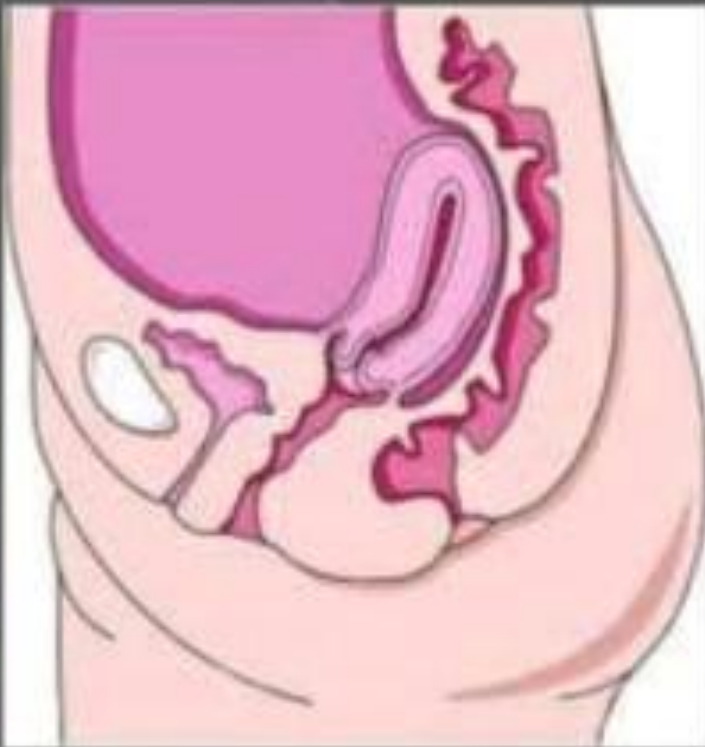
Causes

- **1) Birth injury** : it is a important cause. A perineal tear is less harmful than the excessive stretching of the pelvic floor muscles and ligaments that occur during child birth because over stretching causes atonicity where as torn muscle could be stitched or toned up.
- **2) Peripheral nerve injury**: such as pudendal nerve injury during child birth causes prolapse which is reversible in 60% and it may be responsible for stress in continence also.

Other Causes

- 1) **Congenital weakness:** congenital weakness of the uterus and vagina is the most important causative factor of the utero-vaginal prolapse in nulliparous women.
- 2) **Acquired defects:** in multiparous women overstretching of the ligaments
- 3) **Menopausal atrophy:** After menopause due to withdrawal of oestrogen there is atrophy of the genital tract and its supports.
 - In women due to atrophy of the ligamentous supports of the uterus and vagina prolapse develop.
- **4) Activating factors:** the utero vaginal prolapse is aggravated by-
 - Small fibroids or traction on the uterus.
 - Pelvic tumors.
- **5) Body type:** some women have softer connective tissue than others which means the ligaments that support your pelvic organs loosen more easily, they are more prone to stretch during pregnancy and child birth so there may be a higher risk for developing a prolapse.

Position Of Uterus



**Retroverted
uterus**



Anteverted uterus

Types Of Prolapse

1. Uterovaginal prolapse:

- It is the prolapse of uterus, Cx & upper vagina.
- Commonest type
- It is accompanied by Cystocele.

2. Congenital prolapse:

- No cystocele
- Often seen in nulliparous, so called as nulliparous prolapse.
- Cause-congenital weakness of supports of Us.

Classification of Prolapse

Anterior Vaginal Wall:

Upper Two-Thirds-Cystocele.
Lower One-Third-Urethrocele

} Cystourethrocele

Posterior Vaginal Wall:

Upper One-Third-Enterocoele (*Pouch of Douglas Hernia*)
Lower Two-Thirds-Rectocele

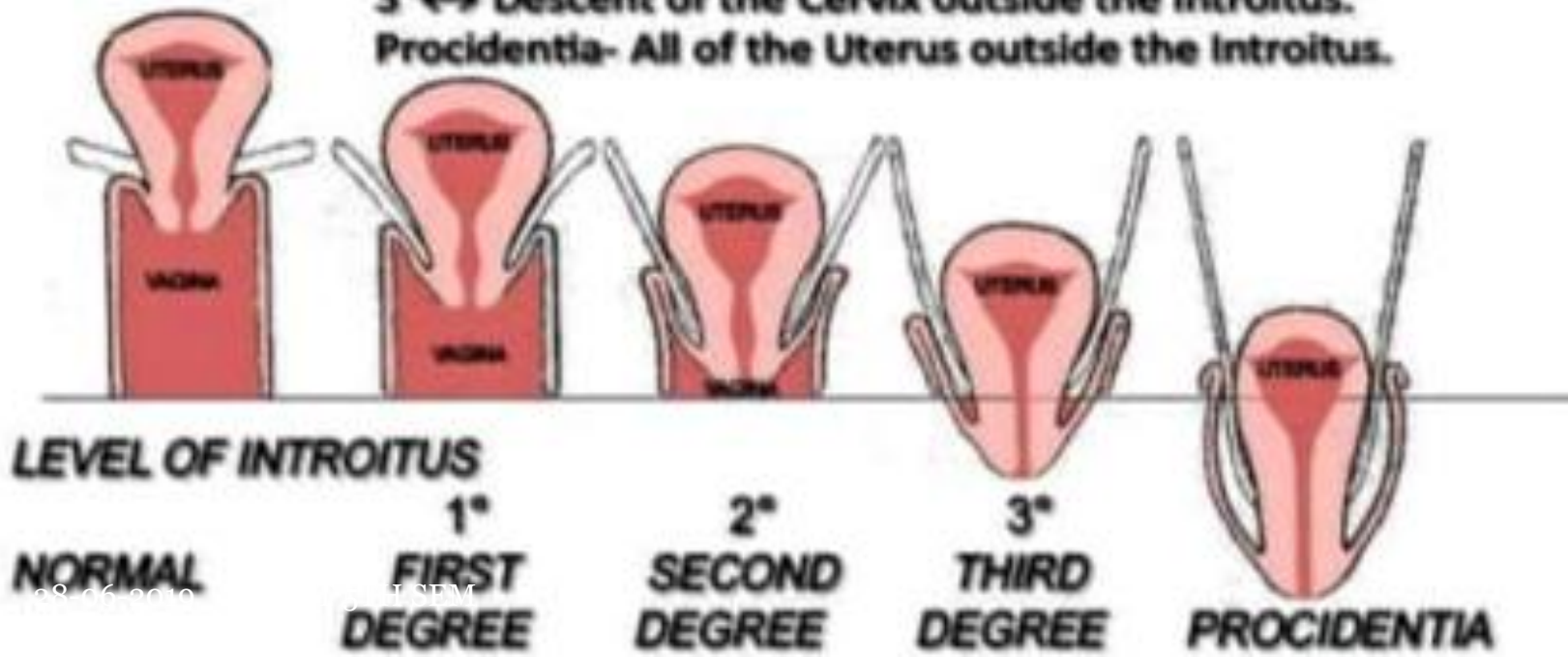
UTERINE DESCENT:

1° ↔ Descent of the Cervix in the Vagina.

2° ↔ Descent of the Cervix to the Introitus.

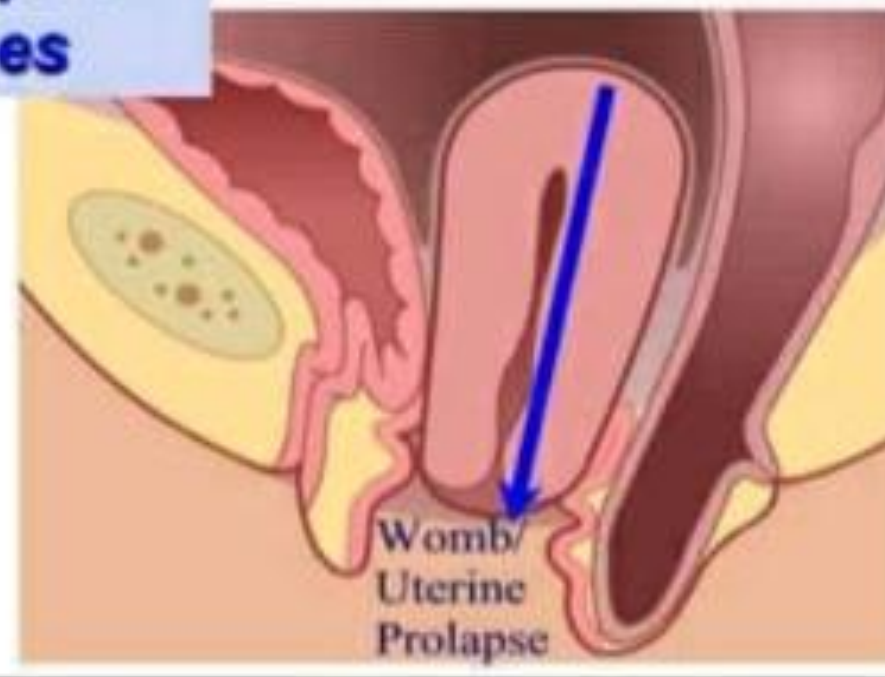
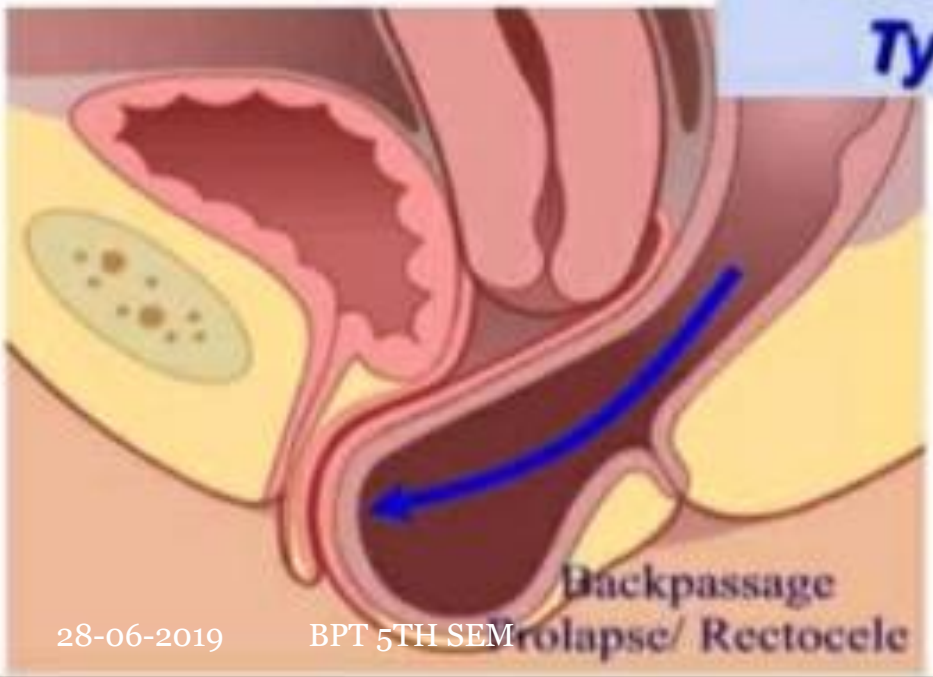
3° ↔ Descent of the Cervix outside the Introitus.

Procidentia- All of the Uterus outside the Introitus.





Prolapse Types



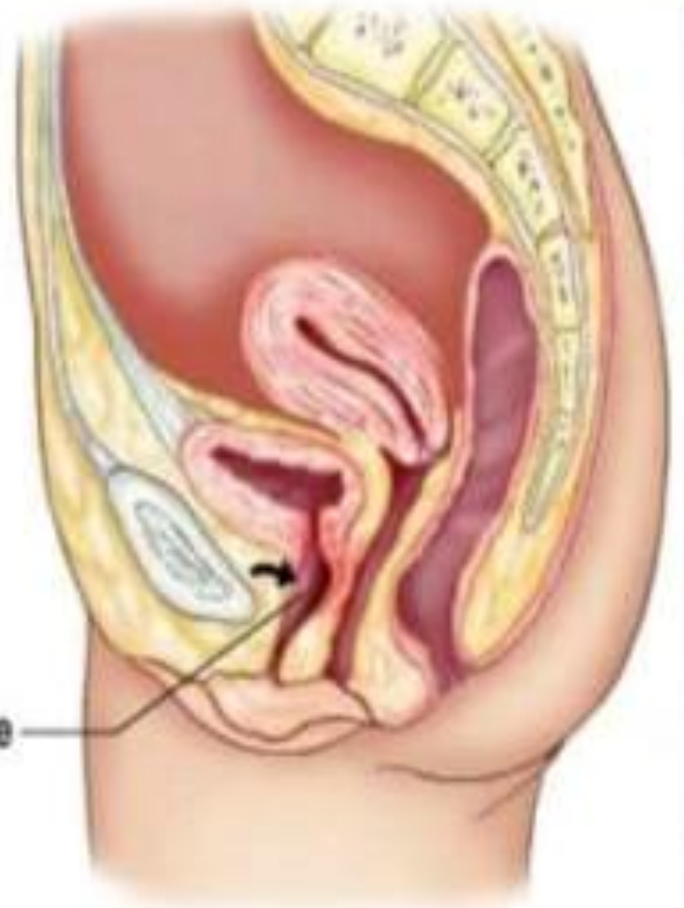
Cystocele



Cystocele

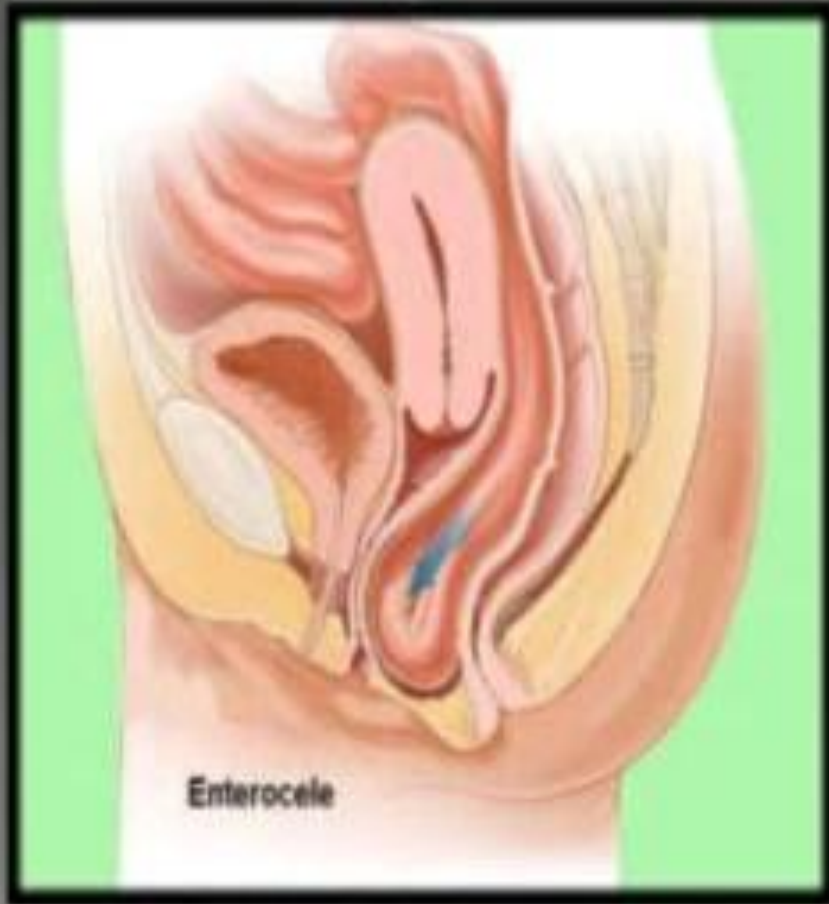
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Urethrocele



Urethrocele

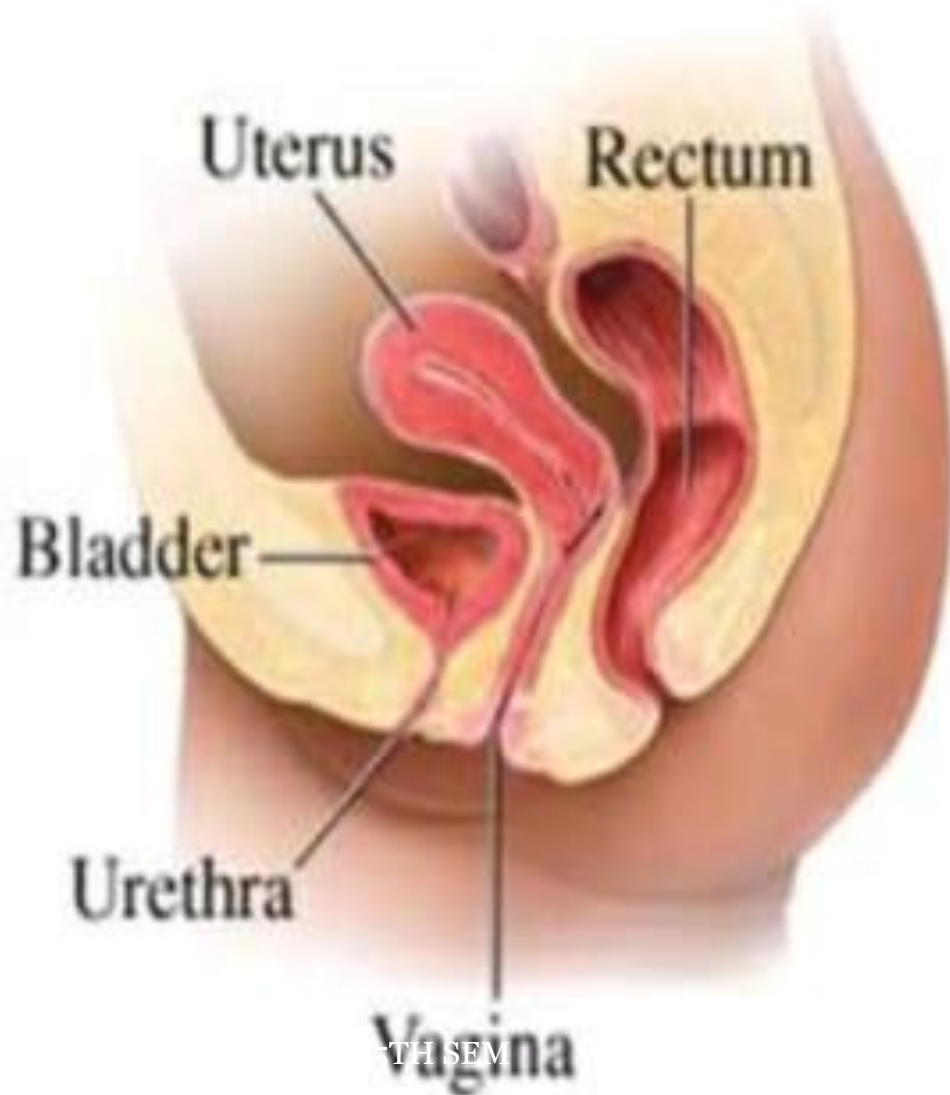
Enterocoele



Rectocoele



Normal female pelvic anatomy



Uterine prolapse



Degrees Of Prolapse

- **FIRST DEGREE**: The uterus descends down from its anatomical position (external os at the level of ischial spines) but the external os still remains inside vagina.
- **SECOND DEGREE**: The external os protrudes outside the vaginal introits but the uterine body still remains inside the vagina

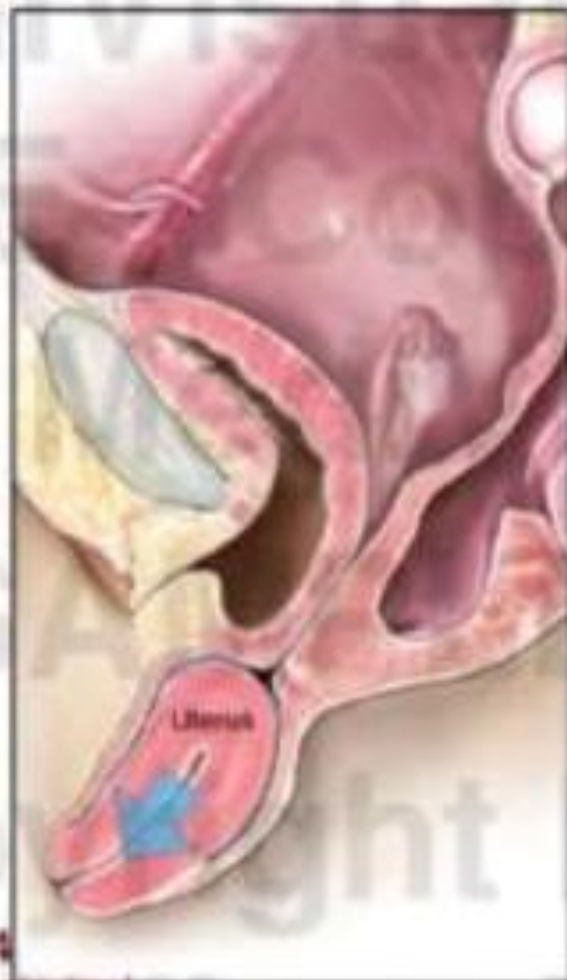
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- **THIRD DEGREE**: The uterine cervix and body descends to lie outside the introitus. It is also known as Procidentia OR complete prolapse.
- **Procidentia** – Prolapse of the uterus with eversion of entire vagina. It is inevitably associated with cystocele and an enterocele

**1st Degree
Uterine Prolapse**

**2nd Degree
Uterine Prolapse**

**3rd Degree
Uterine Prolapse**



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Classification



1st Degree

- Inverted fundus up to cervix



2nd Degree

- Body of uterus protrudes through cervix into vagina



3rd Degree

- Prolapse of inverted uterus outside vulva

Degrees of Uterine Prolapse



FIGURE 24-9 Photographs of vaginal wall prolapse. **A.** Stage 2. This stage is defined by the most distal edge of the prolapse lying within 1 cm of the hymenal ring. **B.** Stage 3. This stage is defined by the most distal portion of the prolapse being >1 cm below the plane of the hymen, but protruding no farther than 2 cm less than the total vaginal length in centimeters. **C.** Stage 4. This stage is defined as complete or near complete eversion of the vaginal wall.

Investigation

- Hematology
- Rectal exam
- Pelvic exam
- Vaginal exam
- USG
- X-ray
- MRI

Differential Diagnoses

- Cystic swelling in the vagina
- Chronic inversion of the uterus
- Hypertrophy of the cervix
- All other causes of low backache and urinary symptoms
- **Virginities:** congestion of the vagina in case of severe virginities may give the feeling of fullness of vagina.

Signs

- utero-vaginal prolapse may be visible during inspection of the vulva.
- In case of minor prolapse it may become visible on straining.
- Rectal examination also differentiate between rectocele and enterocele.

Symptoms

- Feeling of something coming down per vagina ⇔ discomfort on walking.
- Backache or dragging pain in the pelvis
- Dyspareunia
- Urinary symptoms : (in presence of cystocele)
- Difficulty in passing urine ⇔ elevate anterior vaginal wall for bladder evacuation
- Incomplete evacuation lead to frequent desire to pass urine
- Urgency and frequency of micturition may also be due to cystitis
- Painful micturition is due to infection
- Stress incontinence is usually associated due to urethrocele

Management

The Management of Uterine prolapse is described under the following headings.

1. prevention

2. physiotherapy

3. pessary

4. surgical treatment

1.Prevention

Repeated childbirth with short intervals cause UV prolapse

- Women should be advised to avoid pregnancies in quick succession

Labour

- 1st stage
 - Avoid bearing down
 - Breech or forceps delivery before full dilatation of cervix shouldn't be attempted
- 2nd stage
 - Avoid prolongation of this stage
 - Perform episiotomy if tears or overstretching of perineum is feared
- 3rd stage
 - Avoid Crede's method
 - Episiotomy or tears should be carefully sutured

Puerperium

- Treat chronic cough and constipation
- Avoid strenuous exercises and standing for prolonged time

2. Physiotherapy

- Early cases of UV prolapse are helped by pelvic floor exercises Particularly during puerperium and while waiting to undergo surgical treatment.
- **Kegel exercises** are used to tone up pelvic musculature
These exercises are done 3 times a day for 20 min each

Kegel Exercise

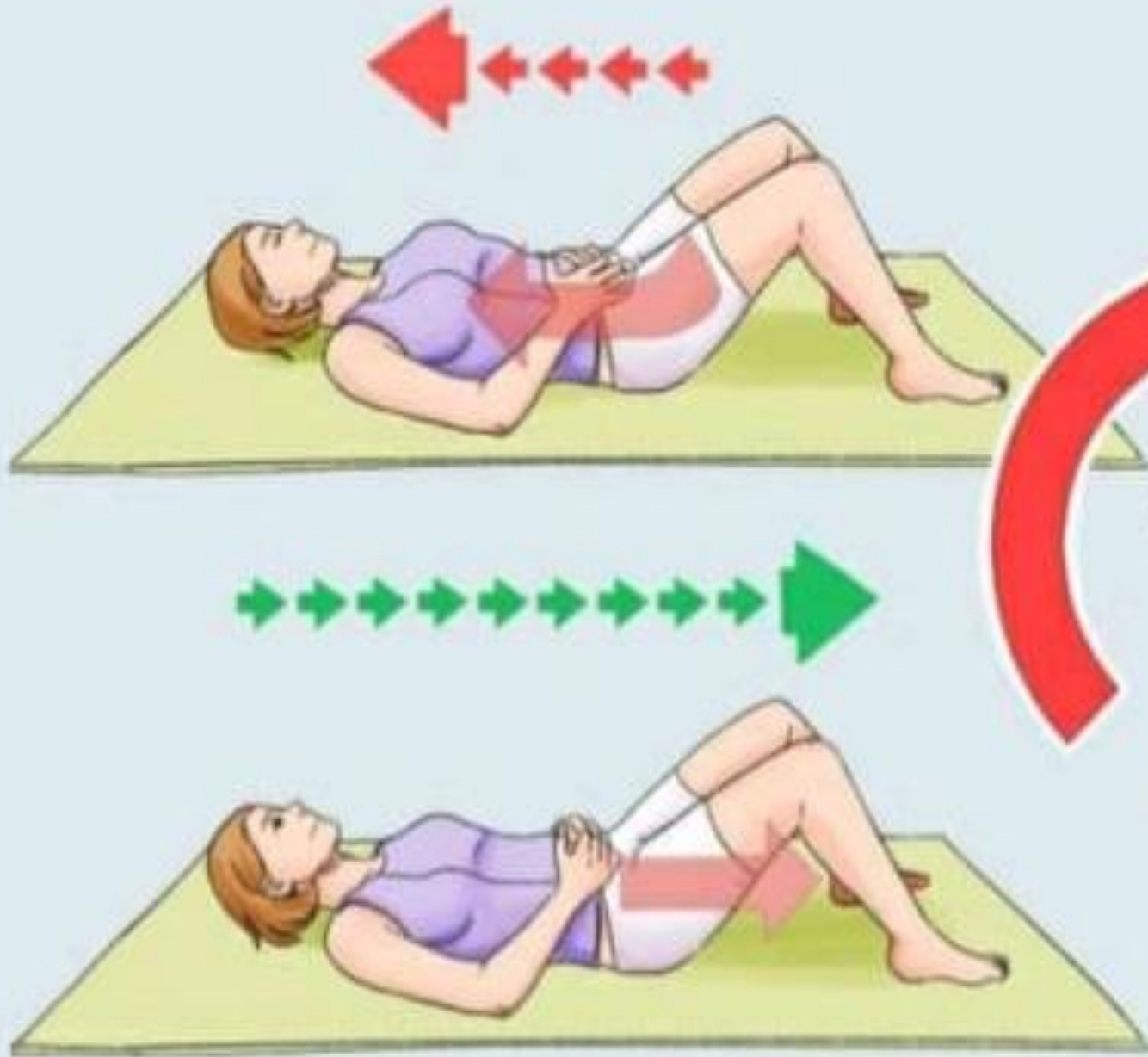
1 Commonly prescribed to improve many conditions.



2 How to Lift pelvic floor and contract muscles.

3 They can be done at any location: at home, office, or in the car.

4 They have been proven effective in reducing urinary incontinence.



3. Pessary Treatment

- A mechanical device for correcting and controlling UV prolapse
- A pessary does not cure UV prolapse
- It only holds the genital tract in position
- Advised for patients who cannot undergo surgery

Types

- 1. Ring pessary
- 2. Hodge pessary

Cont...

Indications

- During pregnancy (1st trimester)
- During puerperium
- Unfit for surgical treatment
- Patient's choice

Cont...

Management

- Choice of pessary (ring pessaries commonly used)
- Size (depends upon size of vagina)
- Sterilization
- Insertion

before insertion the pessary is kept in hot water for few minutes so that pessary become soft and easy to insert

- Follow up
- pessary should be removed ,cleaned and reinserted at regular intervals of 6-12 months.

4.Surgical Treatment

- **vaginal Hysterectomy** – most common operation and its indications are:
 - *Post-menopausal prolapse*
 - *Uterine pathology like small fibroids or adenomyosis*
 - *Menstrual disorders such as dysfunctional uterine bleeding*
 - *Prolapse during childbearing age , after completion of family*
- **Burch Operation** – for relief of symptoms of cystocele.

Cont...

- *Anterior Colporrhaphy* – for anterior vaginal wall prolapse.
- *Posterior Colporrhaphy* – for repair of the posterior vaginal wall and perineum.
- *Manchester Repair (Fothergill's Operation)* – for repair of uterovaginal prolapse. Carried out in women of child bearing age and haven't completed their families and insist on preservation of uterus

A circular fisheye photograph of a park. In the center, the text "Thank You..." is written in a bold, pink, sans-serif font. The background shows a lush green lawn where several people are engaged in recreational activities. On the right side, a group is playing soccer. In the upper right, a person is playing basketball. On the left, a person is riding a bicycle. In the lower left, a person is playing tennis. The sky is bright blue with some light clouds, and the overall scene is vibrant and active.

Thank You...