

HealthTalks

Facts and Myths About Women's Urological Issues

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Uterine Prolapse

What is uterine prolapse?

Uterine prolapse is a condition in which a woman's uterus (womb) sags or slips out of its normal position. The uterus may slip enough that it drops partway into the vagina (birth canal), creating a lump or bulge. This is called incomplete prolapse. In a more severe case--called complete prolapse--the uterus slips so far out of place that some of the tissue drops outside of the vagina.

What are the symptoms of uterine prolapse?

Women with mild cases of uterine prolapse may have no obvious symptoms. However, as the uterus slips further out of position, it can place pressure on other pelvic organs--such as the bladder or bowel--causing a variety of symptoms, including:

- A feeling of heaviness or pressure in the pelvis
- Pain in the pelvis, abdomen or lower back
- Pain during intercourse
- A protrusion of tissue from the opening of the vagina

- Recurrent bladder infections
- Unusual or excessive discharge from the vagina
- Constipation
- Difficulty with urination, including involuntary loss of urine (incontinence), or urinary frequency or urgency

Symptoms may be worsened by prolonged standing or walking. This is due to the added pressure placed on the pelvic muscles by gravity.

What causes uterine prolapse?

The uterus is held in place within the pelvis by a group of muscles and ligaments. As these structures weaken, they become unable to hold the uterus in position, and it begins to sag. There are several factors that may contribute to the weakening of the pelvic muscles, including:

- Loss of muscle tone as the result of aging
- Injury during childbirth, especially if the woman has had many babies or large babies (more than 9 pounds)
- Other factors (Obesity, chronic coughing or straining and chronic constipation all place added tension on the pelvic muscles, and may contribute to the development of uterine prolapse.)

Who gets uterine prolapse?

Uterine prolapse most often occurs in women who have had more than one baby through normal vaginal delivery and in postmenopausal women. Menopause occurs when a woman's ovaries stop producing the hormones that regulate her monthly menstrual cycle, and she stops having regular menstrual periods. One of these hormones, estrogen, helps keep the pelvic muscles strong.

How common is uterine prolapse?

Uterine prolapse is fairly common, and the risk of developing the condition increases with age.

How is uterine prolapse diagnosed?

The doctor will perform a pelvic examination to determine if the uterus has lowered from its normal position. During a pelvic exam, the doctor inserts a speculum (an instrument that lets the clinician see inside the vagina) and examines the vagina and uterus. The doctor will feel for any bulges caused by the uterus protruding into the vaginal canal.

How is uterine prolapse treated?

There are surgical and non-surgical options for treating uterine prolapse. The treatment chosen will depend on the severity of the condition, as well as the woman's general health, age and desire to have children. Treatment generally is effective for most women. Treatment options include the following:

NON-SURGICAL OPTIONS

Exercise -- Special exercises, called Kegel exercises, can help strengthen the pelvic floor muscles. This may be the only treatment needed in mild cases of uterine prolapse. To do Kegel exercises, tighten your pelvic muscles as if you are trying to hold back urine. Hold the muscles tight for a few seconds and then release. Repeat 10 times. You may do these exercises anywhere and at any time (up to four times a day).

Vaginal pessary -- A pessary is a rubber or plastic doughnut-shaped device that fits around or under the lower part of the uterus (cervix), helping to prop up the uterus and hold it in place. A health care provider will fit and insert

the pessary, which must be cleaned frequently and removed before sex.

Estrogen replacement therapy (ERT) -- Taking estrogen may help to limit further weakness of the muscles and other connective tissues that support the uterus. However, there are some drawbacks to taking estrogen, such as an increased risk of blood clots, gallbladder disease and breast cancer. The decision to use ERT must be made with your doctor after carefully weighing all of the risks and benefits.

SURGICAL OPTIONS

Hysterectomy -- Uterine prolapse may be treated by removing the uterus in a surgical procedure called hysterectomy. This may be done through an incision made in the vagina (vaginal hysterectomy) or through the abdomen (abdominal hysterectomy). Hysterectomy is major surgery, and removing the uterus means pregnancy is no longer possible.

Uterine suspension -- This procedure involves putting the uterus back into its normal position. This may be done by reattaching the pelvic ligaments to the lower part of the uterus to hold it in place. Another technique uses a special material that acts like a sling to support the uterus in its proper position. Recent advances include performing this with minimally invasive techniques and laparoscopically (through small band aid sized incisions) that decrease post operative pain and speed recovery.

What are the complications of uterine prolapse?

Left untreated, uterine prolapse can interfere with bowel, bladder and sexual functions.

Can uterine prolapse be prevented?

It may not be possible to prevent all cases of uterine prolapse, but there are steps that can be taken to help reduce the risk:

- Maintain a healthy body weight.
- Exercise regularly (for 20 to 30 minutes, three to five times per week), including Kegel exercises, which may be done up to four times a day. Be sure to check with your health care provider before starting any new exercise program.
- Eat a healthy diet balanced in protein, fat and carbohydrates. For example, eat at least 5 to 9 servings of fruits and vegetables per day. Also, eat food that is high in dietary fiber (such as whole grain cereals, legumes and vegetables), and minimize your daily fat intake to 25 to 30 grams. Using the Food Guide Pyramid (visit the web site: mypyramid.gov) is a good way to help ensure that you are meeting your nutrition needs. A healthy diet can help maintain weight and prevent constipation.
- Stop smoking. This reduces the risk of developing a chronic cough, which can put extra strain on the pelvic muscles.
- Consider estrogen replacement therapy after menopause.
- Use correct lifting techniques.

Proper techniques for lifting

- Do not try to lift objects that are awkward or too heavy for you to lift alone. Also, avoid lifting heavy objects above waist level.
- Before you lift an object, make sure you have firm footing.

Notes

- To pick up an object that is lower than the level of your waist, keep your back straight, and bend at your knees and hips. Do not bend forward at the waist with your knees straight.
- Stand with a wide stance close to the object you are trying to pick up, and keep your feet firm on the ground. Tighten your stomach muscles and lift the object using your leg muscles. Straighten your knees in a steady motion. Do not jerk the object up to your body.
- Stand completely upright without twisting. Always move your feet forward when lifting an object.
- If you are lifting an object from a table, slide it to the edge of the table so that you can hold it close to your body. Bend your knees so that you are close to the object. Use your legs to lift the object and come to a standing position.
- Hold packages close to your body with your arms bent. Keep your stomach muscles tight. Take small steps and go slowly.
- To lower the object, place your feet as you did to lift, tighten stomach muscles and bend your hips and knees.

This information is not intended to replace the medical advice of your doctor or health care provider. Please consult your health care provider for advice about a specific medical condition.



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