

## Prolapse of the uterus

The uterus (womb) is an organ of the female reproductive system. It is shaped like an upside down pear and is located inside the pelvis. The uterus, bladder and bowel are supported by a hammock of muscles slung between the tailbone (coccyx) and the pubic bone. These muscles are known as the pelvic floor, or the levator ani muscles. Ligaments and connective tissue also anchor the uterus in place. If these tissues are weakened or damaged, the uterus can slip down into the vagina.

Common causes of uterine prolapse include childbirth, obesity, severe coughing, straining on the toilet and hormonal changes after menopause. Treatment should include pelvic floor muscle strengthening exercises, taught by a pelvic floor physiotherapist or continence nurse.

A pessary can be inserted to support the uterus and reduce the symptoms associated with the prolapse. Pelvic floor exercises are still helpful when a pessary is in place. Surgery may be needed in severe cases.

### Symptoms of prolapse of the uterus

The symptoms of uterine prolapse include:

- A sensation of heaviness and pressure in the vagina
- A distinct lump or bulge within the vagina
- A bulge protruding out of the vagina
- Persistent aching in the lower back
- Greater than normal amounts of vaginal discharge
- Painful sexual intercourse.

### Degrees of prolapse

Uterine prolapse is described in stages, indicating how far it has descended. In most cases, other pelvic organs (such as the bladder or bowel) are also prolapsed into the vagina, and the ovaries sit lower than normal inside the pelvis. The four categories of uterine prolapse are:

- **Stage I** – the uterus is in the upper half of the vagina.
- **Stage II** – the uterus has descended nearly to the opening of the vagina.
- **Stage III** – the uterus protrudes out of the vagina.
- **Stage IV** – the uterus is completely out of the vagina.

### A range of causes of uterine prolapse

The pelvic floor and associated supporting ligaments can be weakened or damaged in many ways including:

- Pregnancy, especially in the case of multiple babies such as twins or triplets
- Vaginal childbirth, especially if the baby was large or delivered quickly, or if there was a prolonged pushing phase
- Obesity
- Straining on the toilet to pass a bowel motion
- Low levels of the sex hormone oestrogen after menopause
- Severe coughing associated with conditions such as chronic bronchitis or asthma
- Fibroids
- In rare cases, pelvic tumour.

## Treatments for uterine prolapse

Treatments for uterine prolapse include surgical and non-surgical options, the choice of which will depend on general health, the severity of the condition and plans for a future pregnancy. Treatment options include the following:

### Pelvic floor exercises

Stage I and II uterine prolapse in particular can be helped by pelvic floor muscle exercises, but they need to be done correctly and practised long enough to strengthen the muscles. Although the following information may give you some ideas about how to do PF exercises, it is imperative to seek professional help if you have a prolapse.

Familiarising yourself with the muscles of each orifice gives you a better chance of performing the exercises correctly. To identify the muscles of your vagina, insert one or two fingers and squeeze them. For your urethra, try to stop the flow of urine in midstream. Finally, familiarise yourself with the muscles of your anus by pretending to stop yourself from breaking wind. Consult with your doctor or pelvic floor physiotherapist to ensure correct performance.

You can perform these exercises lying down, sitting or standing. Ideally, aim for five or six sessions every day while you are learning the exercises. After you have a good understanding of how to do the exercises, three sessions each day is enough.

Before you start, direct your attention to your pelvic floor muscles. Try to relax your abdominal muscles, buttocks and leg muscles. Don't bear down or hold your breath. Squeeze and lift the urethra, vagina and anus and hold the tension for three seconds if you can. Release completely. Then perform the exercises, which include:

- Squeeze and lift and hold while breathing. Build up to six seconds. Relax completely. Repeat 10 times if able to effectively. Relax for five seconds between each one.
- It's OK to feel your lower abdomen gently tightening as you hold the pelvic floor muscle contraction.
- Remember to squeeze and lift the muscles whenever you clear your throat or cough.

### Vaginal pessary

A pessary is a flexible device which can be fitted into the vagina to support the uterus. There are different shapes and sizes of pessary, which can be prescribed and fitted by a suitably trained health professional. Women can be taught to remove and re-insert their pessary much like a tampon. However, regular reviews with your gynaecologist or doctor are necessary.

Vaginal pessaries can be an effective way of reducing the symptoms of a prolapse, but they will not be appropriate for everyone. Together with pelvic floor exercises, they may provide a non-surgical solution to manage a uterine prolapse.

### Vaginal surgery

In moderate to severe cases, the prolapse may have to be surgically repaired. In laparoscopic surgery, instruments are inserted through the navel. The uterus is pulled back into its correct position and reattached to its supporting ligaments. The operation can also be performed with an abdominal incision.

Surgery may fail and the prolapse can recur if the original cause of the prolapse, such as coughing and straining, is not addressed. Consult your pelvic floor physiotherapist for help with this.

## Prevention techniques

Some women are at increased risk of uterine prolapse. Simple preventive measures include:

- **Pregnancy** – pelvic floor exercises throughout the duration of pregnancy
- **Vaginal childbirth** – post-partum pelvic floor exercises
- **Post-menopause** – oestrogen cream to boost flagging hormone levels, and pelvic floor exercises
- **Obesity** – loss of excess abdominal fat with dietary modifications and regular exercise exercises

- **Other conditions** – treat underlying disorders (such as asthma, chronic bronchitis or chronic constipation) in consultation with your doctor
- **Chronic constipation** – you need to have big, soft and formed stools. Usually, eating lots of fruit, vegetables and fibre will help. Don't strain when using your bowels.

## Where to get help

- Your doctor
- Family planning clinic
- Australian Physiotherapy Association Tel. (03) 9092 0888
- Family Planning Victoria Tel. (03) 9257 0100
- Victorian Continence Resource Centre Tel. (03) 9816 8266

## Things to remember

- Uterine prolapse occurs when weakened or damaged muscles and ligaments allow the uterus to slip into the vagina.
- Common causes include pregnancy, childbirth, hormonal changes after menopause, obesity, severe coughing and straining on the toilet.
- Treatment options include pelvic floor exercises, vaginal pessaries and vaginal surgery.

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