

## Retroverted uterus

The vagina isn't positioned vertically within the pelvis – it is angled towards the lower back. In most women, the uterus is tipped forward so that it lies over the bladder, with the top (fundus) towards the abdominal wall. Another normal variation found in some women is the upright uterus, where the fundus is straight up.

About one quarter of women have a retroverted uterus. This means the uterus is tipped backwards so that its fundus is aimed toward the rectum. While a retroverted uterus doesn't cause problems in most cases, some women experience symptoms including painful sex.

Other names for retroverted uterus include tipped uterus, retroflexed uterus and uterine retrodisplacement.

### Symptoms of a retroverted uterus

Generally, a retroverted uterus does not cause any problems. If problems do occur, it will probably be because the woman has an associated disorder like endometriosis. A disorder like this could cause the following symptoms:

- Painful sexual intercourse
- The woman-on-top position during sex usually causes the most discomfort
- Period pain (particularly if the retroversion is associated with endometriosis).

### A range of causes for a retroverted uterus

Some of the causes of a retroverted uterus include:

- **Natural variation** – generally, the uterus moves into a forward tilt as the woman matures. Sometimes, this doesn't happen and the uterus remains tipped backwards.
- **Adhesions** – an adhesion is a band of scar tissue that joins two (usually) separate anatomic surfaces together. Pelvic surgery can cause adhesions to form, which can then pull the uterus into a retroverted position.
- **Endometriosis** – the endometrium is the lining of the uterus. Endometriosis is the growth of endometrial cells outside the uterus. These cells can cause retroversion by 'gluing' the uterus to other pelvic structures.
- **Fibroids** – these small, non-cancerous lumps can make the uterus susceptible to tipping backwards.
- **Pregnancy** – the uterus is held in place by bands of connective tissue called ligaments. Pregnancy can overstretch these ligaments and allow the uterus to tip backwards. In most cases, the uterus returns to its normal forward position after childbirth, but sometimes it doesn't.

### Sexual problems

In most cases of retroverted uterus, the ovaries and fallopian tubes are tipped backwards too. This means that all of these structures can be 'bumped' by the head of the penis during intercourse. This is known as 'collision dyspareunia'. The woman-on-top position usually causes the most pain. It is possible for vigorous sex in this position to injure or tear the ligaments surrounding the uterus.

### Fertility issues

It is thought that a retroverted uterus has no bearing on a woman's fertility.

## Retroverted uterus and pregnancy

In most cases, a retroverted uterus doesn't interfere with pregnancy. After the first trimester, the expanding uterus lifts out of the pelvis and, for the remainder of the pregnancy, assumes the typical forward-tipped position.

In a small percentage of cases, the growing uterus is 'snagged' on pelvic bone (usually the sacrum). This condition is known as 'incarcerated uterus'. The symptoms usually occur somewhere between weeks 12 and 14, and can include pain and difficulties passing urine.

## Diagnosis of a retroverted uterus

A retroverted uterus is diagnosed by routine pelvic examination. Sometimes, a woman may discover that she has a retroverted uterus during a Pap test. If you are experiencing symptoms such as painful sex, the first action taken by your doctor may include a range of tests to find out if other conditions are causing your retroverted uterus, such as endometriosis or fibroids.

## Treatment for a retroverted uterus

If a retroverted uterus is causing problems, treatment options can include:

- **Treatment for the underlying condition** – such as hormone therapy for endometriosis.
- **Exercises** – if movement of the uterus isn't hindered by endometriosis or fibroids, and if the doctor can manually reposition the uterus during the pelvic examination, exercises may help. However, the medical profession is divided over whether or not pelvic exercises are worthwhile as a long-term solution. In many cases, the uterus simply tips backwards again.
- **Pessary** – a small silicone or plastic device can be placed either temporarily or permanently to help prop the uterus into a forward lean. However, pessaries have been linked with increased risk of infection and inflammation. Another drawback is that sexual intercourse is still painful for the woman, and the pessary may cause discomfort for her partner too.
- **Surgery** – using laparoscopic ('keyhole') surgery techniques, the uterus can be repositioned so that it sits over the bladder. This operation is relatively straightforward and usually successful. In some cases, the surgical removal of the uterus (hysterectomy) may be considered.
- **Treatment options for incarcerated uterus** – includes hospitalisation, the insertion of a urinary catheter to empty the bladder, and a series of exercises (such as pelvic rocking) to help free the uterus.

## Where to get help

- Your doctor
- Gynaecologist
- Obstetrician
- Family Planning Victoria Tel. (03) 9257 0100

## Things to remember

- A retroverted uterus means the uterus is tipped backwards so that it aims towards the rectum instead of forward towards the belly.
- Some women may experience symptoms including painful sex.
- In most cases, a retroverted uterus won't cause any problems during pregnancy.
- Treatment options include exercises, a pessary or surgery.

**This page has been produced in consultation with, and approved by:**

Royal Australian and New Zealand College of Obstetricians and Gynaecologists

Content on this website is provided for education and information purposes only. Information about a therapy, service, product or treatment does not imply endorsement and is not intended to replace advice from your doctor or other registered health professional. Content has been prepared for Victorian residents and wider Australian audiences, and was accurate at the time of publication. Readers should note that, over time, currency and completeness of the information may change. All users are urged to always seek advice from a registered health care professional for diagnosis and answers to their medical questions.

For the latest updates and more information, visit [www.betterhealth.vic.gov.au](http://www.betterhealth.vic.gov.au)

**Copyright** © 1999/2011 State of Victoria. Reproduced from the Better Health Channel ([www.betterhealth.vic.gov.au](http://www.betterhealth.vic.gov.au)) at no cost with permission of the Victorian Minister for Health. Unauthorised reproduction and other uses comprised in the copyright are prohibited without permission.