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Clinical Manifestations

- Utero-vaginal prolapse may be visible during inspection of the vulva.
- Feeling of something coming down per vagina → discomfort on walking.
- Backache or dragging pain in the pelvis
- Difficulty in passing urine.
- Difficult or painful sexual intercourse
- Frequent urination or a sudden urge to empty the bladder.
- Recurrent bladder infections
- Feeling of heaviness or pulling in the pelvis
- vaginal bleeding
- ↑ed vaginal discharge.

Investigation

- Hematology
- Rectal exam
- US
- MRI
- Pelvic exam
- vaginal exam
- X-ray

Management

Prevention

Repeated childbirth c 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

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dilatation of cervix should not be attempted

2nd stage
- Avoid prolongation of this stage
- Perform episiotomy, if overstretching of perineum is feared.

3rd stage
- Avoid Crede's method
- Episiotomy or tears should be carefully sutured.

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

Physiotherapy
- Early cases of U. prolapse are helped by pelvic floor exercises
- Kegel exercises are used to tone up pelvic musculature.
These exercises are done 3 times a day for 2 min each.

Pessary treatment
- A mechanical device for correcting & controlling U. prolapse
- A pessary does not cure U.P; it only holds the genital tract in position.
- Advised for pts who cannot undergo

"No religion has mandated killing others as a requirement for its sustenance or promotion." –Dr. A.P.J. Abdul Kalam

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Surgery

Types

1. Ring pessary 2. Hodge pessary.

Indications

- During pregnancy (1st trimester)
- During puerperium
- Unfit for surgical treatment
- Pts choice

- Before insertion, the pessary is kept in hot water for few mins so that pessary become soft & easy to insert.

- Pessary should be removed, cleaned & reinserted at regular intervals of 6-12 months.

Surgical treatment

- Vaginal hysterectomy: most common operation & its indications are:
  - → post-menopausal prolapse
  - → uterine pathology like small fibroids
  - → Menstrual disorders such as abnormal dysfunctional uterine bleeding.
  - → prolapse during childbearing age,
- Burch operation: for relief of symptoms of cystocele. It is performed to treat primary incontinence, it is a surgical procedure [illegible] C is used when bladder or urethra has

"All the work you do, is done for your own salvation, is done for your own benefit." –Swami Vivekananda

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fallen out of its normal position

- The Manchester operation / Fothergill operation: is a technique used in gynaecological surgeries. It is an operation for uterine prolapse by fixation of the cardinal ligaments.
- It restores normal support of the uterus could removing the uterus.
- Sacrohysteropexy: used to treat uterine prolapse when a woman does not want a hysterectomy surgical mesh is attached to the cervix & then to the sacrum, lifting the uterus back into place.