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Prolapse of uterus / Uterine prolapse

Introduction

It is one of the common clinical condition met in day to day gynecological practice

- It is most often seen in multiparous women
- Uterine prolapse can happen to women of any age grp, but it affects post menopausal women who had one or more vaginal deliveries.
- Uterine prolapse occurs when pelvic floor muscles & ligaments stretch & 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 used by:
  - → Damage to supportive tissue during pregnancy & child birth.
  - → loss of oestrogen

Definition: U.P means the uterus has descended from its normal position in the pelvis further down into the vagina.

- Uterine P. is also cld pelvic organ prolapse or prolapse of the uterus (womb)

Causes

1. Birth injury: It is an imp. cause. A perineal tear is less harmful than the excessive stretching of the pelvic floor muscles & ligaments

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that occur during child birth, becoz over stretching caused atonicity where as torn muscle could stitched or toned up.

2. Bear. down: before full dilatation of the cervix & when the bladder is not empty.

3. Heavy work just after delivery cout any rest or. pelvic floor exercises.

4. Delivery of a big baby → also stretches the perineal muscles & leads to parturient introitus & prolapse.

5. loss of pelvic support c results in uterine prolapse
6. Rapid succession of pregnancies.
7. post partum cough.

Other causes

1. Congenital weakness of the uterus & vagina is the most imp causative factor of the utero-vaginal prolapse in multiparous women.
2. Menopausal atrophy: After menopause due to c drawal of estrogen there is atrophy of the genital tract & its supports.

3. The utero-vaginal prolapse is aggravated by:

a) Small fibroids b) Pelvic tumours

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4. Obesity.

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 cld as nulliparous prolapse
   - Congenital weakness of supports of uterus.

Degrees of prolapse

- First degree: The uterus descends down from its anatomical position (external OS at the level of ischeal spines) but the external OS still remains inside vagina.
- Second degree: The external OS protrudes outside the vaginal introitus but the uterine body still remains inside the vagina.
- Third degree: The uterine, cervix & body descends to lie outside the introitus. It is also kn as procidentia or complete prolapse.