



**SNS COLLEGE OF NURSING**  
**Saravanam Patti (po), Coimbatore.**



**DEPARTMENT OF NURSING**

**COURSE NAME : B.Sc. (Nursing) III Year.**

**SUBJECT : MEDICAL SURGICAL NURSING II**

**UNIT : IV-FEMALE REPRODUCTIVE SYSTEM DISORDERS**

**AND ITS MANAGEMENT**

**TOPIC : UTERINE PROLAPSE**



# Uterine Prolapse



# Overview

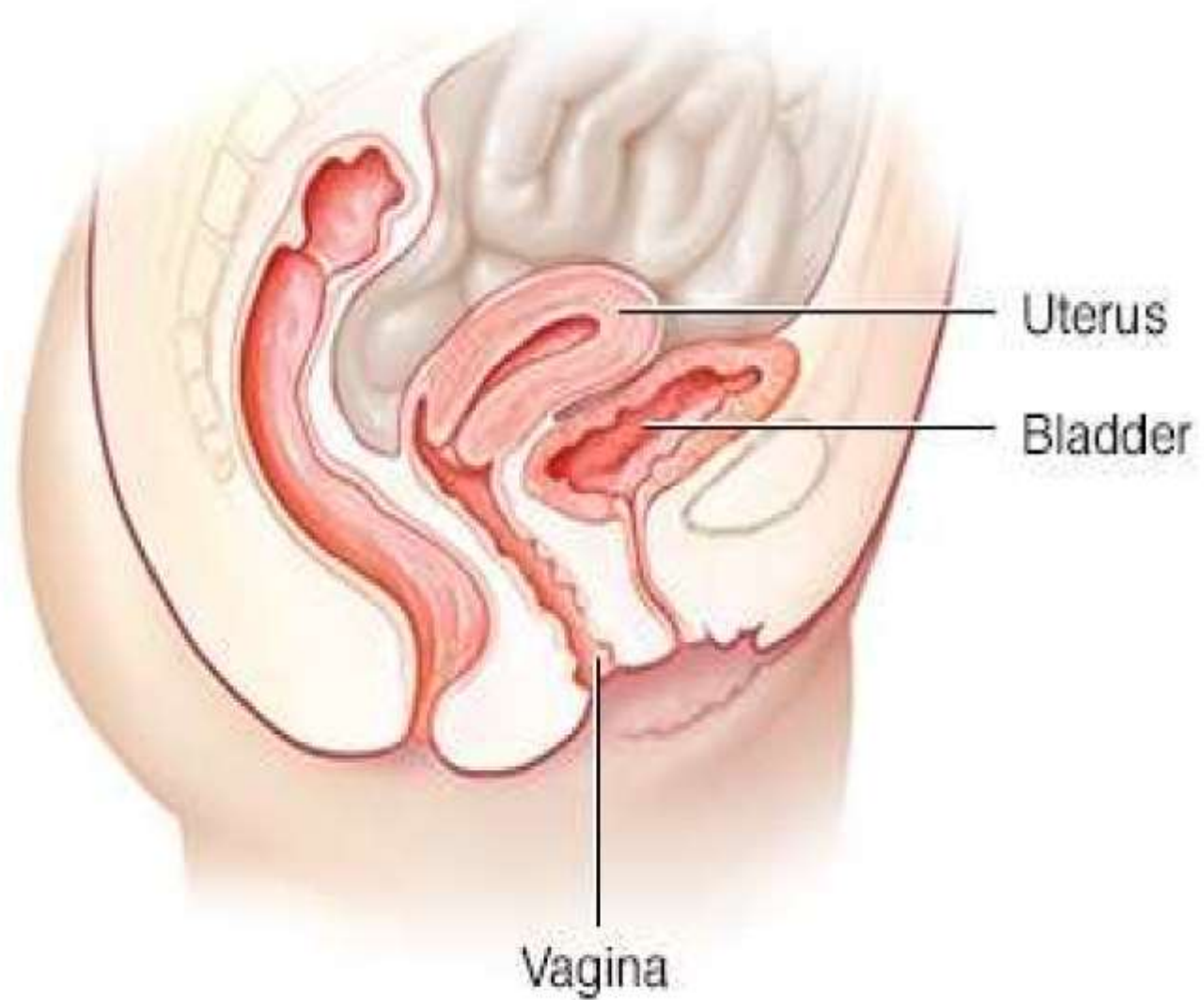
- Uterine prolapse
- Risk factors
- Causes
- Pathophysiology
- Signs and symptoms
- Diagnostic measures
- Treatment measures
- Complication
- Nursing management
- Preventive measures



# Introduction

- Uterine prolapse is a form of female genital prolapse.
- It is also called pelvic organ prolapse or prolapse of uterus (womb).
- The uterus (womb) is a muscular structure that is held in place by pelvic muscles and ligament.

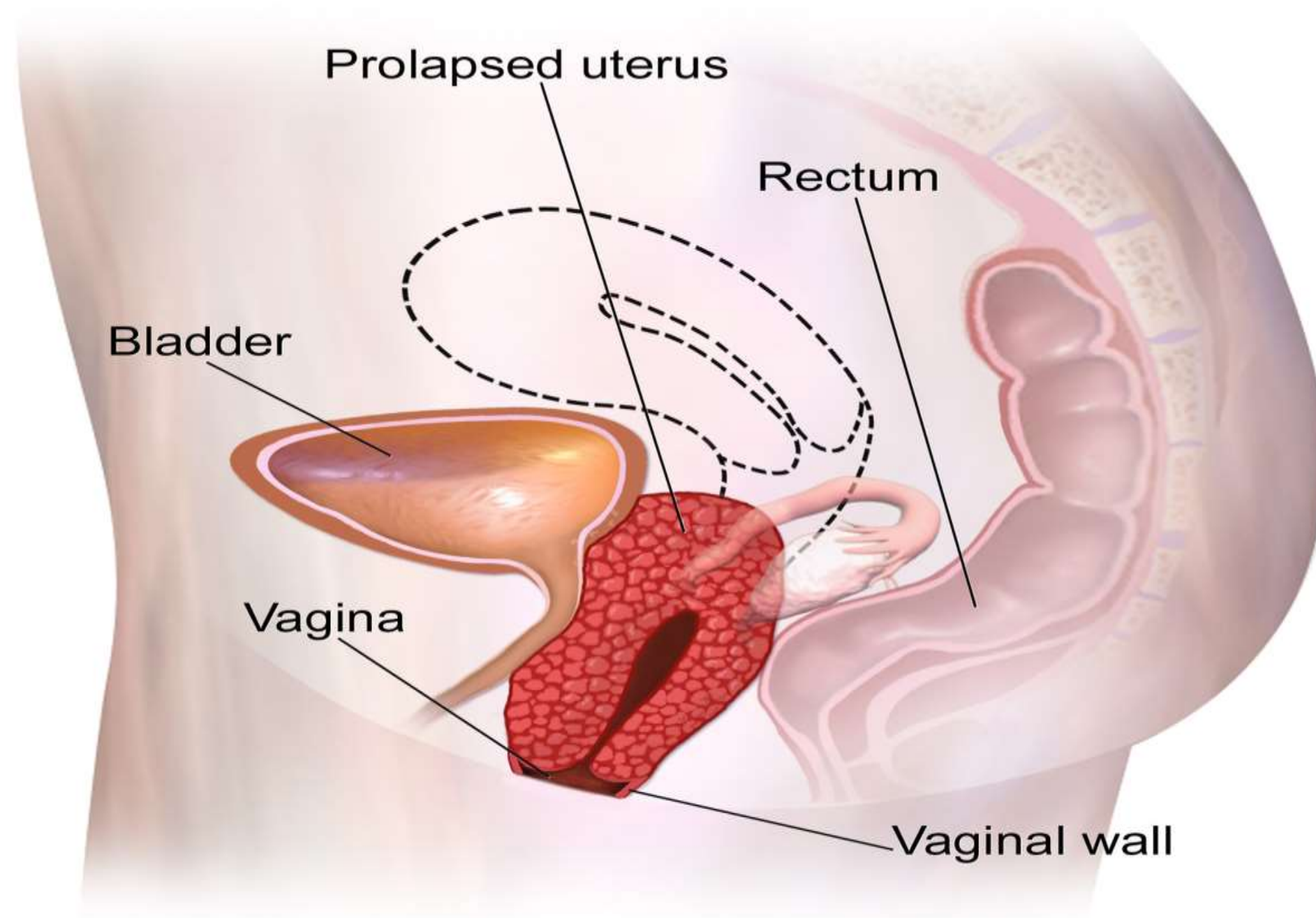
Normal uterus



Prolapsed uterus







## Uterine Prolapse



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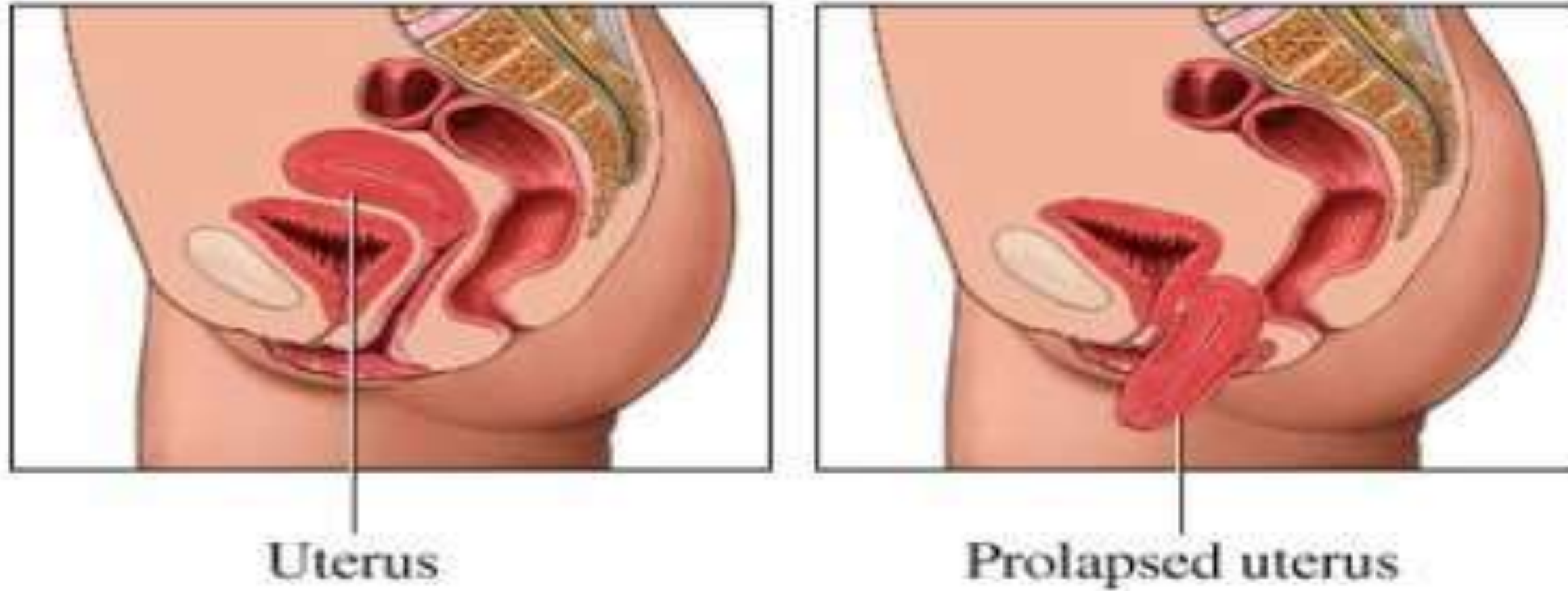
- If these muscles or ligaments stretch or become weak, they are no longer able to support the uterus, causing prolapse.
- Uterine prolapse occurs when the uterus sags or slips from its normal position and into the vagina (birth canal).



# Definition

- Uterine Prolapse is the downward displacement of the uterus into the vaginal canal or a gradually descends of the uterus in the axis of the vagina taking the vaginal wall with it.
- Uterine prolapse is a condition in which a woman's uterus (womb) slips out of its normal position .







# Risk Factors

- The risk of having a prolapsed uterus increases as a woman ages and estrogen (hormone that helps keep the pelvic muscles strong) levels decrease.
- Damages to pelvic muscles and tissues during pregnancy and childbirth may also lead to prolapse.



# Contd..

- Women who have had more than one vaginal birth and post-menopausal women are at the highest risk.
- Any activity that puts pressure on the pelvic muscles can increase the risk of a uterine prolapse or Excess weight lifting.



# Contd..

- Other factors :
  - Obesity
  - Chronic coughing
  - Chronic constipation
  - Injury during childbirth
  - Under nutrition
  - Increase weight of uterus as in fibroid



# Causes

- Pregnancy/multiple childbirths with normal or complicated delivery through the vagina.
- Weakness in the pelvic muscles with advancing age due to loss of natural estrogen after menopause.



# Contd..

- Conditions leading to increased pressure in the abdomen such as chronic cough, straining (with constipation), pelvic tumors (rare), or an accumulation of fluid in the abdomen.
  
- Overweight or obese
  
- Major surgery in the pelvic area



## STAGES OF PROLAPSE



Normal Anatomy



Stage 1 - the uterus is in the upper half of the vagina



Stage 2 - the uterus has descended nearly to the opening of the vagina

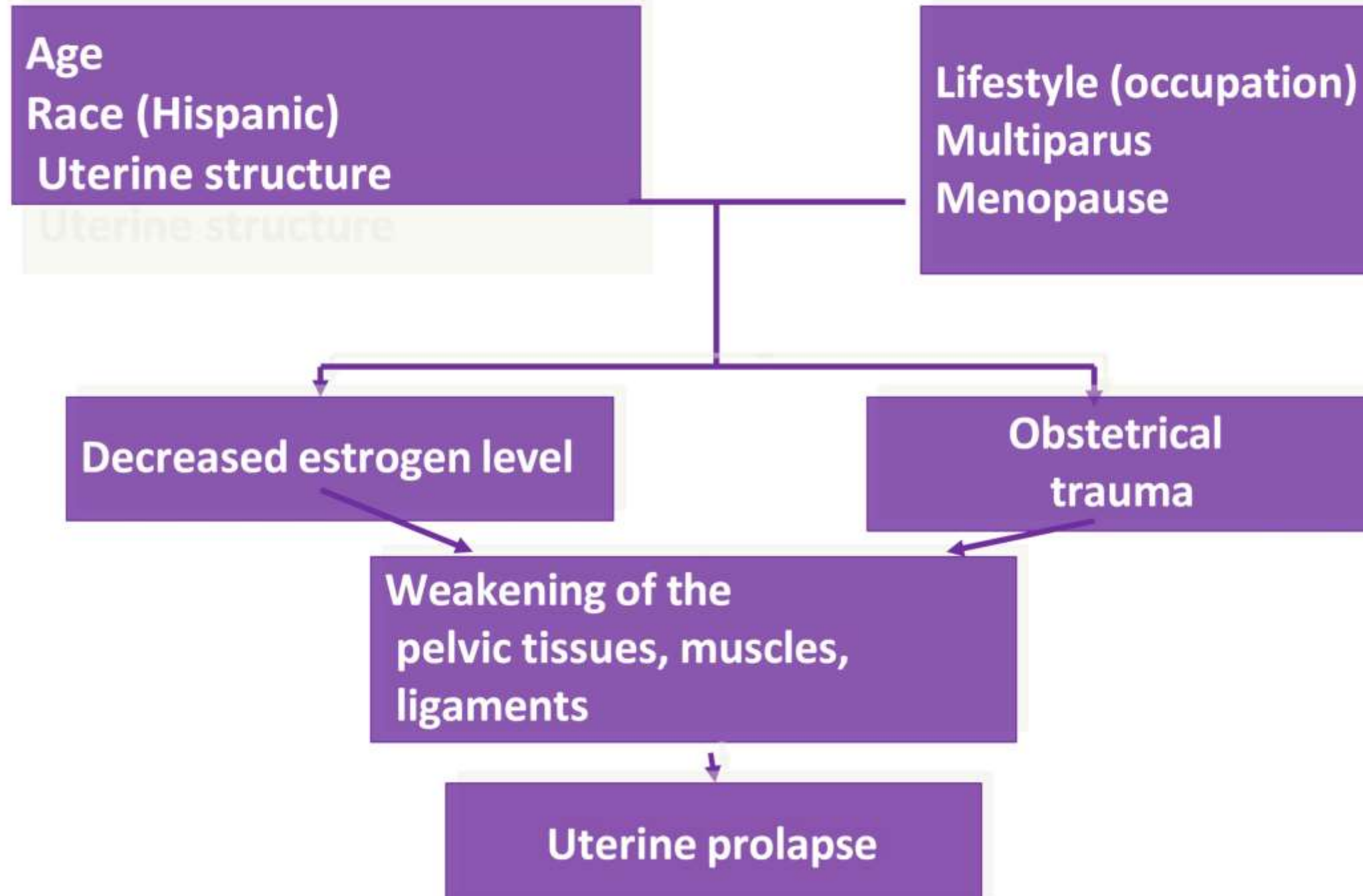


Stage 3 - the uterus protrudes out of the vagina



Stage 4 - the uterus is completely out of the vagina

# Pathophysiology





# Signs and Symptoms of uterine prolapse

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



# Contd...

1. Pelvic heaviness or pressure
2. Pelvic pain
3. Sexual dysfunction, including dyspareunia
4. Decreased libido
5. Lower back pain





# Contd..

6. Constipation
7. Difficulty walking
8. Difficulty urinating
9. Urinary frequency
10. Urinary urgency



## Contd...

11. Urinary incontinence
12. Nausea
13. Purulent discharge (rare)
14. Bleeding (rare)
15. Ulceration (rare)





# Contd...

16. A protrusion of tissue from the opening of the vagina recurrent bladder infections
17. Unusual or excessive discharge from the vagina
18. Symptoms may be worsened by prolonged standing or walking. This is due to the added pressure placed on the pelvic muscles by gravity.



# Diagnoses

- History taking & physical examination
- 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).



# Treatment

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



# A- Non surgical options

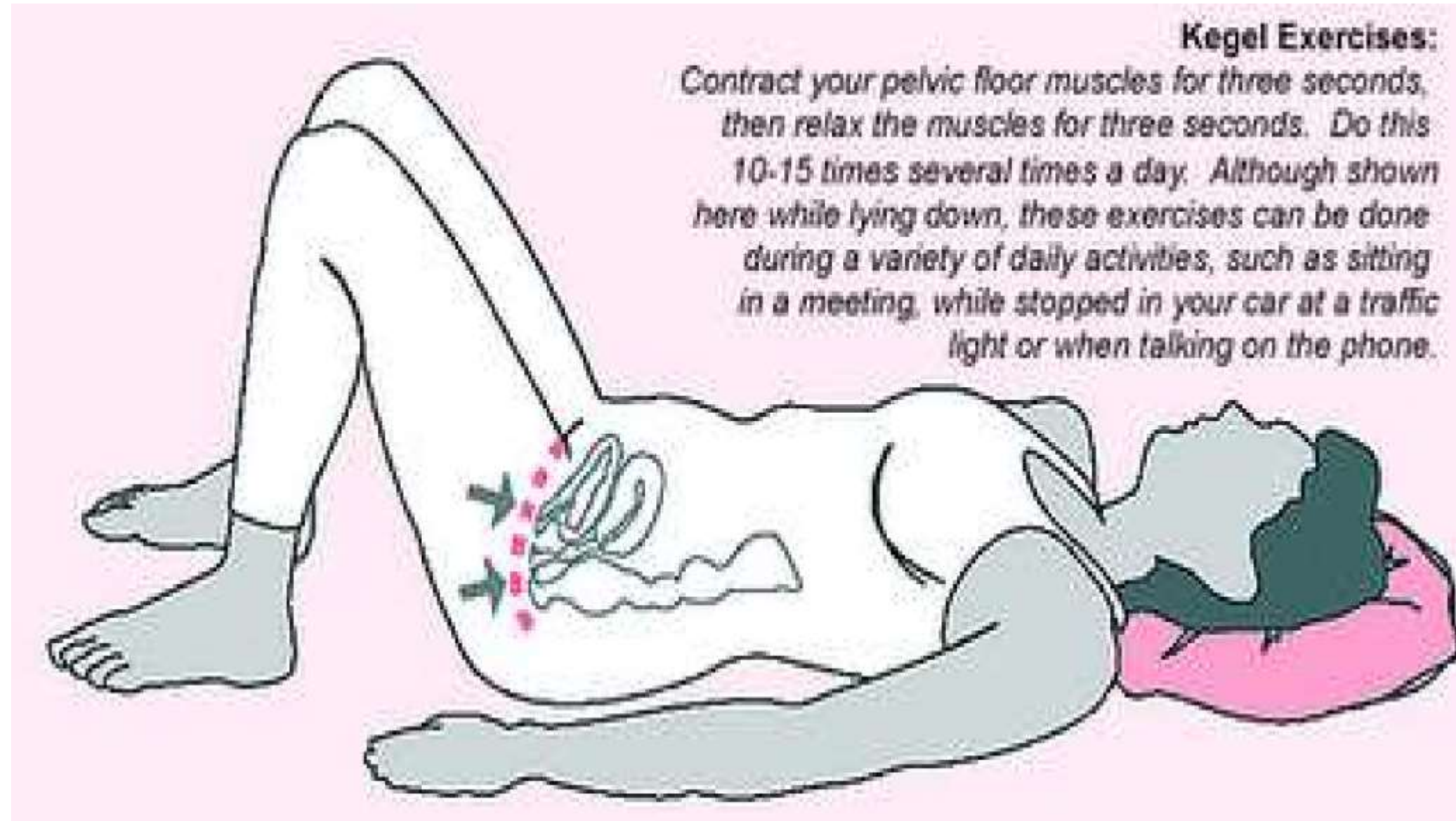
## 1. Exercise

- Special exercise, called kegel exercise, can help strengthen the pelvic floor muscles.
- This may be the only treatment needed in mild cases of uterine prolapse.



# Contd..

- To do kegel exercise, tighten the pelvic muscles as if trying to hold back urine. Hold the muscle tight for a few seconds and then release. Repeat 10 times.
- these exercise can be done anywhere and any time (up to 4 times a day )







## Contd...

### 2. Vaginal pessary

- A pessary is a rubber or plastic doughnut-shaped device that fits around or under the lower part of 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.





## Contd...

### **3. Estrogen replacement therapy (ERT)**

- Taking estrogen 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.

# Contd..

- The decision to use ERT must be made with your doctor after carefully weighing all of the risks and benefits.





# B- Surgical options

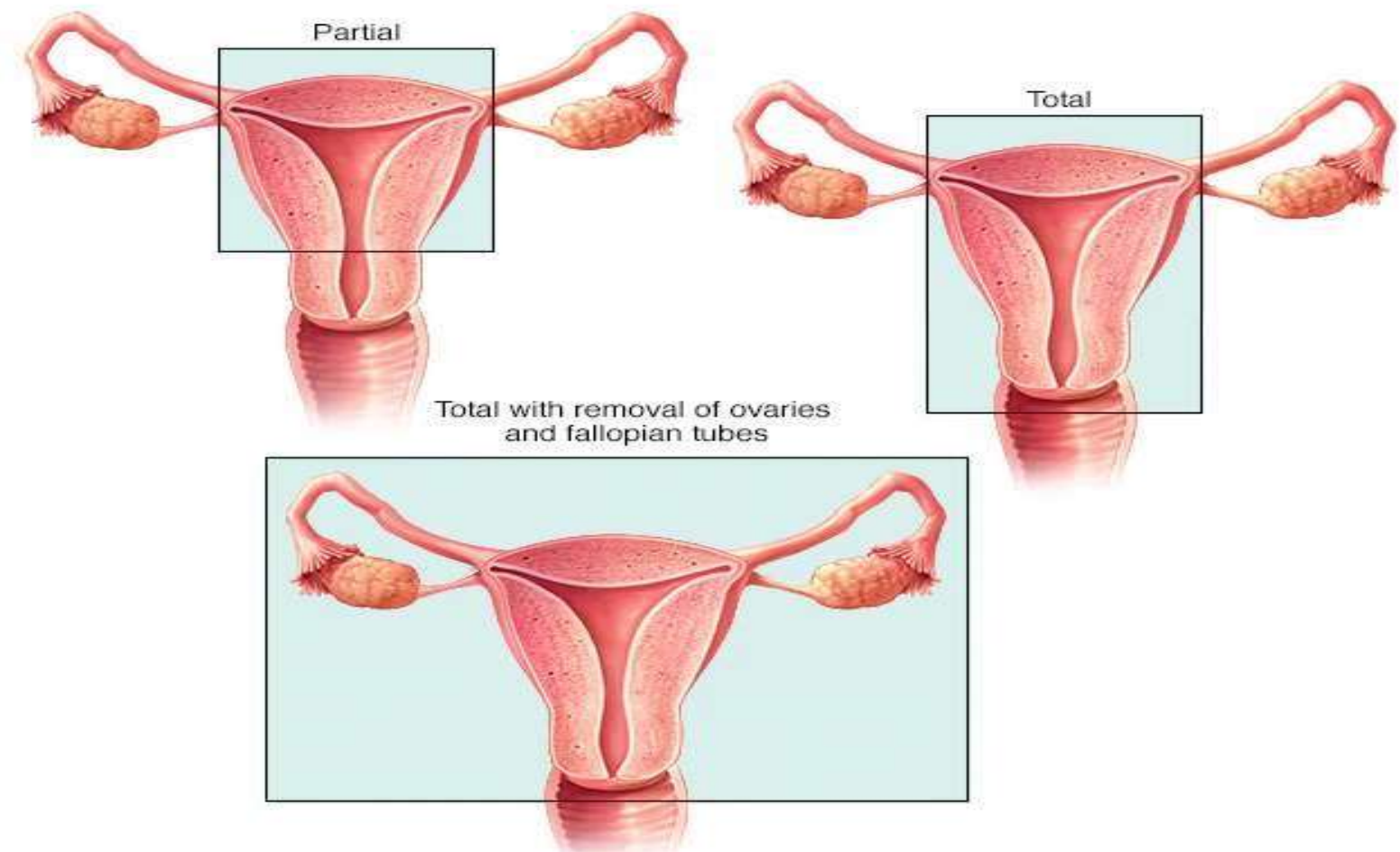
## 1. Hysterectomy

- 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).



# Contd..

- Hysterectomy is a major surgery, and removing the uterus means pregnancy is no longer possible.







# Contd....

## 2. Uterine suspension

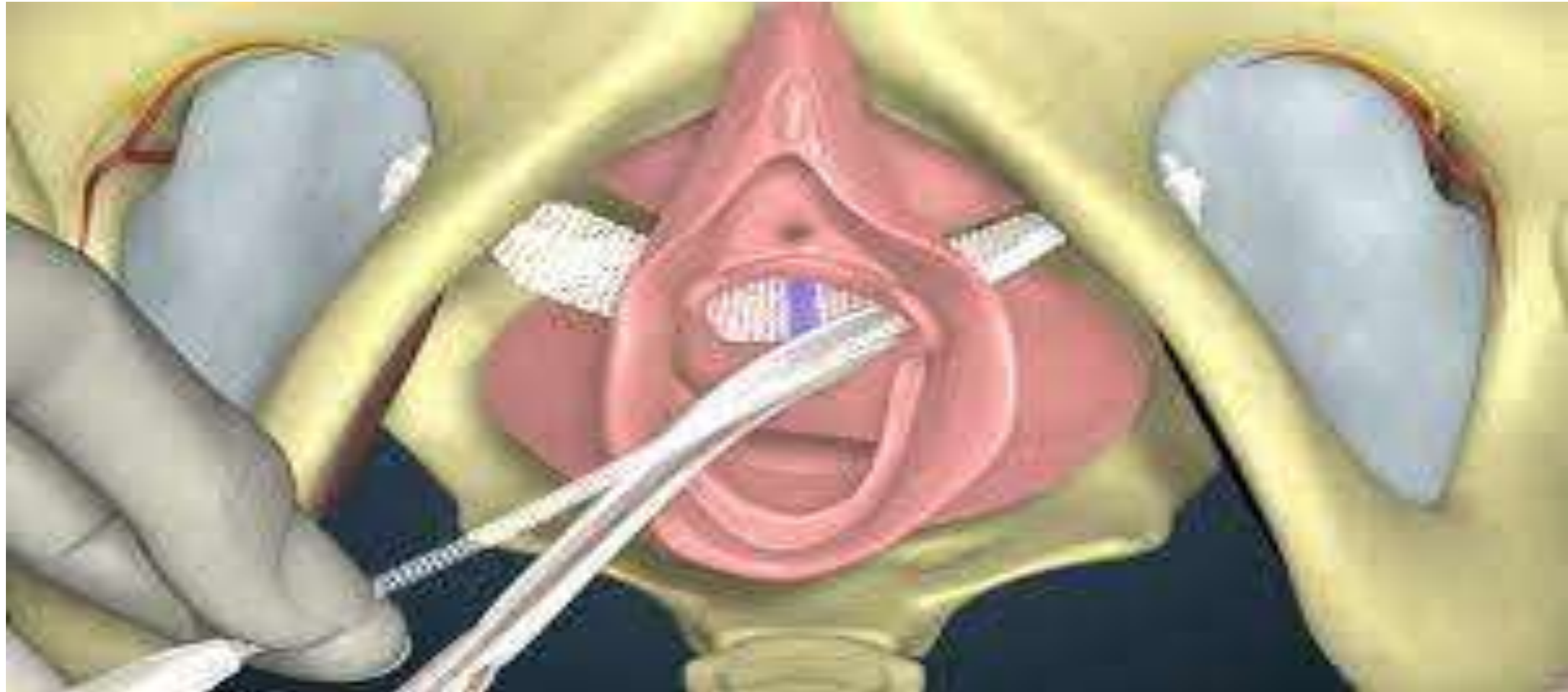
- This procedure involves putting the uterus back into its normal position.
- This may be done by reattaching the pelvic ligaments to the lower part of the uterus to hold it in place.



# Contd..

- 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 .

# Contd..



# Complications

- If left untreated, uterine prolapse can interfere with bowel, bladder and sexual functions.
- Infection
- Prolapse of other pelvic organs-including rectum and bladder





# Contd...

- A prolapsed bladder bulges into the front part of vagina, causing a cystocele that can lead to difficulty in urinating and increased risk of urinary tract infection .
- A prolapsed rectum causes a rectocele, which often leads to uncomfortable constipation and possibly hemorrhoids .





# Nursing management

- Assess the patient.
- Hormone replacement.
- Pessaries
- Provide teaching to avoid doing activities which causes prolapse.





# Preoperative care

- Assess the condition of the patient.
- Provide detail information about the procedure and provide emotional support.
- Perform part preparation.
- Administered medicine as prescribed.
- Take consent.

# Postoperative care

- Assess for the sign of hemorrhage.
- Monitor vital signs.
- Maintain input and output.
- Assess for complication.
- Encourage in ambulation.
- Assess vaginal discharge and provide perineal care.



# Contd..

- Assess for complications i.e. infection, shock or hemorrhage, thrombophlebitis, etc.
- Encourage turning, coughing, deep breathing.
- Provide diet as prescribed.





# Prevention

- May not be preventable in every situation.
- However risk can be reduced by:
  - ✓ Regular physical exercise
  - ✓ Maintaining healthy weight
  - ✓ Kegal exercise
  - ✓ Use of estrogen replacement therapy during menopause



# ASSESSMENT

1. DEFINE UTERINE PROLAPSE?
2. LIST DOWN THE CAUSES OF UTERINE PROLAPSE?
3. EXPLAIN THE SIGNS AND SYMPTOMS OF UTERINE PROLAPSE?
4. ENUMERATE THE PATHOPHYSIOLOGY OF UTERINE PROLAPSE?
5. EXPLAIN THE MANAGEMENT OF UTERINE PROLAPSE?



# References

- “ Dutta D.C”, “Textbook of gynecology”, 7<sup>th</sup> Edition, Jaypee Publication,
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- “Dewhurst”, ”Textbook of obstetrics and gynaecology for postgraduates”, 4<sup>th</sup> Edition, C.R Whitfield





THANK YOU