



# A guide to...

## Prolapse of the uterus

### *Patient information*

#### How to contact us

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## Introduction

Your uterus (womb) is normally held in place by various muscles, tissue and ligaments. Prolapse of the uterus occurs when the muscles supporting the uterus become so weak that the uterus cannot stay in place, so it slips down from its normal position. This can happen in various stages:

- First-degree prolapse – the uterus descends into the vagina.
- Second-degree prolapse – part of the uterus sticks out of the opening of the vagina.
- Third-degree prolapse – the whole uterus is outside the vagina (also known as procidentia).

Some degree of prolapse affects up to 30% of women who have had children. It is more common as we age, and is rarely seen in women without children, or those who have not gone through the menopause.

## Symptoms

Prolapse of the uterus is uncomfortable and sometimes very painful. Some women with a prolapse do not suffer any symptoms and the problem is only discovered when they have an internal examination for some reason.

However, most women with prolapse will experience a feeling of fullness or heaviness in the pelvis, and even a sensation of something coming down or out of the vagina. If the prolapse is of second or third degree, the uterus can be seen.

Other common symptoms include:

- Lower back pain
- Difficulty in going to the toilet.
- Stress incontinence (when a small amount of urine is passed if you cough, sneeze, or exercise)
- Cystitis (symptoms include pain or stinging when passing urine and the need to urinate often or all the time)
- Difficulty walking
- Pain during sexual intercourse.

## Causes

The following can sometimes result in a prolapsed uterus:

- Childbirth – especially if you had a particularly long or difficult labour or gave birth to a large baby
- Changes – caused by menopause, such as weakening and loss of tissue tone, and lack of the hormone Oestrogen
- Weaken pelvic muscles – this may be a result of getting older or may be caused by damage due to heavy lifting
- Being overweight – this creates extra pressure in the abdominal area
- Pelvic surgery – such as a hysterectomy or bladder repair
- Long-term constipation because of excessive straining.

## Diagnosis

If you have any of the symptoms of a prolapse, especially if you can see or feel something near or at the vaginal opening, see your GP immediately.

To find out if you have a first-degree prolapse, you will need an internal examination. Your doctor will ask you to undress from the waist down and lie back on the examination table, while they feel for any lumps or bumps in your pelvic area.

Second and third degree prolapse can be diagnosed without internal examination, as the uterus can be seen outside of the vaginal opening.

Some women may put off going to their GP if they're embarrassed or worried about what the doctor might find. But remember, the examination will only take a few minutes, and prolapse is very common; there is nothing to be ashamed of.

## Treatment

There are several options available to treat prolapse. The choice of treatment depends on the degree of prolapse, how severe the symptoms are, your age, health, and whether you're planning to have children in the future.

If your prolapse is mild to moderate and not causing any pain or discomfort, you won't need treatment. However, there are some things that you can do to improve the condition, prevent it from worsening and make you more comfortable in the meantime. Firstly, you should avoid standing for long periods of time. Eat a high fibre diet with plenty of fresh fruits, vegetables and wholegrain bread and cereal, to prevent constipation and reduce straining. You may wish to wear panty liners if you find you leak urine occasionally.

You should also do regular pelvic floor exercises. These help strengthen weakened muscles, aid recovery after pelvic surgery, and may reduce symptoms like leaking urine and backache. Your doctor may refer you to a physiotherapist to help you with these exercises. It may take a few months before you notice any improvement so stick at it.

If you have a prolapse of the uterus and are going through the menopause, you may benefit from Hormone Replacement Therapy (HRT). This will increase your levels of collagen (a natural protein that supports skin, bone and tissue) and the hormone oestrogen, and may help strengthen the vaginal walls and pelvic floor muscles.

Vaginal pessaries (a device similar to a diaphragm which is inserted into the vagina to hold the uterus in place) are recommended for more severe prolapses. Your doctor will remove the pessary every three to six months and replace it with a new one.

There are two types of surgeries to treat a severe prolapse of the uterus:

## Suspension

These treatments, that hold the uterus in place, are recommended if you want children in the future. These are the two most common forms of suspension:

- Sacrohysteropexy – This involves a synthetic mesh that holds the uterus in place. One end of the mesh is attached to the top of the vagina (the cervix) and the other to a bone in the spine. Once in place, the mesh supports the uterus.
- Sacrospinous fixation – This holds the uterus up by stitching it to one of the pelvic ligaments. It's a less invasive procedure but has a lower success rate than Sacrohysteropexy.

## **Hysterectomy**

This major operation involves removing the uterus. It is considered the most effective treatment, although it can put women at increased risk of other prolapses like vaginal vault prolapse (when the top of the vagina falls in on itself). Also, if you have not gone through the menopause yet you will not be able to get pregnant after a hysterectomy.

Most repair operations take about an hour and you'll need to stay in hospital for a few days. It can take up to three months before you recover fully. Until then, get as much rest as possible; don't do any heavy lifting or strenuous exercise. If you live alone, try to arrange help with the shopping and housework for a couple of months. You should also avoid sexual intercourse for a couple of months.

You might have some vaginal discharge for about six weeks after the operation and this is perfectly normal. However, if you notice the amount of discharge increasing over time, contact your GP.

## **Prevention**

There are a number of things you can do to reduce the risk of a prolapsed uterus, or prevent a mild prolapse from worsening:

- Regular pelvic floor exercises are one of the most effective things you can do
- Lose weight if you are overweight and maintain a healthy weight
- Avoid constipation and straining by eating a high fibre diet.
- Avoid heavy lifting.

## **Contact Details**

If the issues in this booklet affect you, you can contact our staff using the following details:

Gynaecology Day Assessment Unit

Tel: **01923 217 344**