

بِسْمِ اللَّهِ  
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*Uterine prolapse*

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# OBJECTIVES

- ◉ By the end of this topic you will be able to :
- ◉ Describe the uterine prolapse in terms of etiology
- ◉ List the classification
- ◉ Explain management and nursing intervention.

## DEFINITION:

- Occurs when the uterus descends through the pelvic floor below their normal level into the vaginal canal( multi parous women are at particular risk for uterine prolapse).

# ***DEGREES OF UTERINE PROLAPSE***

## **1st degree:**

The cervix descent below its normal level on straining but does not protrude from the vulva.

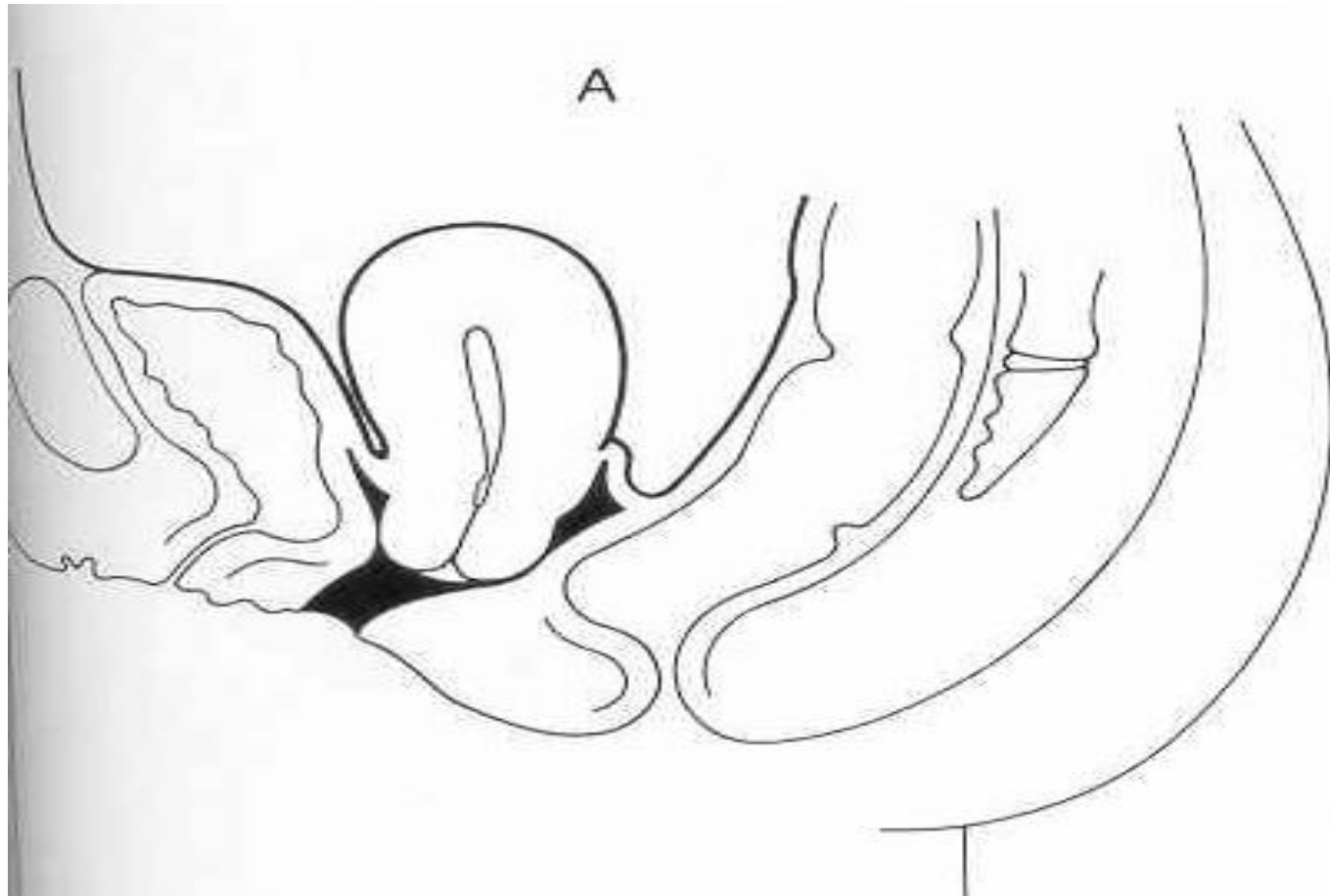
N.B.: The external os of the cervix is at the level of the ischial spines.

## **2nd degree:**

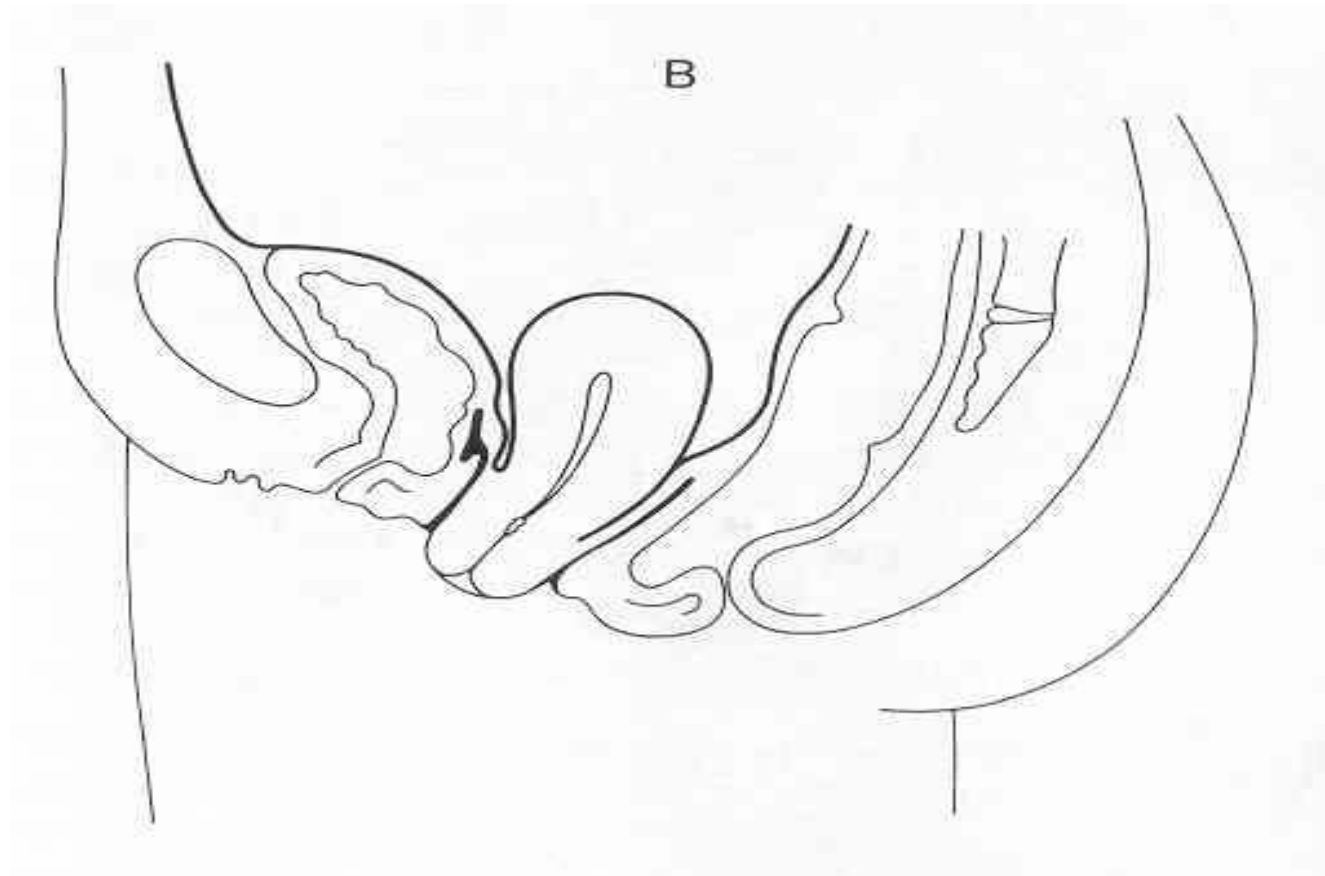
The cervix protrudes from the vulva on straining

**3rd degree:** (**Complete procidentia**) the whole uterus is completely prolapsed outside the vulva and the vaginal wall becomes most completely inverted over it.

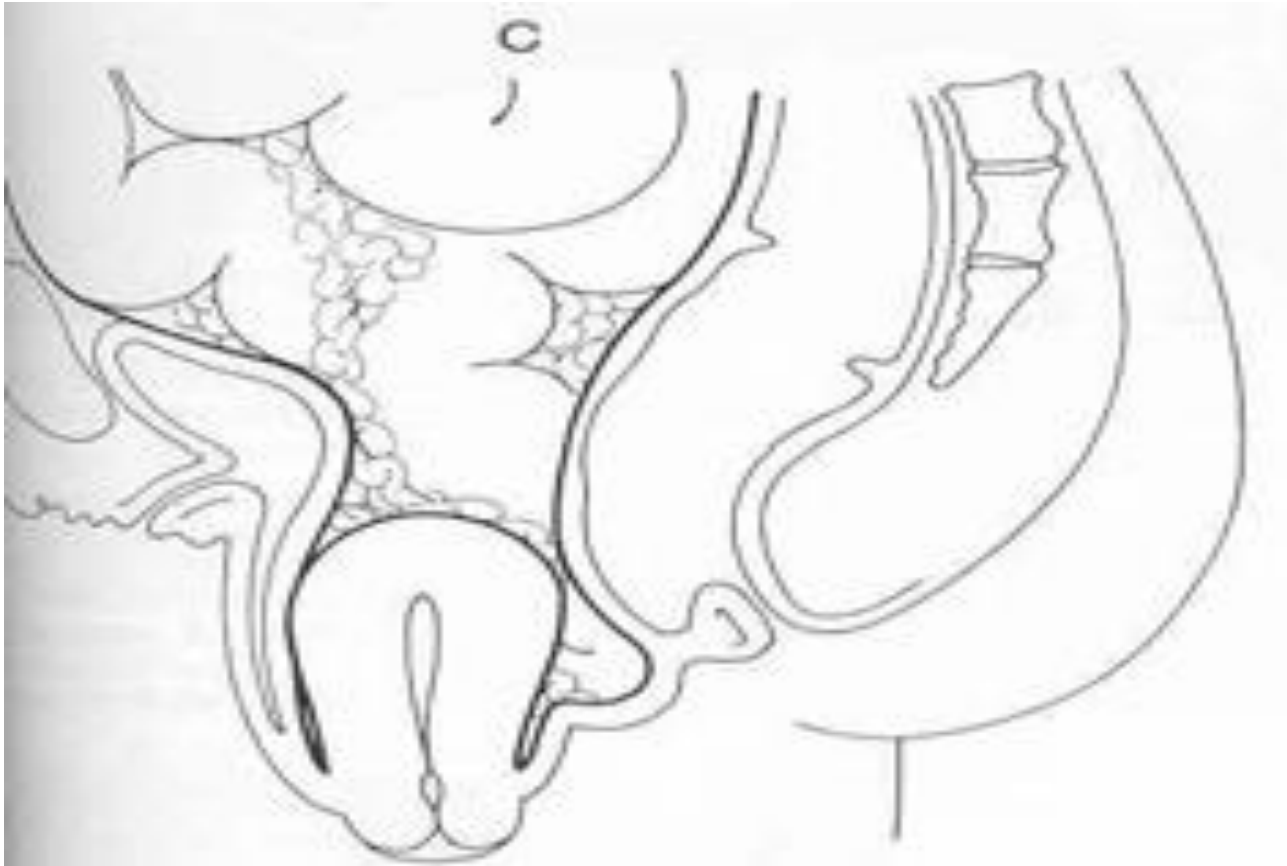
# FIRST DEGREE



# SECOND DEGREE



# THIRD DEGREE



# 3<sup>RD</sup> DEGREE





# ETIOLOGY

**The primary cause of prolapse**

is weakness of the supporting structures of the uterus and vagina, usually as a result of the trauma of childbirth

# OBSTETRIC TRAUMA

- ◉ Straining during first stage of labour
- ◉ Downward pressure on fundus to deliver the placenta
- ◉ Repeated deliveries at short intervals
- ◉ Traction of the presenting part before full dilatation of the cervix

# ETIOLOGY

- 1-vaginal delivery with consequent injury to the supporting structures.
- 2-atrophy of supporting structures with aging and decline of estrogen level.
- 3-weakening of pelvic support related to child birth trauma.
- 4-reproductive surgery.

# CONTI

5- increased abdominal pressure secondary to

- lifting of children or heavy objects.

- straining due to chronic constipation.

- respiratory problems or chronic coughing.

- obesity.

# ***PREDISPOSING FACTORS:***

## **1. Weakness of the pelvic cellular tissue:**

The cervical ligaments which act as the main support for the uterus may become weakened by the following:

- a) Obstetric trauma
  - b) Congenital weakness
  - c) Postmenopausal atrophy
- ## **2) Injury of the pelvic floor**

# ***SYMPTOMS OF PROLAPSE:***

1. Before actual prolapse. the patient **feels a sensation of weakness in the perineum.** particularly towards the end of the day.
2. Later the patient **notices a mass** which appears on straining. and disappears when she lies down.

# CONT

3-. **Urinary symptoms** are common and trouble some even with slight prolapse:

- a) **Urgency and frequency by day.**
- b) **Stress incontinence.**
- c) **Inability to micturate** unless the anterior vaginal wall is pushed upwards by the patient's fingers.
- d) **Frequency** day and night when **cystitis** develops

# CONT

4. **Rectal symptoms** are not so marked. The patient always feels heaviness in the rectum and a constant desire to defecate. Piles develop from straining.
5. **Backache, congestive dysmenorrhoea and menorrhagia** are common.



# SYMPTOMS

1-urinary symptoms:

-stress incontinence.

-frequency and urgency .

-feeling of incomplete emptying.

# SYMPTOM CONTI

2- bowel symptoms:

- difficulty in defecation.
- feeling of incomplete evacuation.
- rectal protrusion after defecation.
- incontinence of flatus .

# CONTI

## 3- sexual symptoms:

- inability to have frequent intercourse.
- lack of satisfaction.
- incontinence during sexual activity.
- dyspareunia

## 4-other local symptoms:

- pressure or heaviness in the vagina.
- pain in the vagina and abdomen.
- low back pain after long standing.

# MANAGEMENT

- Prophylactic
- Conservative
- Operative

# PROPHYLACTIC

- ◉ During labour
- ◉ Avoid straining during first stage
- ◉ Avoid traction of baby before full cervical dilatation
- ◉ Avoid long second stage which muscles weakness
- ◉ After labour
- ◉ proper Repair tear .pelvic floor exercise
- ◉ Pt must lie on her abdomen to prevent retroversion
- ◉ Proper spacing of pregnancy

# CONSERVATIVE

- 1-non surgical management.
- kegel exercise.
- estrogen replacement therapy.
- dietary and lifestyle modification.
- uses of pessaries.

## CONTI

### 1-kegel exercise:

It is done to strength the pelvic floor muscles to support the inner organs and prevent prolapse.

### Performing the exercises:

1- squeeze the muscles in your rectum as if you are trying to prevent passing flatus.

2-stop and start urinary flow to help identify the pubococcygeus muscle.

## CONTI

3- Contract and relax the pubococcygeus muscle rapidly 10 times.

4 -Repeat kegel exercises at least five times daily.



# 2-ESTROGEN REPLACEMENT THERAPY

- ◉ Orally-trans dermal or vaginally may help to improve the tone and vascularity of the supporting tissue.
- ◉ Contra indication of use:
- ◉ Endometrial cancer -breast cancer- pulmonary embolism -deep vein thrombosis -and stroke.

## 3-DIETARY MODIFICATION

- It can help to establish regular bowel movement without discomfort .
- increase dietary fiber and fluid to prevent constipation.

## 4- LIFE STYLE MODIFICATION

- ⦿ Achieve ideal weight to reduce higher abdominal pressure.
- ⦿ Avoid lifting heavy objects to reduce the intra abdominal pressure.
- ⦿ Avoid smoking to reduce the risk of smoker cough.

# 5-PESSARIES

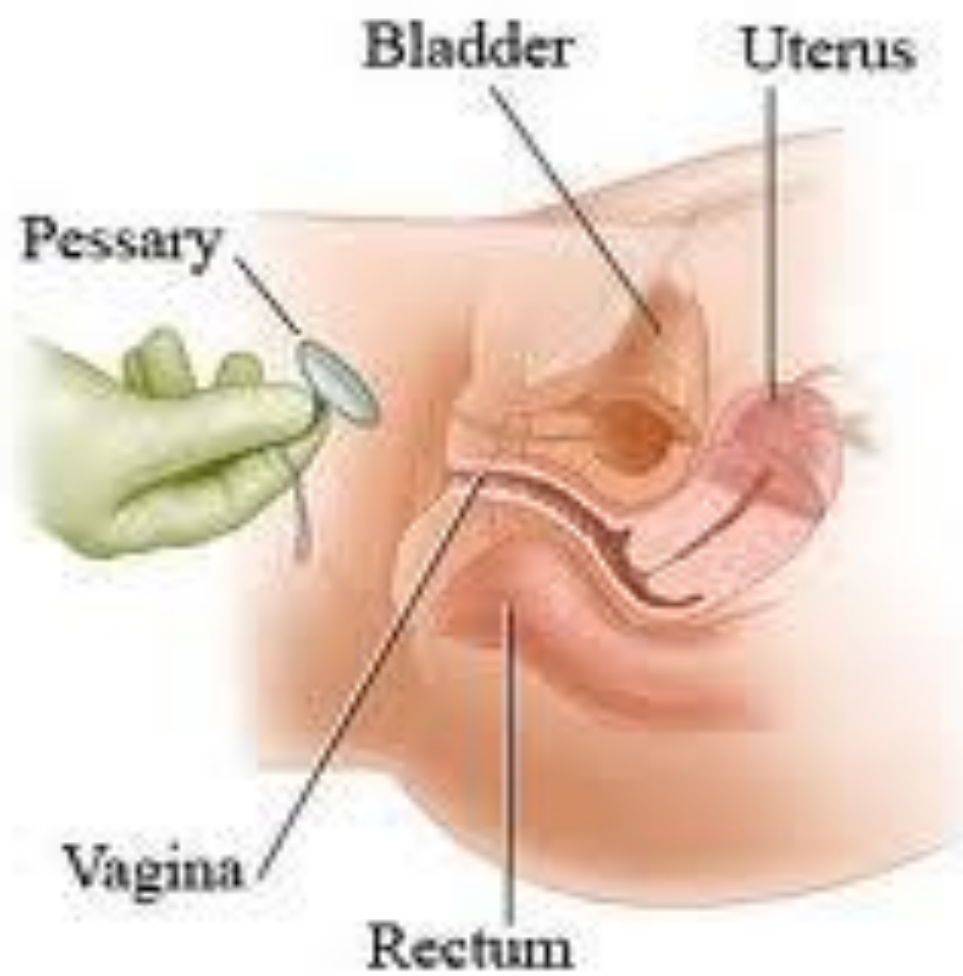
A pessaries is a hard rubber or plastic device that placed into the vagina to support the uterus -bladder and rectum.

## Types of pessaries:

- 1-support pessaries: which rest under the symphysis to elevate the vagina.
- 2- space -occupying pessaries: which is designed to manage sever prolapse.

# TYPES OF PESSARIES





# INDICATION OF USE

- ⦿ -uterine prolapse especially among elderly patient who surgery is contra indication.
- ⦿ Early pregnancy -puerperium to facilitate involution .

# RECOMMENDATION OF PESSARY USE:

- ◉ It can be use either alone or with help.
- ◉ Removing the pessary twice weekly.
- ◉ Cleaning with soap and water.
- ◉ Using lubricant for insertion.
- ◉ Regular follow up examination every 6-12 months.



# COMPLICATIONS OF PESSARY

- ◉ Constipation
- ◉ Urinary incontinence
- ◉ vaginitis, ulceration of vaginal wall
- ◉ Carcinoma of vaginal wall
- ◉ Impaction of pessary

# SURGICAL MANAGEMENT

1-vaginal hysterectomy.

2-pelvic floor repair.

Preoperative care:

The nurse describe the post operative care.

-the Foley catheter will be in place for 1-2 days after surgery.

-avoid heavy activity for several weeks it can increase in abdominal pressure such as

# CONTI

- ⦿ ( straining- sneezing and coughing).
- ⦿ Stool softeners might be prescribe to prevent constipation.

# PREVENTION

## ○ **During labour & puerperium**

- Avoid premature bearing down.
- Avoid long second stage.
- Repairs all tears & incisions accurately in layers.
- Use delayed absorbable suture.
- Do not express the uterus when attempting to deliver placenta.
- Encourage pelvic floor exercise.
- Avoid puerperal constipation-decreases bearing down.

# ***Nursing process***

# ASSESSMENT:

- 1-Discomfort(assess of pain by verbalizing the pt.
- 2- Mis understand about the condition.

# ***Nursing diagnosis:***

***1-pain related to relaxation of pelvic support  
evidence by elimination difficulties.***

***Goal: to reduce pain.***

# INTERVENTIONS:

- 1- use methods of pain control.
- encourage pt to increase fluids and fiber in diet and increase physical activity daily to promote peristalsis.
  - teach the pt about regular toileting patterns by setting aside time daily for bowel elimination to promote regular function and evacuation.
  - urge pt to avoid routine use of laxative to reduce risk of compounding constipation.



# CONT

***2 -knowledge deficit related to structural disorders and treatment options.***

***Goal :***

- ◎ **To maintain pt awareness.**

# INTERVENTIONS:

- 2-review information about the condition to obtain feedback of understanding.
- provide written material with picture to promote learning and help pt visualize what has occurred to her body secondary to aging ,weight gain, child birth and gravity.
- document details of teaching and learning to allow for continuity of care and further education ,if needed.

*THANKS*