WHAT IS IT?

Utero-vaginal prolapse is a descent of uterus, cervix and vagina from their normal position. It is uncommon to have uterine prolapse in the absence of vaginal defects, and therefore, the title of utero-vaginal prolapse is given to this diagnosis. A comprehensive surgical approach is central to our surgical philosophy to achieve the best possible cure with one surgery. When undergoing a hysterectomy for prolapse, it is essential to also repair the vaginal defects or the patient will persist with vaginal prolapse symptoms.

Utero-vaginal prolapse can be associated with a history of childbirth, particularly vaginal delivery, menopause, advancing age, and other factors.

SYMPTOMS OF A UTERO-VAGINAL PROLAPSE

Women with utero-vaginal prolapse present with a myriad of symptoms that can reflect a bulge in any of the compartments of the vagina including incomplete bladder emptying and urinary dysfunction to painful intercourse. Some report difficulty retaining a tampon; this occurs because the cervix and uterus literally push the tampon out of the vaginal canal.

When prolapse becomes very severe with the cervix extending outside of the vaginal opening, patients can experience bleeding and erosions on the vaginal lining.

TREATMENT OF A UTERO-VAGINAL PROLAPSE

The surgical approach utilized when treating utero-vaginal prolapse depends on the degree of prolapse, desire for fertility, and patient preference. Vaginal hysterectomy is the least invasive of all modalities with no incisions on the abdomen at all. Studies show with support from several organizations that it is the preferred approach when treating benign disease, such as prolapse. It has been shown repeatedly to have the lowest complication rate with quickest return to normal activities.

However, some patients may wish to preserve fertility yet their quality of life is significantly altered by their prolapse. In select patients, a uterine preservation surgery may be offered; this procedure allows for future childbearing while still correcting the vaginal laxity and relaxation of the pelvic floor. Please see our Video Section for explanation of this procedure.

Please see the Surgical Treatments section for more information on Hysterectomy.

NOTE: This education content is for informational purposes only and not a substitute for professional medical advice, diagnosis, or treatment.

Always seek the advice of your physician or other qualified health provider if you have questions or concerns. If you are interested in a consultation with Dr. Veronikis or Dr. Wood, please call for an appointment to address your specific needs.