

## Oops, I Think Something Fell Out Jeannette Guerrasio, MD

This article may make some folks blush, but it is important for the women in our practice and for the women in your lives that you love. Recently, a female patient came to the office wearing tight jeans, and tried to walk into the office with her legs crossed. She felt like something was falling out of her. She was correct. In her case, her uterus had fallen and was starting to hang outside of her body. The diagnose was a prolapsed uterus. She exclaimed, "I've never heard of this before!" It is fairly common, more common among women to prolapse one's uterus, bladder or rectum. The reason she had never heard about it is that there are some diagnoses that people don't like to talk about. Good thing for you, doctors are willing to talk about anything and everything.

Pelvic organ prolapse is a common problem that occurs as women age and the muscles and ligaments around the uterus and bladder stretch and become weakened. It is more common among women who have had multiple pregnancies or if other family members have had prolapses. Other risk factors include babies >9lbs at birth, obesity, chronic constipation, chronic coughing or straining.

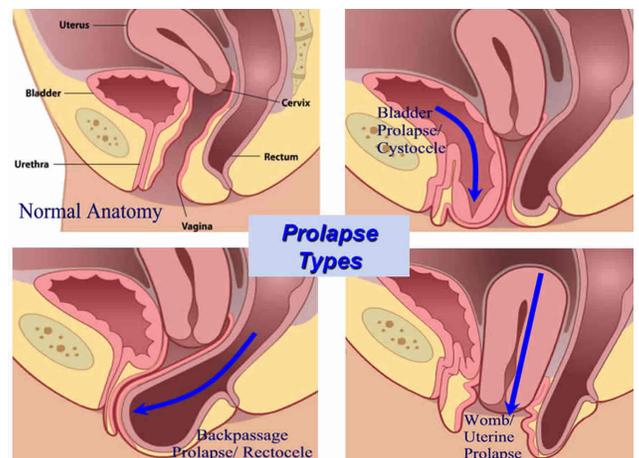
The diagram shows a cross section of normal anatomy, as those ligaments and muscles loosen either the bladder, uterus or rectum can follow the path of gravity, rearranging the normal anatomy. The uterus and bladder can fall so far that they come out of the body entirely.

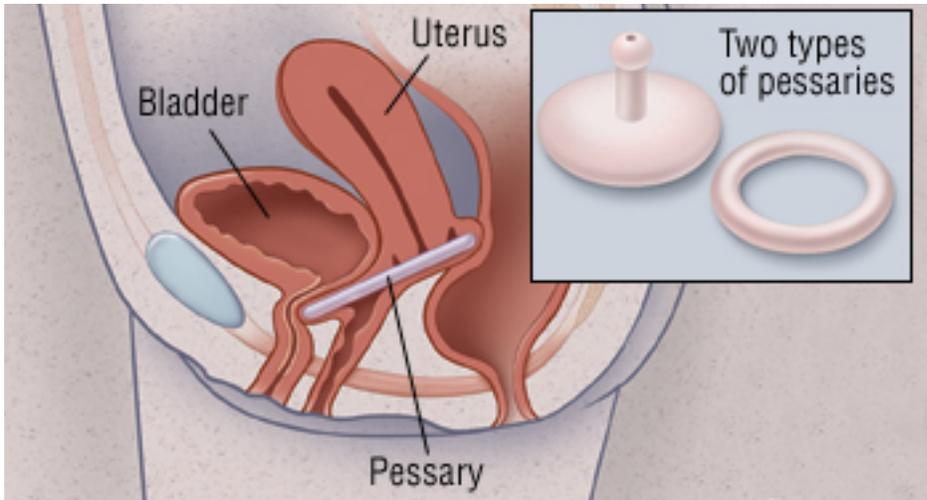
Prolapses can be mild to severe and symptoms range from no symptoms at all to:

- Feeling of heaviness in the pelvis
- Pain with intercourse
- A bulge in the vaginal opening
- Unable to empty the bladder
- Constipation
- Frequent bladder infections

Symptoms often worsen with standing or walking for long periods of time as gravity makes the prolapse worse.

The diagnosis can be made by a pelvic exam and may require a rectal exam looking for bulges in the vaginal canal caused by a misplaced uterus, bladder or rectum.





Treatment can be surgical or non surgical. The non surgical option entails the placement of a removal pessary which is a rubber or plastic device that holds the uterus and bladder in place so that it can't drop. (see the image) Pessaries need to be cleaned periodically by the patient or their doctor. If the case is

more severe, prolapse repair, with or without hysterectomy is recommended. This surgery can be done through the vagina most of the time with limited incisions and a faster recovery.