



Uterine Prolapse

Sarah Ringold; Cassio Lynn; Richard M. Glass

JAMA. 2005;293(16):2054 (doi:10.1001/jama.293.16.2054)

Online article and related content
current as of November 8, 2009.

<http://jama.ama-assn.org/cgi/content/full/293/16/2054>

Supplementary material

Spanish PDF

<http://jama.ama-assn.org/cgi/content/full/293/16/2054/DC1>

Correction

[Contact me if this article is corrected.](#)

Citations

[Contact me when this article is cited.](#)

Topic collections

Women's Health; Women's Health, Other; JAMA Patient Page

[Contact me when new articles are published in these topic areas.](#)

Related Articles published in
the same issue

An 80-Year-Old Woman With Vaginal Prolapse

[Geoffrey W. Cundiff. *JAMA*. 2005;293\(16\):2018.](#)

Subscribe

<http://jama.com/subscribe>

Email Alerts

<http://jamaarchives.com/alerts>

Permissions

permissions@ama-assn.org

<http://pubs.ama-assn.org/misc/permissions.dtl>

Reprints/E-prints

reprints@ama-assn.org

Uterine Prolapse

Uterine prolapse is the protrusion of the **uterus** (womb) into the vagina, and at times outside the vagina, due to loss of support from the muscles and ligaments surrounding the uterus. Uterine prolapse is one form of pelvic organ prolapse. The bladder, rectum, or small bowel can also protrude into the vagina in related disorders. Uterine prolapse has been reported to occur in approximately 14% of women. Several factors may increase a woman's risk of uterine prolapse, including her number of vaginal deliveries, delivery of a large infant, increasing age, and frequent heavy lifting. A number of conditions, including chronic obstructive lung disease, chronic constipation, and obesity, may also contribute to the development of uterine prolapse.

The April 27, 2005, issue of *JAMA* includes an article that reviews the causes, diagnosis, and available treatments for uterine prolapse.

SYMPTOMS

The symptoms associated with uterine prolapse vary depending on the degree of prolapse. In severe cases, the uterus may be easily felt or be visible to the woman, while in other cases there may be no symptoms.

- Sensation of vaginal or pelvic fullness
- Urinary complaints including **urinary incontinence** (involuntary urination), frequency, or **urgency** (the sensation of the immediate need to urinate)
- Bowel symptoms, including pain with defecation, constipation, or incontinence
- Sexual complaints, including pain with intercourse

DIAGNOSIS

In addition to a complete medical history and physical examination, your doctor will perform a complete pelvic examination to look for signs of prolapse. He or she may also order an imaging study (ultrasound or MRI) of your pelvis to better delineate the prolapse. Your doctor may refer you to a **gynecologist** (a doctor with specialized training in diseases of the female reproductive tract) for more specialized testing and evaluation for treatment.

TREATMENT

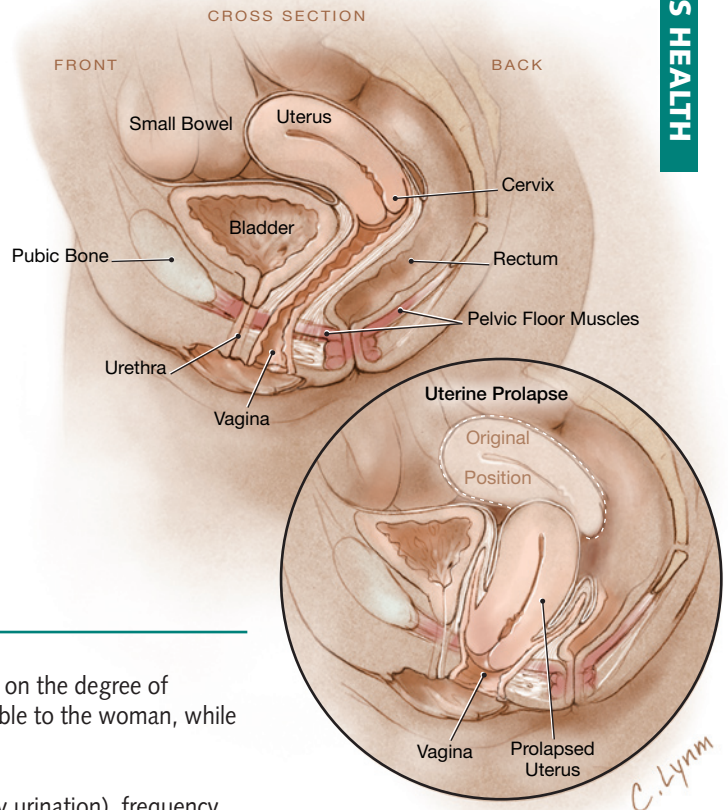
- In cases where the prolapse is minor or not bothersome to the patient, no treatment may be necessary.
- **Pelvic floor muscle exercises** (Kegel exercises) strengthen the pelvic floor muscles that support the uterus and may be helpful for some patients.
- **Pessaries** (devices that can be inserted into the vagina to support the uterus) may be effective for some patients. A variety of these devices are available and your doctor can help you determine which one would be most appropriate.
- A number of surgical treatment options are available.

Sarah Ringold, MD, Writer

Cassio Lynn, MA, Illustrator

Richard M. Glass, MD, Editor

The JAMA Patient Page is a public service of JAMA. The information and recommendations appearing on this page are appropriate in most instances, but they are not a substitute for medical diagnosis. For specific information concerning your personal medical condition, JAMA suggests that you consult your physician. This page may be photocopied noncommercially by physicians and other health care professionals to share with patients. Any other print or online reproduction is subject to AMA approval. To purchase bulk reprints, call 718/946-7424.



FOR MORE INFORMATION

- American College of Obstetricians and Gynecologists
202/638-5577
www.acog.org
- National Women's Health Information Center
800/994-9662
www.4woman.gov

INFORM YOURSELF

To find this and previous JAMA Patient Pages, go to the Patient Page link on JAMA's Web site at www.jama.com. A Patient Page on hysterectomy was published in the March 24/31, 2004, issue.

Source: American College of Obstetricians and Gynecologists

