CONDITION

Retroversion of the uterus

A retroverted uterus tilts backward toward the spine instead of forward toward the bladder.

WHAT IT IS
A uterus that tilts backward toward the spine

BODY SYSTEM
Reproductive system

MAIN SYMPTOMS
Usually none, pelvic pain, painful sex, menstrual pain

WHAT CAUSES IT
Natural anatomy, scarring, fibroids, or pelvic conditions

HOW IT IS DIAGNOSED
Pelvic examination and pelvic ultrasound

MAIN TREATMENT
None if symptom-free; treatment of underlying causes

CAN IT BE CURED?
Sometimes - repositioning is possible but usually unnecessary

IS IT AN EMERGENCY?
Sometimes - pregnancy with urinary retention needs urgent assessment

LONG-TERM OUTLOOK
Usually harmless, with normal fertility and pregnancy

Overview

Retroversion of the uterus means that the uterus tilts backward toward the spine and rectum. A uterus more commonly tilts forward over the bladder. Both positions can be normal.

The uterus is a hollow, muscular organ in the pelvis. During pregnancy, it expands to hold the developing baby. Its position is supported by muscles, ligaments, and nearby tissues, but it is not fixed in one exact place.

You may also hear the terms "tilted uterus," "tipped uterus," or "backward-facing uterus." A retroflexed uterus is slightly different: the upper part of the uterus bends backward in relation to the cervix. In everyday use, these terms are often treated as meaning the same thing.

Retroversion is a condition or anatomical variation, not a disease. Most people with it have no

symptoms and do not need treatment. When symptoms are present, another condition-such as endometriosis, pelvic scar tissue, or fibroids-may be responsible.

Symptoms

Most people do not know that their uterus is retroverted until it is noticed during a pelvic examination or ultrasound.

Possible symptoms include:

These symptoms are not specific to uterine retroversion. They can occur with many pelvic conditions. Research has found an association between a mobile retroverted uterus, painful sex, and menstrual pain, but this does not mean that the uterine position is always the direct cause.

Symptoms may be more likely if the uterus is held backward by scar tissue or another pelvic condition. For example, endometriosis can cause both uterine retroversion and pelvic pain.

A retroverted uterus does not normally cause bleeding between periods, fever, or severe sudden pain. Those symptoms need assessment for other possible causes.

- Deep pelvic pain during or after vaginal sex
- Painful menstrual periods
- Aching or pressure in the pelvis or lower back
- Bladder or bowel pressure

Causes and risk factors

For many people, a retroverted uterus is simply their natural anatomy. It may have been in that position since the reproductive organs developed.

The position can also change over time. Pregnancy and childbirth can stretch the ligaments that support the uterus. The uterus may then settle in a different position after pregnancy.

Conditions that can pull, push, or hold the uterus backward include:

Retroversion caused by scar tissue may be described as "fixed" because the uterus does not move freely during an examination. A naturally retroverted uterus is often mobile.

Having a retroverted uterus does not mean that you have one of these conditions. Most cases are not linked to disease.

- Endometriosis: tissue similar to the uterine lining grows elsewhere in the pelvis, sometimes causing inflammation and scar tissue
- Pelvic adhesions: bands of internal scar tissue, which may form after surgery, infection, or inflammation
- Pelvic inflammatory disease: an infection of the upper reproductive organs that can lead to scarring
- Fibroids: non-cancerous growths made from uterine muscle and supporting tissue
- Other pelvic growths: masses that change the position of nearby organs

Diagnosis

A retroverted uterus may be noticed during a routine pelvic examination. During this examination, a healthcare professional feels the uterus through the vagina and lower abdomen to assess its size, shape, movement, and position.

A pelvic ultrasound can confirm the position. Ultrasound uses sound waves to create images of the pelvic organs. It may be performed over the lower abdomen or with a slim ultrasound probe placed in the vagina.

Ultrasound can also look for possible causes of symptoms, such as fibroids, ovarian cysts, or signs of endometriosis. However, a normal ultrasound does not rule out every cause of pelvic pain.

Further testing is based on your symptoms rather than the uterine position alone. Magnetic resonance imaging, called MRI, may occasionally be used when ultrasound does not provide enough detail or when a complex pregnancy complication is suspected.

A cervical screening test does not diagnose uterine retroversion. Cervical screening checks for changes in cells on the cervix.

Treatment and management

No treatment is needed when a retroverted uterus is found by chance and is not causing problems.

If you have pelvic pain, treatment focuses on identifying and managing the cause. Depending on what is found, this could include treatment for endometriosis, pelvic infection, fibroids, or pelvic floor muscle problems. Options may involve pain relief, hormonal treatment, antibiotics like amoxicillin or doxycycline for an infection, pelvic floor physiotherapy, or a procedure. The

appropriate choice depends on the underlying condition and your preferences.

Pelvic floor physiotherapy may help if tight or poorly coordinated pelvic muscles contribute to pain during sex. It can improve symptoms without permanently changing the position of the uterus.

Exercises are sometimes promoted as a way to "correct" a tilted uterus. They are unlikely to change a uterus held backward by scar tissue, fibroids, or endometriosis. A naturally mobile uterus may change position temporarily, but this does not necessarily improve symptoms.

A pessary-a removable device placed inside the vagina-can sometimes support the uterus in a different position. It is not commonly needed solely for retroversion and requires proper fitting and follow-up.

Surgery to lift or suspend the uterus is rarely used for retroversion alone. It may be considered when significant symptoms continue, other causes have been assessed, and less invasive treatment has not helped. Surgery may instead be directed at an underlying problem, such as endometriosis or fibroids.

Complications

A retroverted uterus by itself does not usually affect fertility. It generally does not stop sperm from reaching an egg or prevent a fertilised egg from implanting.

An underlying condition can affect fertility. Endometriosis, pelvic inflammatory disease, and pelvic adhesions may make pregnancy more difficult for some people. In that situation, the concern is the underlying condition rather than the direction in which the uterus tilts.

During early pregnancy, a retroverted uterus usually enlarges and rises out of the pelvis as the pregnancy progresses. It then moves into a more upright position without treatment.

Rarely, the growing uterus remains trapped beneath the bony edge at the back of the pelvis. This is called an incarcerated gravid uterus . It can press on the bladder, urethra, or rectum. Possible signs include increasing pelvic pressure, difficulty passing urine, inability to empty the bladder, constipation, and abdominal or back pain during pregnancy.

This complication needs prompt obstetric assessment. Management may include draining the bladder and carefully repositioning the uterus. Surgery is only occasionally required.

Retroversion can also make some pelvic procedures technically more difficult. If you are having an intrauterine device inserted, an embryo transfer, or uterine surgery, previous examination or ultrasound findings can help the healthcare team plan the procedure.

Prevention

A naturally retroverted uterus cannot be prevented, and there is no medical reason to try to prevent it.

Not every acquired cause can be prevented. Fibroids and endometriosis do not have reliable prevention methods.

Reducing the risk of sexually transmitted infections can lower the risk of pelvic inflammatory disease and related scarring. This includes using barrier protection, having appropriate sexual health testing, and obtaining treatment if an infection is found.

Living with it and what to expect

For most people, a retroverted uterus remains a harmless feature of their anatomy. It may stay in the same position for years, or its position may change after pregnancy, childbirth, surgery, or changes in pelvic support.

Routine follow-up is not usually needed for the uterine position itself. Continue with cervical screening, contraception care, pregnancy care, and other routine health checks recommended for you.

If you have ongoing pain, the course depends more on its underlying cause than on the tilt of the uterus. Endometriosis, fibroids, adhesions, and pelvic floor problems may need continuing care over months or years.

Most people can use tampons or menstrual cups, have sex, become pregnant, exercise, and give birth normally. You may need to try different sexual positions or menstrual products if pressure or deep penetration is uncomfortable.

When to get medical help

Arrange a routine appointment if you have:

Seek urgent medical advice if you are pregnant and develop difficulty passing urine, cannot empty your bladder, or have increasing pelvic pressure with constipation or pain. These symptoms do not necessarily mean the uterus is trapped, but they need prompt assessment.

Get emergency help for sudden severe pelvic or abdominal pain, fainting, marked weakness, shoulder-tip pain, or heavy vaginal bleeding. Pain or bleeding during pregnancy also needs urgent assessment. These symptoms can have causes unrelated to uterine retroversion,

including ectopic pregnancy, pregnancy loss, ovarian torsion, or internal bleeding.

Fever with pelvic pain, vomiting, or unusual vaginal discharge should be assessed promptly because it may indicate an infection.

- Pelvic or lower-back pain that persists or keeps returning
- Pain during or after sex
- Period pain that affects daily activities
- New bladder or bowel pressure
- Difficulty becoming pregnant
- Questions about a retroverted uterus found during an examination or scan

Common questions

Is a retroverted uterus dangerous?

Usually not. It is commonly a normal difference in anatomy and does not damage the uterus. Symptoms or complications are more likely to come from an underlying pelvic condition. A trapped uterus during pregnancy is a rare exception that requires urgent care.

Can a tilted uterus cause infertility?

A retroverted uterus alone is not considered a cause of infertility. Some conditions that can pull the uterus backward-especially endometriosis, pelvic inflammatory disease, and adhesions-may affect fertility. An evaluation can look for these and other possible causes if pregnancy is taking longer than expected.

Can I have a normal pregnancy with a retroverted uterus?

Usually, yes. As the uterus grows, it normally rises out of the pelvis and becomes more upright. Retroversion alone does not usually change routine pregnancy care, labour, or the method of birth.

Why does sex hurt with a retroverted uterus?

Deep penetration may place pressure on the cervix, uterus, or nearby tissues in some positions. Pain can also come from endometriosis, pelvic floor muscle tension, infection, ovarian cysts, or other conditions. Persistent or worsening pain should be assessed rather than assumed to be caused by the uterine tilt.

Can exercises fix a retroverted uterus?

Exercises do not reliably or permanently reposition the uterus. Pelvic floor physiotherapy may

still help when muscle tension or poor coordination contributes to pelvic pain. A uterus held backward by scar tissue or a growth will not be corrected by exercise.

Will my uterus always stay tilted?

Not necessarily. A mobile uterus can change position over time, particularly after pregnancy or childbirth. A uterus held in place by adhesions may remain retroverted. The position does not need to change if it is not causing a problem.

Sources

- Better Health Channel, Department of Health, State Government of Victoria. "Retroverted uterus."
- Cleveland Clinic. "Retroverted Uterus: Causes, Fertility, Treatment & Pregnancy."
- Fauconnier A, Dubuisson JB, Foulot H, et al. "Mobile uterine retroversion is associated with dyspareunia and dysmenorrhea in an unselected population of women." European Journal of Obstetrics & Gynecology and Reproductive Biology . 2006;127(2):252-256.
- International Society of Ultrasound in Obstetrics and Gynecology. "Incarcerated uterus." Patient information series.
- Dierickx I, Delens F, Backaert T, Pauwels W, Gyselaers W. "Incarceration of the gravid uterus: diagnosis and preoperative evaluation by magnetic resonance imaging." European Journal of Obstetrics & Gynecology and Reproductive Biology . 2014;179:191-197.