CONDITION

Uterine prolapse

Uterine prolapse happens when weakened pelvic support allows the uterus to drop into or through the vagina.

WHAT IT IS
Descent of the uterus into or through the vagina

BODY SYSTEM
Reproductive system and pelvic floor

MAIN SYMPTOMS
Vaginal bulge, pelvic pressure, urinary problems, bowel difficulty

WHAT CAUSES IT
Weakened pelvic supports, often after childbirth and ageing

HOW IT IS DIAGNOSED
Pelvic examination while resting and bearing down

MAIN TREATMENT
Pelvic floor therapy, pessary, or surgery

CAN IT BE CURED?
Sometimes - surgery restores support, but prolapse can recur

IS IT AN EMERGENCY?
Sometimes - complete inability to urinate

LONG-TERM OUTLOOK
Often manageable, though symptoms may progress or recur

Overview

Uterine prolapse happens when the muscles and connective tissues supporting the uterus become stretched or weakened. The uterus then moves downward into the vagina. In a more advanced prolapse, part or all of the uterus may extend outside the vaginal opening.

It is one type of pelvic organ prolapse. The bladder, bowel, or top of the vagina may also lose support, so more than one type of prolapse can occur at the same time.

Uterine prolapse is not cancer and is not contagious. It may cause few symptoms, or it may affect comfort, bladder and bowel function, exercise, and sex. The amount of prolapse seen during an examination does not always match how troublesome the symptoms feel.

Treatment is based mainly on your symptoms, health, preferences, and plans for future

pregnancy. Not everyone needs surgery.

Symptoms

Some people notice prolapse during washing, using the toilet, or inserting a tampon. Others first become aware of pelvic pressure that builds during the day.

Common symptoms include:

You may need to change position or press gently near the vaginal wall to empty your bladder or bowel. Some people experience constipation or feel that bowel movements are incomplete.

Symptoms may be mild in the morning and more noticeable later in the day. They can also change with physical activity. Mild prolapse may cause no symptoms and may be found during an examination for another reason.

Unexpected vaginal bleeding is not automatically caused by prolapse. It should be assessed, particularly after menopause.

- A lump, bulge, or feeling that something is coming down in the vagina
- Heaviness, pressure, or a dragging feeling in the pelvis
- Symptoms that worsen after standing, coughing, lifting, or exercise
- Lower back discomfort
- Difficulty emptying the bladder or bowel
- Urine leakage, urgency, or needing to urinate often
- Discomfort, reduced sensation, or pressure during sex

Causes and risk factors

The uterus is held in place by pelvic floor muscles, ligaments, and other connective tissues. Prolapse develops when these structures no longer provide enough support.

Pregnancy and vaginal birth are important contributors. Stretching can affect the pelvic floor muscles, nerves, and connective tissues. The chance of prolapse may be higher after several births, a long or difficult labour, or the birth of a larger baby. Prolapse can still occur in someone who has never given birth.

Ageing and menopause can also affect pelvic support. After menopause, lower estrogen levels may make vaginal tissues thinner and less flexible, although hormones are not the only cause.

Other factors that repeatedly increase pressure within the abdomen may contribute, including:

Inherited differences in connective tissue may make prolapse more likely. Family history can therefore matter. Often, several factors are involved, and developing prolapse does not mean that you did something wrong.

- Long-term constipation and frequent straining
- A chronic cough
- Higher body weight
- Regular heavy lifting
- Some pelvic operations

Diagnosis

A clinician usually confirms uterine prolapse with a pelvic examination. You may be examined while lying down and asked to cough or bear down as if having a bowel movement. If the prolapse is not visible in that position, an examination while standing may be helpful.

The examination checks how far the uterus has descended and whether the bladder, bowel, or vaginal walls are also involved. A speculum may be used to look at the vaginal tissues and cervix.

Tell the clinician about pressure, bladder or bowel changes, pain, bleeding, and how your symptoms affect daily life. This information can be as important as the examination findings.

If you have urinary symptoms, additional tests may include a urine sample and a bladder scan after urination to see whether urine remains. More detailed bladder testing is sometimes used before surgery or when symptoms are complicated. Imaging is not usually needed to confirm a straightforward uterine prolapse.

Treatment and management

Treatment is not always necessary. If the prolapse causes little or no discomfort, monitoring it may be reasonable. Routine follow-up can check for new symptoms or problems emptying the bladder.

Pelvic floor muscle training may improve support and reduce pressure or bulging symptoms, particularly with mild or moderate prolapse. A pelvic health physiotherapist can help you identify the correct muscles and develop a practical exercise plan. Exercises may improve

symptoms without returning the uterus completely to its previous position.

Managing constipation, chronic coughing, and activities that repeatedly worsen symptoms may reduce strain on the pelvic floor. Weight management may help when higher body weight is contributing to pressure. These measures control symptoms but do not guarantee that prolapse will stop progressing.

A vaginal pessary is a removable support placed inside the vagina. It is often made from silicone and may be shaped like a ring. Pessaries can be used for short-term or long-term management, including when you want to avoid or delay surgery.

Finding a comfortable pessary may take more than one fitting. Depending on the type and your circumstances, you may remove and clean it yourself or attend regular appointments. Report pain, bleeding, offensive-smelling discharge, or difficulty urinating. A neglected pessary can irritate or damage vaginal tissue.

Vaginal estrogen may be offered after menopause to treat dryness or fragile vaginal tissue, sometimes alongside a pessary. It can improve tissue comfort, but it does not lift the uterus back into position.

Surgery may be considered when symptoms remain troublesome despite non-surgical care, or when you prefer a surgical repair. Options include:

The best approach is influenced by the type and degree of prolapse, previous surgery, general health, future pregnancy plans, and preferences about keeping the uterus. Some operations use stitches and your own tissues; selected procedures use surgical mesh. Mesh has specific benefits and risks that should be explained before consent.

Surgery can improve bulging and pressure, but it cannot guarantee a permanent cure. Possible risks include bleeding, infection, pain, bladder or bowel injury, urinary symptoms, discomfort during sex, and recurrent prolapse.

- A uterus-preserving repair, called a hysteropexy
- Removal of the uterus, called a hysterectomy, with repair of its supporting tissues
- An operation that closes most or all of the vaginal canal, generally for someone who does not plan to have vaginal sex

Complications

Uterine prolapse is usually not dangerous, but it can cause ongoing problems.

Tissue that remains outside the vagina may become dry, sore, or ulcerated. This can lead to spotting, bleeding, or discharge. A pessary that does not fit well or is not checked regularly can

cause similar irritation.

A prolapse can bend or compress the urethra, the tube that carries urine out of the bladder. This may make it hard to empty the bladder and can contribute to urinary infections. Severe, long-standing obstruction can rarely affect the kidneys.

Constipation and incomplete bowel emptying may become persistent. Prolapse can also affect mobility, exercise, sexual comfort, sleep, and confidence. These effects are valid reasons to discuss treatment even when there is no immediate medical danger.

Prevention

Uterine prolapse cannot always be prevented. Childbirth, ageing, and inherited tissue strength cannot be fully controlled.

Pelvic floor muscle training during pregnancy and after birth may support recovery. Learning the correct technique is important because simply tightening the abdomen or buttocks does not exercise the pelvic floor effectively.

Reducing repeated strain may also help protect pelvic support. This can include treating constipation, seeking care for a lasting cough, using suitable lifting techniques, and working toward a sustainable weight if needed. Stopping smoking may reduce chronic coughing as well as offering wider health benefits.

These steps may lower strain or improve symptoms, but they cannot guarantee that prolapse will not develop or worsen.

Living with it and what to expect

Uterine prolapse often changes slowly over months or years. It may remain stable, become more noticeable, or occasionally improve. Symptoms can fluctuate even when the physical degree of prolapse has not changed.

After childbirth, pelvic support may improve as tissues recover, particularly during the first year. An established prolapse later in life is less likely to disappear on its own. Menopause, constipation, coughing, weight changes, and repeated heavy strain may influence symptoms over time.

Many people manage prolapse for years with pelvic floor therapy or a pessary. Pessary users need ongoing care to check the fit and condition of the vaginal tissue. Seek review if the pessary begins to slip, becomes painful, or no longer controls the bulge.

You can usually remain active. Activities that do not worsen symptoms are generally reasonable. If running, jumping, or lifting increases pressure or bulging, a pelvic health physiotherapist can help you adjust technique, load, or exercise choice.

Surgery often provides substantial symptom relief, but another prolapse can develop in the same or a different part of the pelvis. Continuing pelvic floor care and managing constipation or coughing may still be useful after recovery.

When to get medical help

Arrange a routine appointment if you notice a vaginal bulge, pelvic heaviness, or bladder or bowel changes. Assessment is also appropriate if symptoms are affecting exercise, sex, work, or other daily activities.

Ask for a prompt review if you develop:

Seek urgent or emergency care if you cannot pass urine at all, especially if your lower abdomen is painful or swollen. Heavy bleeding, fainting, severe pelvic pain, or severe illness with fever also requires urgent assessment. These symptoms are not typical of an uncomplicated prolapse and may have another cause.

- New vaginal bleeding, especially after menopause
- Bleeding, sores, or discharge from tissue outside the vagina
- Burning during urination, fever, or repeated urinary infections
- Increasing trouble emptying your bladder
- New pain or a rapid change in the size of the prolapse
- Pain, bleeding, or offensive discharge while using a pessary

Common questions

Can uterine prolapse go back up on its own?

Mild prolapse after childbirth may improve as the pelvic floor recovers. An established prolapse usually does not disappear completely without treatment. Symptoms may still improve with pelvic floor therapy, a pessary, or changes that reduce strain.

Can I have sex with uterine prolapse?

Yes, if it is comfortable for you. Prolapse is not contagious, and sex does not usually damage the uterus. Different positions, lubrication, or removing a suitable pessary beforehand may

help. Pain or bleeding during sex should be assessed.

Can I exercise or lift weights?

Many people can continue exercising. Symptoms are a useful guide: reduce or modify activities that cause marked pressure, bulging, pain, or urine leakage. A pelvic health physiotherapist can help with breathing, lifting technique, and gradual strengthening.

Will I need a hysterectomy?

Not necessarily. Many people use pelvic floor therapy or a pessary without surgery. If surgery is chosen, some procedures preserve the uterus. A hysterectomy is one option, but it is not the only repair.

Can prolapse cause bladder or bowel problems?

Yes. It can contribute to urine leakage, urgency, incomplete bladder emptying, constipation, or difficulty completing a bowel movement. These symptoms can also have other causes, so they should be assessed rather than assumed to come from the prolapse.

Can I become pregnant with uterine prolapse?

Pregnancy may still be possible. However, pregnancy and birth can place further strain on a prolapse and may affect treatment choices. Surgery is often considered in the context of future pregnancy plans because a later pregnancy may increase the chance of recurrence.

Sources

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