

# Doctor help! My womb has dropped



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'Prolapse' or coming down of the womb (uterus) or looseness of the vagina is a common problem particularly in women in their 40's and 50's, especially in women who have had normal deliveries in the past. However even young women without children can get prolapse if they have an inherent weakness of the tissues which support the womb.

The main symptom is that the woman feels something coming out of the vagina when she strains or on standing. This may be the uterus coming down or the urinary bladder (cystocele) or the area close to the rectum (rectocele)

Often associated with this are urinary problems such as leaking of urine on coughing or sneezing (stress incontinence), difficulty in holding urine for long or incomplete emptying of the bladder.

There is a feeling of lower abdominal heaviness and low backache. Prolapse also interferes with sexual satisfaction for both the partners.

The problem of prolapse often begins with a normal delivery, especially when there is a big baby, prolonged labour, forceps delivery, and vaginal tears. Chronic medical conditions such as asthma, chronic cough, constipation, diabetes and obesity contribute to prolapse. With the onset of menopause and decline of estrogen, there is weakness of tissues and that is when the prolapse becomes severe.

The treatment of prolapse is mainly surgical. In a young woman the treatment will be conservative so as to not damage the womb or the ability to have children later. This may include only a tightening of the vagina and its supports. This is a simple short procedure done from inside the vagina and there are no stitches outside. If the entire womb has come down, it has to be lifted up with the help of strong stitches or tape. This procedure can be done with the help of a laparoscopic (keyhole) surgery with 2-3 small cuts on the lower belly or with the help of a small bikini scar.

In older women who have completed their family, the procedure may involve a hysterectomy (removal of the womb), which is done from the vagina, combined with a tightening of the area and repair of the urinary leakage if present. This requires few days of hospitalization. Recovery is usually fast from these procedures.

Essentially the focus should be on prevention. Maintaining a healthy lifestyle, exercise, especially kegals pelvic floor exercises, keeping weight under control, having properly supervised deliveries and taking care of chronic problems such as cough and constipation will significantly help reduce the incidence of prolapse

*I am 42 years old and have regular but very heavy menses with clots. My sonography is normal and I have been taking hormones on and off for this problem. I am fed up as I cannot even go to work with such heavy bleeding and am worried about the side effects of hormonal treatment. Nayana*

If you have finished your family there are many options for you. You can insert a hormone loop or intrauterine device which can be kept inside the womb for 5 years and it reduces or stops bleeding in most patients. Another technique which is quite simple and safe is uterine balloon ablation, in which a tube with a balloon at its end is put into the womb. Hot water is circulated through it, which causes the lining of the womb to be damaged and so bleeding permanently stops. There is also the option of hysterectomy or removal of the womb which can be done vaginally or through key hole (laparoscopic) surgery or by giving a small bikini scar. This will permanently stop bleeding and there will be no risk of cancer of the womb in the future.

For free consultation:

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