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Genital Prolapse

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Outline:

1-introduction

2-definition

3-types

4-degrees

5-causes

6-risk factors

7-symptoms

8-diagnosis

9-treatment

10-prevention

11- nursing management

Introduction

Genitourinary prolapse occurs when there is descent of one or more of the pelvic organs including the uterus, bladder, rectum, small or large bowel, or vaginal vault. The anterior and/or posterior vaginal walls, the uterus and the vaginal vault can all be affected by this descent. There is resulting protrusion of the vaginal walls and/or the uterus. It is usually accompanied by urinary, bowel, sexual, or local pelvic symptoms.

Definition OF genital prolapse :

When the genital organ descends from its normal position through the vagina is called genital prolapse

Types of genital prolapse:

Anterior compartment prolapse

Cystocele (prolapse of the bladder into vagina, dropped bladder)

Urethrocele(prolapse of urethra into vagina)

Middle compartment prolapse

Uterine prolapse (prolapse of uterus into vagina)

Enterocoele (prolapse of small intestine into vagina)

Posterior compartment prolapse

Rectocele (rectum into vagina)

Uterine prolapse

Definition

Is a condition that occurs when the pelvic floor muscles are no longer strong enough to support the uterus. As a result the uterus descends toward or through the vagina

Causes

- your age, as prolapse is more common as you get older
- childbirth, particularly if you had a long or difficult labour or gave birth to multiple babies or to a large baby
- changes caused by the menopause, such as weakening of tissue and low levels of the hormone estrogen
- being overweight or obese, which creates extra pressure in the pelvic area
- previous pelvic surgery, such as hysterectomy or bladder repair
- heavy lifting and manual work
- long-term constipation due to the excessive straining when going to toilet
- long term coughing

High risk factor

- Excess weight lifting
- Being Caucasian
- Smoking
- One or more pregnancies and vaginal births
- Giving birth to a large baby
- Increasing age
- Frequent heavy lifting
- Chronic coughing
- Prior pelvic surgery
- Frequent straining during bowel movements
- Genetic predisposition to weakness in connective tissue
- Being Hispanic or white

Symptoms

- Pelvic heaviness or pulling
- Vaginal bleeding or an increase in vaginal discharge
- Difficulties with sexual intercourse
- Urinary leakage, retention or bladder infections

- Bowel movement difficulties, such as constipation
- Lower back pain
- Uterine protrusion from the vaginal opening

Degree

- First degree: The cervix drops into the vagina.
- Second degree: The cervix drops to the level just inside the opening of the vagina.
- Third degree: The cervix is outside the vagina.
- Fourth degree: The entire uterus and cervix is outside the vagina

Diagnosis of uterine prolapse

Pelvic exam. During this exam, your doctor may ask you to bear down as if having a bowel movement, which can help your doctor assess how far the uterus has slipped into your vagina.

Additional tests such as an ultrasound or magnetic resonance imaging (MRI) may be used to evaluate the severity of the prolapse

Uterine prolapse is moderate when the cervix drops out of the vaginal opening. •

Uterine prolapse is mild when the cervix drops into the lower part of the vagina

Treatment for uterine prolapse

- You do not need treatment unless you are bothered by the symptoms.
- Many women will get treatment by the time the uterus drops to the opening of the vagina.
- **LIFESTYLE CHANGES**
- The following can help you control your symptoms:
 1. Lose weight if you are obese.

2. Avoid heavy lifting or straining.
3. Get treated for a chronic cough. If your cough is due to smoking, try to quit.

Vaginal pessary

a vaginal pessary is a vaginal device which supports the uterus and keeps it in position. You will be instructed on care, removal and insertion of the pessary. At times, in cases of severe prolapse, a pessary can cause irritation, ulceration and sexual problems

Surgery

surgical repair of a prolapsed uterus can be performed through the vagina or abdomen and involves skin grafting, donor tissue or other material to provide uterine suspension. At times, a hysterectomy (removal of the uterus) may be recommended

Prevention of uterine prolapse

- Perform Kegel exercises regularly
- Prevent and treat constipation
- Avoid heavy lifting
- Use correct body mechanics whenever lifting is necessary
- Manage chronic coughing
- Maintain a healthy weight through diet and exercise

Consider estrogen replacement therapy during menopause

Nursing intervention

- 1- Maintain personnel hygiene
- 2- Maintain high rich iron diet and fiber
- 3- Teach women pelvic muscle exercise
- 4- Provide comfortable devices
- 5- Pessaries and plastic ring that are inserted into vagina to prevent descent of pelvic organ

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