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UTERINE PROLAPSE – Case Report

Mrs. C. Muthulakshmi M.Sc (Nsg), Prof. V.Hemavathy,Principal,
Associate Professor, Sree Balaji College Of Nursing, Bharath University
Sree Balaji College Of Nursing, Bharath University Chennai – 600 044.

I. Introduction

The uterus is not a fixed organ – minor variations in position in any direction occur constantly with changes in posture with straining with full bladder or loaded rectum. The descent of the uterus and vagina from its normal position is known as prolapse. The cause of prolapsed is difficult to understand without knowledge of the anatomy of the pelvic floor and the ligamentary supports of the uterus and vagina more ever, the treatment is based upon attempts to restore normal anatomical relations. Anatomical details are described in retroverted uterus predisposes to prolapsed as the uterus lies in the axis of the vaginal and hence the descent becomes easier if the uterine support become easier if the uterine support become weak.

Definition: Pelvic organ prolapsed (POP) is one of the common clinical condition meant is day today gynaecological practice specially amongst the parous women, the entity includes descent of the vaginal wall and for the uterus.

Findings Are Graded

- A first degree uterine prolapsed descents to 1 cm above the hymen
- A second degree uterine prolapsed to within 1 cm below the hymen
- A third degree further until a fourth degree prolapsed is reached with the organ completely outside the vagina.

Etiology

1. Congenital factors likely play a role in determining facial strength, elasticity and resistance to trauma. Some women may have inherently weak endo pelvic fascia and therefore be at an increased risk of developing prolapsed and stress incontinence.
2. Acquired factors play a major role.

Signs And Symptoms

- The feeling of a lump in the vagina, drugging sensation low backache.
- Bleeding and or discharge from the ulceration
- Voiding difficulty which may occur with a large cystocele and urethral kinking.
- Incomplete bowel emptying from a rectocele. Some women need to digitally replace the prolapsed in order to defecate and micturate.

Pathyphysiology

Usually caused by obstetric trauma
↓
Over stretching of muscular fasial supports
↓
Uterus herniates through pelvic floor
↓
Protrudes into vagina (prolapse)
↓
Possibly beyond the introitus (procidental)

Treatment

- Pelvic floor muscle exercise or functional bracing against increases in vitra abdominal pressure may reduce symptoms of prolapsed.
- Pessaries are plastic rings, balls or more complex structures that are inserted vaginally to prevent descent of the pelvic organs.

- Vaginalsurgery;- The traditional main stay of prolapsed repair is anterior and posterior colporrhaphy often with hysterectomy.
- Abdominal surgery is carried is carried out in specialized units for recurrent prolapsed.
- Laparoscopic surgery has recently seen used for prolapsed and incontinence producers.

Prognosis

The risk of pelvic organ prolapsed recurrence after surgical reconstruction is not un common. Nearly 30% of women undergoing are POP procedure have at least one more procedure 18 women with a more severe prolapsed are more likely to have a recurrence 62. Among the different surgical repair procedure, abdominal sarcocolpopexy is the most durable procedures, anatomic success rate range from 76% to 100% 42, 63, 64, 65 vaginal procedures have a relatively lower success rate. This 5 year success rate of vaginal utero sacral procedures range from 37% to 89% 66, 67. There is no evidence that any specific post surgical activity restrictions reduce the risk of recurrence. Northeless some physician restrict patient from heavy 10 (1b) and from vaginal intercourse for 6 weeks following surgery.

Nursing Management: Nursing management of uterine prolapsed is discussed along with case report.

Case Report: Mrs. Shanthi 37 years, wt. 65 kg, married with P5L3D2 got admitted in Sree Balaji Medical College and Hospital on 17.4.2015, with the complaints mass descending per vaginal and associated with abdominal pain for 4 months. She has the history of Full term normal vaginal delivery and she had family planning and she has no history of hereditary disease. She underwent the lab investigation such Random RBS – 129 mg/dl; Hb 10.6 mg/dl, Urea 21; Creatinine 0.5, Papsmear revealed the evidence of appear an prominent prolapsed uterus. Chest x-ray study showed no abnormalities. After the investigation she diagnosed as Uterine Prolapse and her treatment with Tab.Ferrus sulphate 100 mg – OD, Tab.Calcium 500 mg – OD, Cap. MVT – od, and normal saline plugging- bd.

Nursing Care

Nursing management of Mrs. Shanthi with 2nd degree Uterine Prolapse Cystocele presented as nursing process approach based on the problems and needs identified.

1) Nursing assessment

Complaint of lower abdominal pain, decreased appetite, generalized weakness, difficult to walk because of uterine prolapsed.

2) Nursing Diagnosis

- Pain lower abdominal related to displacement of pelvic organ secondary to 3rd degree uterine prolapse.
- Fatigue related to weakness secondary to uterine prolapsed
- Activity intolerance related to lump in the vagina secondary to II degree uterine prolapsed.
- Imbalanced nutrition less than body requirement related to ***
- Anxiety / Fear, knowledge deficit, frequency of micturition ***
- Risk for infection, skin integrity sexual activity.

3) Nursing Intervention

- Pessaries or plastic rings, pulls or more, complex structures that are inserted vaginally to prevent descent of the pelvic organs.
- Provide adequate comfortable devices
- Change the pessaries every 3-4 months
- To teach the pelvic floor muscle exercise
- Promote the client wash hand before and after
- Maintain the personal hygiene\rich in iron, fiber diet.

4) Expected Outcome

- The patient experiences improved daily activities .
- Reports any other complications.
- Exhibits improved nutritional status by increased weight.

II. Conclusion

Most patients with uterine prolapsed seek treatment for sustained from the disease. Hence awareness should be created regarding complications among the nursing professionals. The prognosis for patients with these uterine prolapsed is variable. Comprehensive nursing care based on the condition of disease

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