EP 22.04 - Procidentia throughout pregnancy and postpartum period
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**Case History**
31 year old G3P2

<table>
<thead>
<tr>
<th>12/40</th>
<th>15/40</th>
<th>33/40</th>
<th>39/40</th>
<th>Postpartum</th>
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**HPC:**
- acute urinary retention
- Pelvic ultrasound showing markedly retroverted uterus, with fundus pointing inferiorly and anteriorly
- Management: IDC
- Prophylactic antibiotics

**HPC:**
- Vaginal lump associated with PV bleeding
  - Procidentia noted
  - Skin changes over cervix consistent with chronic procidentia
  - Procidentia easily reducible
- Failed multiple trials of pessaries throughout pregnancy
- Referred to tertiary centre for further antenatal care and delivery
- Induction of labour - 110 mm pessary inserted prior to ARM
- Full dilatation within 5 hours
- Pessary removed with delivery of female infant after 10 minutes of active pushing

**Persistent Procidentia with Urinary retention**
Discharged with IDC insitu
- Failed multiple trial of voids & failed pessary insertion
- Referral to urogynaecologist for second opinion
- Currently managing symptoms with double pessaries with consideration of surgical management

**Assessment:**
- Grade 3 cystocele
- Grade 4 uterine prolapse
- Grade 3 rectocele
- Ba +6, Bp +6
- Gh 3.5 / 9
- Pb 2.5 / 3.5
- TVL 7
- C +8

**Right:**
- Defect palpable, rest 1/5, oxford 0/5

**Left:**
- Intact, rest 2/5, oxford 1/5

**Translabial US:**
- BND valsala -6.8
- Cystocele -15.5
- Uterine descent -48.3
- Enterocoele -37.5
- Hiatal area 41.89
- Left levator intact
- Right levator avulsion
- EAS normal