

認識子宮脫垂

Uterine Prolapse



子宮脫垂是甚麼

What is Uterine Prolapse

子宮由骨盆底肌肉和韌帶支撐，當這些結構變得鬆弛或受損時，子宮可能會逐漸向陰道口下移。子宮部分或完全脫離其正常位置的情況為之「子宮脫垂」。

The uterus is supported by pelvic floor muscles and ligaments, when these structures become loose or damaged, the uterus may gradually move downward toward the vaginal opening. A condition in which the uterus partially or completely moves out of its normal position is called "uterine prolapse".

症狀

Symptoms



陰道內有異物感
A sensation of a
foreign body in the vagina



出現泌尿及
排便問題
Urinary and
bowel issues



腹部不適或
背部疼痛
Abdominal discomfort or
back pain



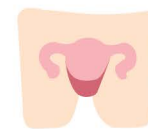
性交時不適
Discomfort
during intercourse



可見或可觸及的子宮
A visible or
palpable uterus

子宮脫垂分級

Classification of Uterine Prolapse



一級脫垂（輕微） Grade I (Mild Prolapse)

子宮輕微下墜至陰道上部，通常沒有明顯症狀或只有輕微不適。

The uterus descends slightly into the upper part of the vagina, often without significant symptoms or only mild discomfort.



二級脫垂（中度） Grade II (Moderate Prolapse)

子宮進一步下墜至陰道中部，可能伴隨有下墜感，尤其是站立時會更為明顯。

The uterus descends further into the middle part of the vagina, with symptoms such as a sensation of heaviness, particularly noticeable when standing.



三級脫垂（嚴重） Grade III (Severe Prolapse)

子宮明顯下墜至陰道下部，導致明顯的不適和症狀，包括腹部不適、背部疼痛以及泌尿和排便問題。

The uterus descends prominently into the lower part of the vagina, leading to noticeable discomfort and symptoms, including abdominal pain, back pain, and urinary or bowel problems.



四級脫垂（極度嚴重） Grade IV (Complete Prolapse)

子宮及子宮頸完全突出至陰道外，甚至可能延伸到陰道開口之外。

The uterus and cervix protrude completely from the vagina, potentially extending outside the vaginal opening.

診斷方法

Diagnosis



陰道檢查 Vaginal Examination

確認子宮及膀胱位置。
Confirms the positions of the uterus and bladder.



超聲波 Ultrasound

評估骨盆腔器官脫垂程度。
Assesses the degree of pelvic organ prolapse.



尿動力測試 Urodynamic Testing

評估尿道及膀胱內的壓力變化。
Evaluates changes in pressure within urethra and bladder.

聯絡我們

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風險因素

Risk Factors



生育 Pregnancy

經歷多次自然分娩、分娩時使用過度力量、生下較大嬰兒。
Having several natural births, experiencing excessive force during delivery, or delivering larger babies.



肥胖 Obesity

過度肥胖可能增加腹壓，對骨盆底肌肉和組織造成額外負擔。
Excess weight may increase abdominal pressure, placing additional strain on pelvic floor muscles and tissues.



遺傳因素 Genetic Factors

部份女性天生擁有較弱的組織結構，以致更易發生子宮脫垂。
Some women may have a genetic predisposition to weaker tissue structures, making them more susceptible to uterine prolapse.



長期咳嗽或便秘 Chronic Coughing or Constipation

持續腹壓可能促成脫垂。
Persistent abdominal pressure from these conditions can contribute to prolapse.



年齡 (尤其50歲以上) Age (especially 50+)

隨著女性年齡增長，組織和肌肉彈性下降，增加子宮脫垂的可能性。更年期後的激素變化亦可能削弱支撐組織。
As women age, the elasticity of their tissues and muscles diminishes, raising the likelihood of prolapse. Hormonal changes after menopause can also weaken supporting tissues.

治療選擇

Treatment Options

非手術治療 Non-Surgical Treatments

生活方式改變 Lifestyle Changes

避免重物搬運、保持健康體重及減少長時間站立。
Avoid heavy lifting, maintain a healthy weight, and reduce prolonged standing.

盆底肌肉鍛煉 Pelvic Floor Muscle Exercises

凱格爾運動專門設計用於保持盆腔器官的正確位置，預防或治療盆底功能障礙。
Kegel exercises are specifically designed to maintain the correct position of pelvic organs and prevent or treat pelvic floor dysfunction, thereby improving symptoms.



子宮托療法 Pessary Use

醫生根據患者陰道的深度及寬度以選擇合適的子宮托放入陰道內，以支撐及復位脫垂的子宮。
Doctor will assess the depth and width of the vagina to select an appropriate pessary that supports and repositions the prolapsed uterus.

手術治療 Surgical Treatments

視乎患者子宮下垂的位置、嚴重程度、生育計劃、和個人意願，醫生會建議相應的手術治療。
Depending on the position and severity of the patient's uterine prolapse, fertility plans, and personal preferences, the doctor will recommend appropriate surgical treatment.



建議如有相關症狀，應儘早就醫，尋求專業診斷與治療。
If you experience related symptoms, seeking medical attention promptly for professional diagnosis and treatment is advisable.