University Hospitals Dorset
NHS Foundation Trust

Vaginal pessary for pelvic organ prolapse

Gynaecology Patient information

This leaflet is intended to give you information regarding the use of a vaginal pessary for non-surgical management of pelvic organ prolapse.

What is a prolapse?

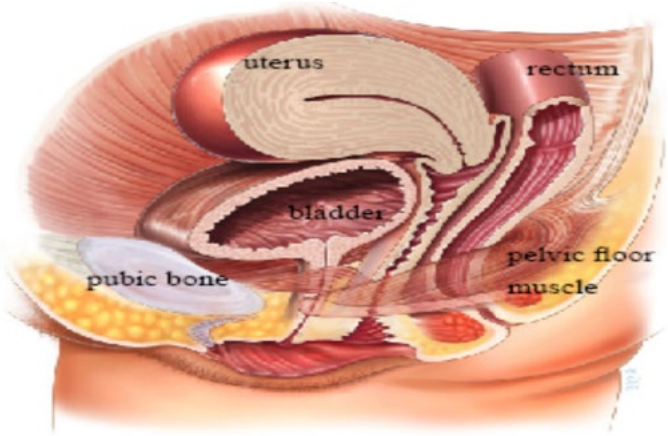
In the female pelvis, a prolapse occurs when the muscles and ligaments that hold the pelvic organs in place are no longer strong enough to do the job effectively, or the vaginal walls are weakened. A prolapse is very common and is usually caused by a combination of factors such as pregnancy, childbirth, constipation, obesity, severe or chronic coughs, menopause, and regular, heavy lifting.

Prolapse can cause an uncomfortable dragging sensation or feeling of fullness in the vagina, frequently needing to pass urine, difficulty in emptying the bladder or bowel, discomfort during intercourse, and urinary tract infections. In more advanced cases the prolapse can extend beyond the entrance to the vagina.

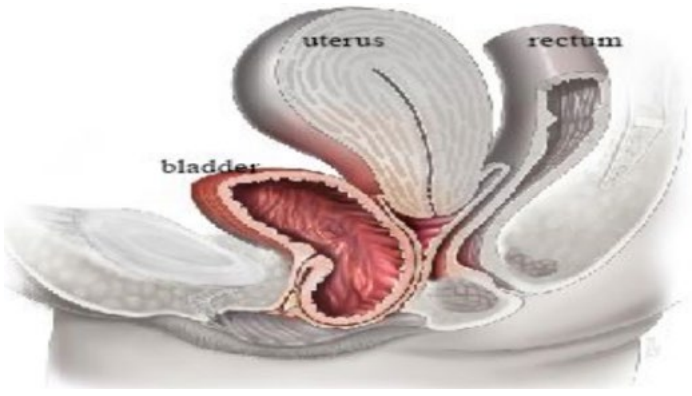
Prolapse is very common and not all women will require treatment. If your symptoms are not bothering you then no treatment may be necessary. Lifestyle changes may prevent further deterioration of your prolapse and these changes will be discuss with you at your clinic appointment.

Where can a prolapse occur?

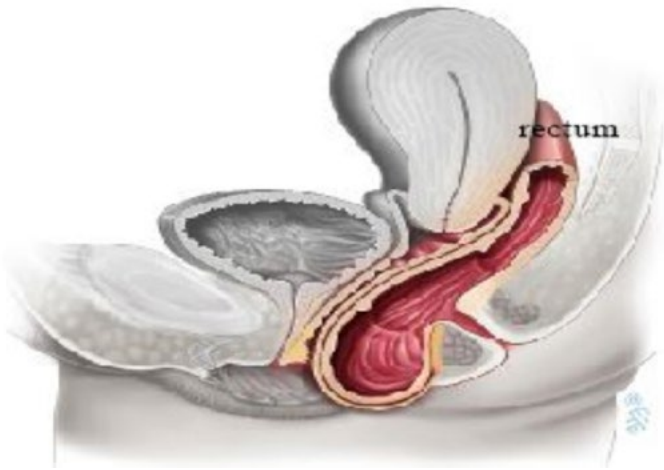
A prolapse may arise in the front wall of the vagina (anterior compartment), back wall of the vagina (posterior compartment), the uterus (womb) and/or top of the vagina (apical compartment). Many women have a prolapse in more than one compartment at the same time.



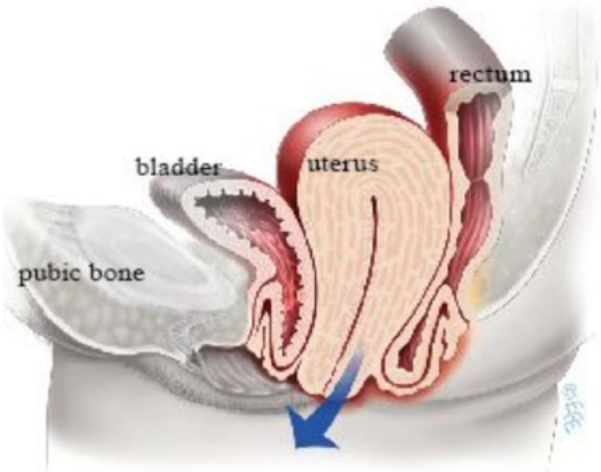
Normal anatomy - No prolapse



Anterior wall prolapse



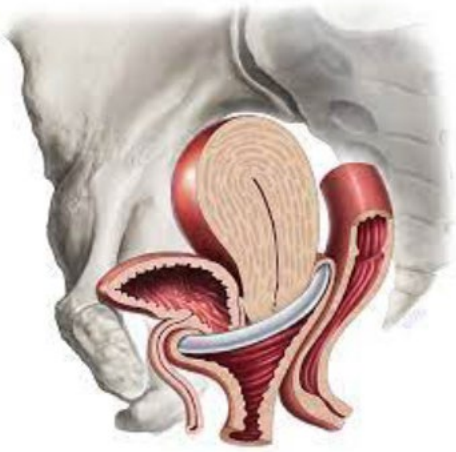
Posterior wall prolapse



Uterine prolapse

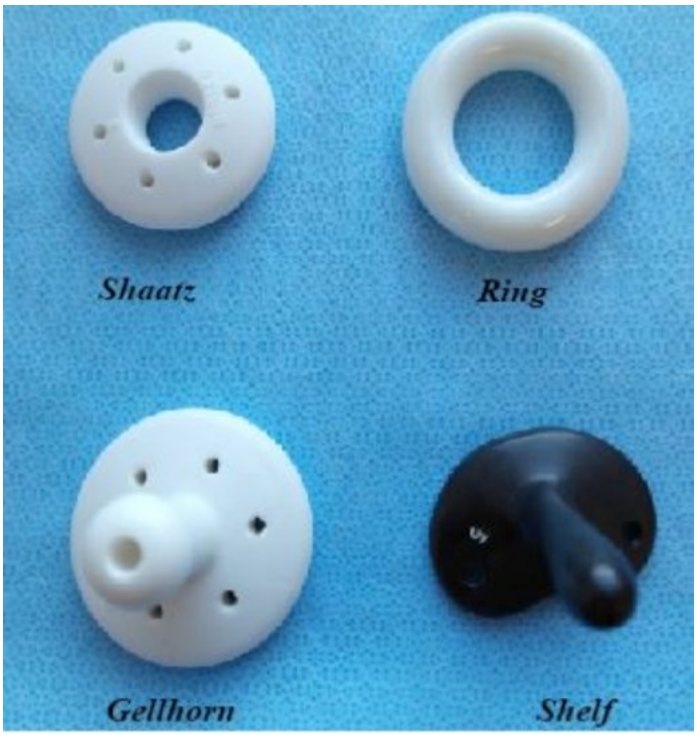
What is a vaginal pessary?

A vaginal pessary is a small, removable device that can be inserted into the vagina to support the vaginal walls or uterus, in order to relieve symptoms of prolapse. It can be used as a short or long term measure in management of your prolapse symptoms. The option of a pessary for short term or long term management of your prolapse will be discussed with you at your clinic appointment.



Ring pessary in situ

There are many different shapes and sizes of pessary.



Commonly used forms are ring pessaries (with or without support), gelhorn pessaries, and shelf pessaries. Plastic pessaries should be disposed of and replaced at each assessment. Silicone pessaries can be used for up to five years provided they are routinely checked and do not become damaged.

Most pessaries can safely remain within the vagina for several months before being removed, checked and replaced. It is also very common to learn to remove and re-insert most types of pessary yourself (self-management), which can reduce the risk of any side effects of use. Some specialist pessaries require removal every day. The type of pessary that will suit you will be discussed with you at your clinic appointment. If you prefer to self-manage your pessary, an appointment will be made with one of our specialist nursing team to teach you how to do this.

Certain pessaries are more compatible with sexual intercourse than others and you should discuss this with your doctor or nurse prior to pessary insertion.

How is a pessary inserted?

A vaginal pessary is inserted following a vaginal examination, to assess the type of prolapse, the shape of your vagina and any previous surgery or scarring. Assessment and initial fitting can be uncomfortable and it may take more than one attempt to find the correct size and shape of pessary for you. Once correctly fitted, you would not usually be aware of the pessary within your vagina.

If the pessary is too small, it can sometimes fall out, or just not provide the symptom improvement you hoped for. If it is too large, it may also fall out, or may be uncomfortable. You will be asked to stand up, walk around and/or pass urine before leaving the department to check that the pessary feels comfortable. There are contact numbers at the end of this leaflet to let us know if you have any questions or concerns regarding the pessary once you have left the department.

What are the risks of a vaginal pessary?

Most symptoms occur if the pessary is overdue routine review, if your tissues are lacking in oestrogen (for example after the menopause) or if it is the wrong size. This is particularly the case for the more serious but rare/uncommon complications.

Please contact the department if you notice any new or concerning symptoms especially bleeding, discomfort or excessive vaginal discharge, or if your review is overdue.

Common/very common	Uncommon	Rare
Increased vaginal discharge	Vaginal ulceration	Fistula (hole into bladder or bowel)*
Abrasion of the vaginal skin with or without bleeding	Difficult removal (depends on pessary type)	
Discomfort	Infection	
Pessary falling out	Incarceration (stuck in vaginal tissues)	
New/worse bladder or bowel symptoms		

* very rare with ring pessary

How often should I be seen for follow up?

This will depend on your symptoms, the type of pessary fitted, and whether you manage it yourself or not. Usually we would see you every six months for review, but earlier if you develop symptoms. If you have a gelhorn or shelf pessary fitted, then we would not want the review to go beyond nine months, even if you have no symptoms of concern.

If you self-manage your pessary and are comfortable doing so, we would then plan to review you yearly instead. At the end of this leaflet is a section for information on your individual pessary schedule. Please contact us if the review goes overdue.

At each review we recommend removing the pessary and performing a vaginal examination to ensure that there are no signs of internal rubbing or erosion. Depending on the pessary type, it can either be washed and then replaced, or a new pessary inserted.

Low dose vaginal oestrogen

If you have been through the menopause, your doctor or nurse may recommend you use a low dose vaginal oestrogen in combination with your vaginal pessary. This is to improve the quality of the vaginal tissues and reduce the risk of problems such as discharge, bleeding, or rubbing. This may be in the form of a vaginal tablet, cream, or a small folding vaginal ring.

There is no additional breast cancer or blood clotting risks as the dose absorbed by the body is extremely low. If there are reasons you are not able to use vaginal oestrogens, then non-hormonal vaginal moisturisers may be of some benefit which are available on NHS prescription and can be discussed further with your health care professional if relevant to you.

Useful information on low dose vaginal oestrogen can be found online at:
www.yourpelvicfloor.org/media/Low-Dose_Vaginal_Estrogen_Therapy.pdf
or ask your doctor/nurse for a paper copy to take away with you.

Can I have sex with a pessary in?

In most cases the answer is yes, provided you and your partner are comfortable. If you would prefer to learn how to remove the pessary yourself before sex, please let us know. We recommend use of water-based lubricants such as KY Jelly, YES WB Lubricant or Sylk, as oil-based lubricants may damage a silicone pessary.

Penetrative sex is not possible with any pessary that has a stem or handle - these are known as gelhorn pessaries or shelf pessaries. These are not usually possible to remove or replace yourself and therefore may not be suitable choices if you wish to have sexual intercourse.

Cube pessaries are also not compatible with penetrative sex, however these are only used as self-managing pessaries with daily removal, so you would already be comfortable removing this yourself.

Other information

Some pessaries must be removed before an MRI scan as they contain metal. These are primarily:

- Silicone ring pessary, with or without support (folding)

If you are referred for an MRI, please make sure you inform the staff on your pre-scan questionnaire that you have a pessary in situ.

What other treatments are available for prolapse?

Physiotherapy: the symptoms of prolapse can be improved by being taught pelvic floor exercises by a specialist gynaecology physiotherapist. Good pelvic floor strength may also reduce recurrence risks after surgery. We recommend all patients consider pelvic floor physiotherapy as part of their treatment pathway.

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Surgery: the aim of surgery for prolapse is to relieve the symptoms of vaginal bulge, but still be able to have sexual intercourse if desired. If you have bladder and bowel symptoms which are related to the prolapse and not due to other underlying conditions, these symptoms may also be improved by the surgery.

Individual information after pessary fitting/review

To be completed by your health care professional at each review.

Who should I contact with concerns? .....

Date of pessary insertion: .....

Type of pessary: (please tick box)

- ☐ Silicone ring
- ☐ Silicone ring with support
- ☐ Plastic ring
- ☐ Shaatz ring
- ☐ Silicone gelhorn
- ☐ Silicone shelf
- ☐ Plastic shelf
- ☐ Cube pessary
- ☐ Other

Size of pessary: .....

Self-managing:

- ☐ Yes - daily
- ☐ Yes - as wishes
- ☐ No

Planned, routine follow up:

- ☐ 3 months
- ☐ 6 months
- ☐ 1 year

Other: .....

Vaginal oestrogen recommended:

- ☐ Yes
- ☐ No
- ☐ Declined

Contact information

Please contact us if you have any concerns, new symptoms, or if your planned pessary review has been missed or cancelled.

It would be helpful to know who your lead doctor or nurse is when you ring, so that we can more easily help you.

If your care is based at Royal Bournemouth Hospital (RBH):

Gynaecology secretaries:
Main hospital number **01202 303626**, then specify the name of the consultant in charge of your care.

Secretary to uro-gynaecology consultants at RBH:
0300 019 4336 (Mon-Fri 7am-3pm, answerphone available out of hours).

Urogynaecology specialist nurse practitioner (RBH only):
0300 019 5729 (Mon-Fri 8am-4pm, answerphone available out of hours).

If your care is based at Poole Hospital (PH):

Gynaecology secretaries:
Main hospital number **01202 665511**, then specify the name of the consultant in charge of your care.

Secretary to uro-gynaecology consultants at PH:
0300 019 2511 (Mon/Wed/Thurs 8am-4pm/Tues 8am-3pm, answerphone available out of hours).

Urogynaecology nurse specialist (Poole only):
0300 019 3251 (Mon 1-6pm/Tues/Fri 8.30am-4pm/Wed 8.30am-7pm/Thurs 8.30am-5pm, answerphone available out of hours).

For more information:

visit www.**YourPelvicFloor.org**

https://thepogp.co.uk