

Contact us:

Please contact us if you have any concerns with the use of your pessary, or if your planned pessary review has been missed or cancelled.

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

Urogynaecology Specialist Nurse Practitioner (RBH only)
0300 019 5729 Monday - Friday 8am - 4pm
(answerphone available out of hours)

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

Urogynaecology Nurse Specialist (Poole only):
0300 019 3251 Mon 8.30am - 4pm
(answerphone available out of hours)

References:

www.yourpelvicfloor.org/leaflets

<https://thepogp.co.uk>

www.medicalnewstoday.com/articles/pessary#types

www.coopersurgical.com/detail/milex-pessary-ring-w-support-folding

www.mediplusuk.com/shop/Ring-Pessary-Folding-Silicone-Size-4-70mm-o-d-p356216565


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Self-management of vaginal pessary for prolapse and/or urinary incontinence

Urogynaecology
Information for patients

w: www.uhd.nhs.uk

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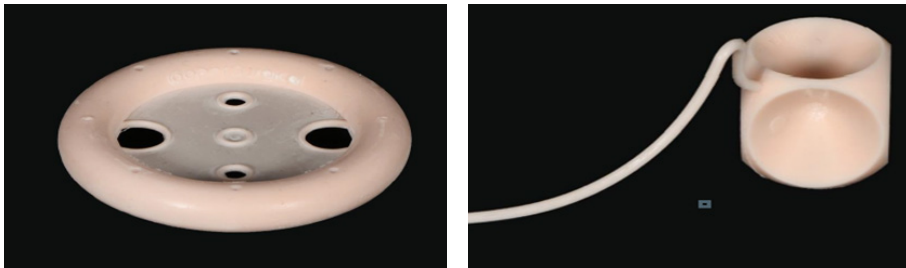
Introduction

This leaflet aims to answer some of the frequently asked queries about self-managed vaginal pessaries. There are different types of vaginal pessaries that are used for prolapse and/or urinary incontinence and many types are suitable for you to self-manage, if you wish to.

Once you and your specialist decide that you would benefit from a vaginal pessary, the appropriate type and size of pessary for you will be fitted by your specialist and they will teach you how to remove and re-insert it. This leaflet aims to support you to insert/remove/clean/store it with little or no external assistance, so that you feel confident managing the pessary yourself. You may be given several sizes of the pessary to try at home, to see which one fits best with your lifestyle.

Different types of self-managing vaginal pessaries:

For prolapse support:



Individual information after pessary fitting/review

(To be completed by the specialist)

Date of pessary assessment:

Seen by:

Type of pessary: (please tick)

Silicone ring Silicone ring with support PVC ring

Ring with knob Cube pessary

Other (please state):

Size of pessary:

Self-managing?

Yes - daily Yes - as wishes No

Planned, routine follow up:

Phone-call Face to face

3 months 6 months 1 year

Other:

Vaginal oestrogen prescribed: Yes No Declined

Date of replacement of pessary:

Why self-manage your vaginal pessary?

- The main benefit is that it puts you in control of your treatment and your symptoms. Some women only have intermittent symptoms, such as on exercise or when out and about, and so wish to insert and remove the pessary regularly. Many choose to remove it for sexual intercourse. Others simply want to have the ability to remove it when they choose, even if they keep it in most of the time.
- It reduces the need for you to attend the hospital or surgery for routine check-ups.
- Certain types of pessary need to be removed daily to be used safely - your doctor or nurse will tell you if yours needs removing daily.

How often should I remove my pessary?

This depends on the type of pessary you are using.

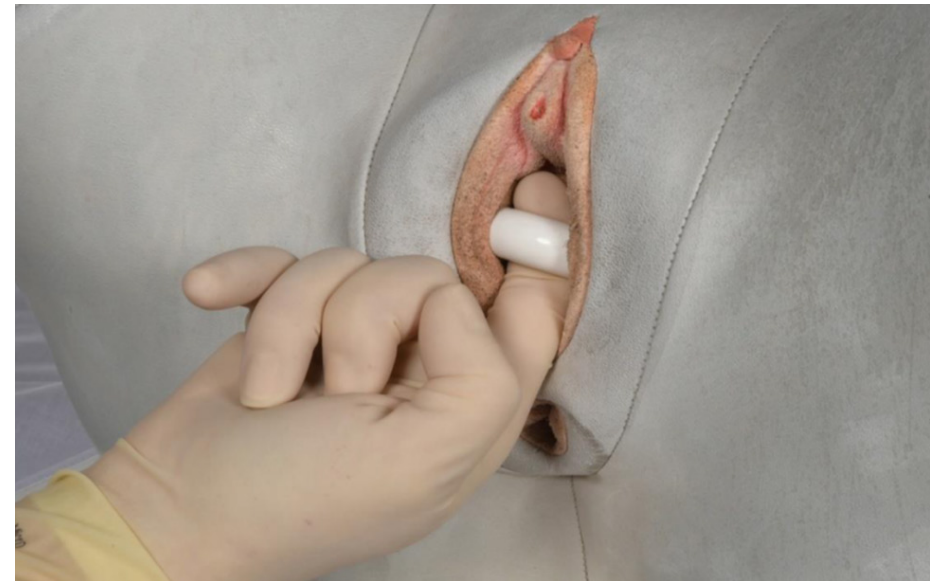
Ring pessaries for prolapse can be removed and re-inserted as often as you want, however, we recommend removing it **at least** once every 3 months. You can remove it at any time, wash, store or re-insert depending on your preference.

You can keep your pessary in whilst menstruating but it should be removed and cleaned daily. It will not be possible to use tampons whilst a pessary is inserted. If preferred, the pessary can be removed whilst menstruating and then re-inserted after your period has ended. There will be no harm if it is left out for this long provided you are comfortable with your prolapse/urinary symptoms.

Cube pessaries for prolapse and incontinence ring pessaries should be removed daily and kept out overnight to prevent tissue damage due to the shape and function of the pessary.

How do I remove the pessary?

- Empty your bladder/bowels as needed
- Wash your hands with mild soap and warm water
- **Ring pessaries:** Position yourself as you did while inserting the pessary and insert the index and middle finger into the vagina to hook onto the ring. Pull it downwards and outwards towards the opening of the vagina, whilst gently starting to compress it to narrow it. This might be a bit uncomfortable; if so, go slow and steady. You could put water-based lubricant into the vagina to make it more comfortable. You may have to cough or push down as you would do while passing stool if you are finding it difficult to reach the pessary.
- **Cube pessaries:** Use the tail as a guide to reach the pessary but **do not pull** on the tail. You may have to cough or bear down if you find it difficult to reach the cube. Use your index finger to break the suction between the cube and the side of the vagina and use your finger(s) to roll the cube down the vagina to the entrance, before grasping and removing it.
- Wash the pessary and your hands.



What if my pessary is uncomfortable?

It may be that the pessary is not in the correct place. Try pushing it up further into the vagina. If it is still uncomfortable, consider removing it and trying again or contact your specialist on the contact numbers provided in this leaflet.

Can I have sex with a pessary in?

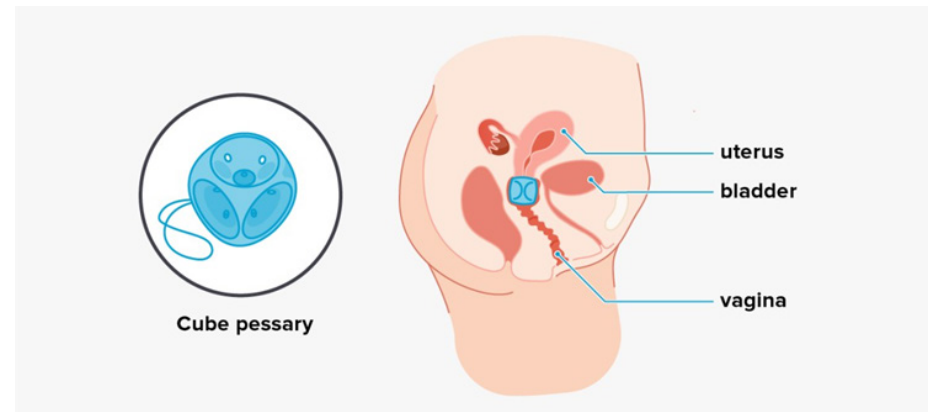
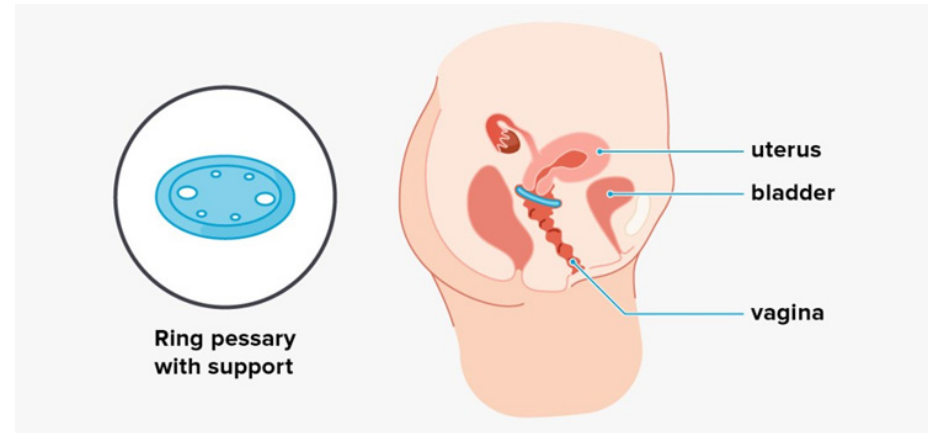
In most cases, the answer is yes, provided you and your partner are comfortable to do so. However cube pessaries are not compatible with penetrative sex and must be removed beforehand. Your specialist will discuss this with you at your appointment.

Note please that you do not have to self-manage your pessary if you do not wish to. Let your doctor or nurse know your preference as this will help them to recommend the correct type of pessary for you.

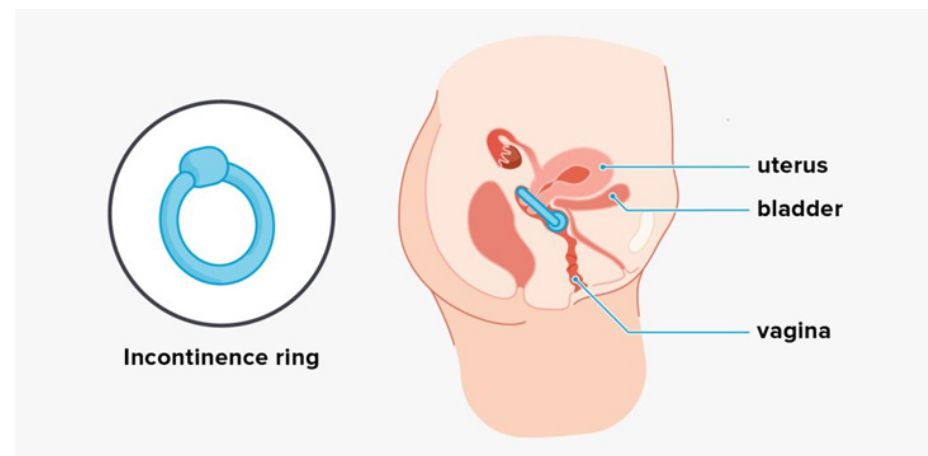
Where can I get more information?

www.YourPelvicFloor.org

<https://thepogp.co.uk/>



For stress incontinence:



How do I clean and store the pessary?

After you remove the pessary you should wash it with warm water and a mild, unfragranced soap. It is important to fully rinse off any soap to reduce the risk of developing thrush on re-insertion. Dry the pessary with a towel and store it in a clean container at room temperature. There is no need to sterilize the pessary.

Are there any risks with using a vaginal pessary?

The risk of serious complications due to using a vaginal pessary is low especially if you are self-managing it, as significant issues tend only to arise if it has been left in place for too long (usually years). Lack of oestrogen in vaginal tissues can cause issues. Oestrogen is a type of hormone made by the body that helps develop and maintain female sex characteristics. . If you are menopausal, discuss with your specialist whether low dose vaginal oestrogen could be beneficial. This is particularly advisable if you experience any side effects with the pessary.

Common side-effects:

- Increased vaginal discharge
- Vaginal bleeding
- Vaginal grazes
- Infection e.g. thrush
- Discomfort on removal or insertion, especially while you are learning to manage it
- Change in bladder or bowel symptoms - usually there is an improvement. However in some women, pessary use for prolapse only can trigger urinary leakage in those without overt leakage previously. There can also be new onset difficulty with passing urine or opening your bowel.

Uncommon/rare side-effects:

- Inability to pass urine or stool (retention)
- Difficult removal requiring sedation or anaesthetic
- Fistula (hole) formation to bladder or bowel, causing leakage through the vagina

Please remove your pessary (where possible) and contact the department for advice if you experience any of the above symptoms.

How do I insert the pessary?

- Empty your bladder and wash your hands with mild soap and water.
- Ensure that the pessary is not cracked or damaged and is clean
- Lubricate the pessary with an unfragranced water-based lubricant, for example K-Y Jelly which you can buy over the counter at your local pharmacy. We recommend use of water-based lubricants, as oil-based lubricants may damage a silicone pessary.
- Place one foot on your bed/chair while standing to insert the pessary. Alternative positions include lying back on the bed, with knees and hips bent, sitting on the edge of the bed/chair or squatting on the floor.
- Once comfortable, part your labia with the thumb and index finger of your non-dominant hand.
- Fold the pessary in half by squeezing it in between your thumb and index/middle fingers of your dominant hand and insert it into the vagina in that folded position. Release the pessary when you have inserted it as far as you can go into the vagina. The pessary should position itself and be comfortable.

- Once in position, the front rim of a ring pessary should sit just behind the pubic bone, which you can feel through the front of your vagina. It is okay to be able to feel the pessary a little with your finger at the opening of your vagina provided it is comfortable.
- A cube pessary will sit higher within the vagina, and it would not usually be possible to feel it at the opening of the vagina. The tails of the cube pessary should then be tucked up into the vagina.
- You may need to use your finger to ensure the pessary is far enough inside the vagina to be comfortable, by pushing it up a little further.
- Wash your hands.

Self-management of your pessary can be difficult to start with but should improve with time and practice.



For ring pessary with a knob, the manufacturer advises that it is safe for it to stay inside for 6 months but you must have an examination after 6 months of use, or earlier if any concerns. Your specialist will either put it back after washing or insert a new one. The examination will continue on six monthly basis.

Contiform urinary incontinence pessaries are designed to be used for the period of exercise or activity only, as per the manufacturer's instructions enclosed with the pessary.

If you leave your pessary in for too long, it can increase your risk of complications as listed below.

How often will I be seen in clinic if I choose to self-manage?

Once you are confident managing the pessary, we would usually recommend seeing you once a year or 6-monthly if using a ring pessary with a knob to check your vagina for any redness, grazes or signs of infection and to ensure you are still happy with your treatment options. If you have problems before your routine review, please contact the department using the contact information at the end of this leaflet.

How often do I need a new pessary?

Generally, the vaginal pessary should be replaced with a new one when there are signs of cracking, loss of flexibility, or change of shape. It is normal for there to be a change in colour and this does not mean that a new pessary is needed.

The material the pessary is made of is also important. As a guide, pessaries made of plastic should be replaced every 6-12 months. Silicone pessaries can be used for several years (5-10 years) before they need to be replaced. Your specialist will document on your leaflet and discuss with you which type of pessary you use. Please ask the person who fits or checks your pessary if you are uncertain.