

Vaginal Pessaries for Pelvic organ Prolapse

An information guide



Vaginal Pessaries for Pelvic organ Prolapse

What is pelvic organ Prolapse?

Pelvic organs prolapse happens when the muscles and tissues supporting the pelvic organs (uterus, bladder and rectum) become weak. This allows one or more of the pelvic organs to drop from their natural position into or out of the vagina.

Prolapse is very common. Mild prolapse often causes no symptoms and treatment is not always necessary. However prolapse can affect quality of life by causing symptoms such as discomfort or a feeling of heaviness. It can cause bladder and bowel problems and sexual activity may also be affected.

Prolapse can be reduced with various lifestyle interventions including weight loss, exercise and avoiding constipation as well as avoidance of activities that may make your prolapse worse such as heavy lifting.

What are the treatment options for a Pelvic Organ Prolapse?

There are 3 options available to treat a Pelvic Organ Prolapse.

1. Physiotherapy
2. Pessary
3. Surgery

What is a Vaginal Pessary?

A vaginal pessary is a device which can be inserted in the vagina to control symptoms that a prolapse may cause. It is made up latex, silicone or vinyl.

How does vaginal pessary work?

A vaginal pessary is placed in the vagina. It will stretch its walls and hold the soft tissue up so as to make you comfortable. It prevents the uterus or the vaginal walls from bulging through the vagina.

Occasionally for patients with very weak pelvic floor muscles, the pessaries may not stay in place. Your doctor will discuss this with you.

Will a pessary be the right option for me?

Insertion of a Pessary may be the option for you if;

- You wish to have more children
- You do not wish to have surgery
- You are medically unsuitable for surgery
- A temporary solution until surgery

What types of Pessaries are available?

There are many different pessaries available; however the types we use are Ring, POPY, Shelf and Gellhorn pessaries.

Ring Pessary

These are a round ring and are made from Vinyl and are usually the first type of pessary tried. They are inserted to move the prolapse upwards back into the vagina and alleviate the symptoms associated with a Prolapse. A ring pessary can be used by women wishing to continue sexual relations. They can be removed and reinserted by the patient if they wish.



Shelf and POPY Pessary

These are flat and oval in shape with a stem on the outer rim, made from silicone. They are rigid but are easily tolerated by the patient. These pessaries are suited to women who are no longer sexually active.



Gellhorn Pessary

These are circular with a stem similar to the Shelf pessary. They are made from Silicone like the Shelf pessary but are less rigid and are also easily tolerated by the patient.



How is the Pessary inserted?

The pessary will be inserted by a nurse trained in the procedure of pessary insertion. The procedure will be explained prior to insertion and any questions/queries you may have will be answered prior.

A vaginal examination will be performed, using a Speculum allowing the nurse to see the cervix and the vagina walls. The nurse will be assessing the type and size of pessary needed during this examination.

The pessary will be inserted and positioned, using water based lubricant or hormonal cream.

The nurse will ask you to cough or bear down to ensure the pessary is in the correct position and unlikely to come out. The fitting of the pessary is not based on an exact measurement and it can take several tries of different sizes until the correct fit is found.

What happens after I have had the pessary fitted?

You will be advised to go to the toilet, to make sure it doesn't prevent you from passing urine. If the pessary falls out or uncomfortable, it will be replaced with a larger or smaller one accordingly.

What are the risks associated with having a Pessary?

There are some side effects with having a Pessary, these include;

- Discomfort during and following insertion in the lower regions.
- Increase in vaginal discharge.
- Vaginal bleeding or soreness due to the pessary rubbing the neck of the cervix.
- Urinary incontinence following insertion of the pessary as the bladder is moved in its position.

- The pessary may fall out. If this occurs contact the Pessary nurse to arrange an appointment for re insertion. If the pessary falls out and you are unable to continue without the pessary for a little while, contact the Gynaecology assessment unit. Please be aware this is for emergencies only and if possible you should wait and contact the Pessary clinic.

Do I need to have the Pessary changed?

Patients using the ring pessary are followed by the GP.

Patients with the Gellhorn, POPY and shelf pessary are followed in the nurse led pessary clinic. The pessary will require replacing and assessing every 4-6 months to check it is working properly for you. You will have opportunity to discuss any concerns you may have.

You will be given regular appointments to ensure the pessary is changed on time.

References

The Royal College of Nursing (2016) Genital Examination in Women

The Royal College of Obstetricians and Gynaecologists (2018) Menopause and Women's health in later life

The Royal College of Obstetricians and Gynaecologists (2013) Pelvic organ prolapse

Important Telephone Numbers

Pessary Nurse Clinic - 0161 627 8905

Gynaecology Assessment Unit - 0161 627 5536

Suggestions, Concerns and Complaints

For general enquiries please contact the Patient Advice and Liaison Service (PALS) – 0161 604 5897

Translation Services

If English is not your first language and you need help, please contact the Ethnic Health Team – 0161 627 8770

If English is not your first language and you need help, please contact the Interpretation and Translation Service

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