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USE OF THE PESSARY

The pessary is one of the oldest medical devices available. Pessaries remain a useful device for the nonsurgical treatment of a number of gynecologic conditions including pelvic prolapse and stress urinary incontinence.

Pelvic Support Defects

The pelvic organs including the bladder, uterus, and rectum are held in place by several layers of muscles and strong tissues. Weaknesses in this tissue can lead to pelvic support defects, or prolapse. Multiple vaginal deliveries can weaken the tissues of the pelvic floor. Weakness of the pelvic floor is also more likely in women who have had a hysterectomy or other pelvic surgery, or in women who have conditions that involve repetitive bearing down, such as chronic constipation, chronic coughing or repetitive heavy lifting. Although surgical repair of certain pelvic support defects offers a more permanent solution, some patients may elect to use a pessary as a very reasonable treatment option.

Classification of Uterine Prolapse:

Uterine prolapse is classified by degree. In first-degree uterine prolapse, the cervix drops to just above the opening of the vagina. In third-degree prolapse, or procidentia, the entire uterus is outside of the vaginal opening. Uterine prolapse can be associated with incontinence.

Types of Vaginal Prolapse:

- Cystocele - refers to the bladder falling down
- Rectocele - refers to the rectum falling down
- Enterocele - refers to the small intestines falling down
- Vaginal prolapse - refers to the top of the vagina falling down

Stress Urinary Incontinence

Stress urinary incontinence, which is the involuntary leaking of urine that occurs with laughing, coughing, or exertion, affects many women. In one survey of women older than 18 years, 22% complained of symptoms associated with stress urinary incontinence.

Pessaries may be used if nonsurgical management is appropriate. A pessary may be ideal for a pregnant patient, an elderly woman in whom surgery would be risky, or a woman whose previous surgery for incontinence failed. A pessary can also be used by women who only have stress urinary incontinence with strenuous exercise.

The pessary works by applying pressure onto the urethra (which drains the bladder) against the pubic bone and lifts the lower part of the bladder. Any style of pessary that can accomplish this will help with the management of stress urinary incontinence.

Selection and Fitting

Selection of an appropriate pessary depends primarily on the condition being treated. Pessaries are fit by trial and error, often requiring trying several sizes and/or styles. After a pelvic examination has been performed, a pessary will be fitted and effectiveness will be checked. The largest pessary that can be worn comfortably is generally the most effective.

Contraindications

Active infections of the pelvis or vagina, such as vaginitis or pelvic inflammatory disease, prohibit the use of a pessary until the infection is resolved. An allergy to the product would also be a contraindication. Most pessaries are made of silicone; some are made of latex. Also, patients should only be fitted for a pessary if they are able to come in for follow-up visits.

Follow-up

After the initial fitting of the pessary, a follow-up visit will be planned within a few days so that the fit can be rechecked. The pessary will be removed so that the vagina can be examined for irritation, pressure sores, or allergic reaction. Another check will be planned within one to two weeks, after which time the examinations can be spaced to every two to three months. If a woman is able to effectively remove, insert, and care for the pessary, these examinations may be spaced further at the discretion of the provider.

Side Effects and Complications

The most common side effect of the pessary is increased vaginal discharge and odor. This side effect can be minimized with the use of medications.

Postmenopausal women with thin vaginal lining are more prone to vaginal ulceration with use of a pessary. A pessary that is not cared for properly can become embedded into the vaginal lining and may be difficult to remove. Treatment with estrogen cream will decrease the risk and may be prescribed with the fitting of the pessary. In some cases, estrogen cream may decrease inflammation making it easier to remove the pessary. In extreme and rare cases, the pessary must be removed surgically. Even with a neglected, embedded pessary, the development of a fistula (connection between the rectum or bladder and the vagina), is extremely rare.

The presence of a pessary does not increase the risk of developing vaginal cancer.

Bottom Line....

Your doctor will decide which type of pessary you should use depending on the problem you have. The pessary has to be fit just right. After the first fitting, you'll need to go back to the doctor's office to have the pessary rechecked. Your doctor will probably check the pessary in a few days. After that you will probably be checked every few months. Sometimes the size or shape of the pessary will have to be changed.

Caring for the Pessary

- It's important that you follow your doctor's instructions about caring for your pessary. Most pessaries can be worn for many days to months at a time before they have to be taken out and cleaned with ordinary soap and water. You should be sure to keep your check-up appointments and clean the pessary as your doctor tells you.
- The pessary may fall out of the vagina if you strain or lift something. Try not to bear down hard with bowel movements. If the pessary dislodges, reinsert after cleaning. Check with your doctor if your pessary keeps falling out. This usually means that your pessary is too small.
- Many pessaries can be worn during intercourse--your doctor will tell you if you cannot.
- Be sure to tell your doctor promptly if you have any discomfort with the pessary or if you have trouble urinating or having a bowel movement.
- Insertion may be easier standing with your foot up on a stool or while sitting on an empty toilet bowl. Use adequate lubrication with insertion (K-Y Jelly or liquid).

Call the Doctor for:

- **Severe constipation**
- **Large amounts of white discharge**
- **Bloody discharge**
- **Increased pain**
- **Bad smell**