PESSARIES: What do you need to know?

Katherine Marchese,MSN,ANP,CUNP
North Shore University Hospital System
Department of Urology

1

Historical Perspective

- Ancient Greece: insert ½ of a pomegranate
- Late 1500's: oval shaped devices of hammered brass and waxed corks
- Potatoes

2

What is a pessary?

- A medical device placed in the vagina and used to support a pelvic organ prolapse.
- A non-surgical option for those not wanting surgery or poor surgical candidates.
- Made of an inert plastic or silicone that minimizes vaginal odors and absorption of vaginal secretions.
- Comes in a variety of shapes and sizes.

3

4

What are pessaries used for?

- Diagnostic tool
- Pelvic organ prolapse
  - Uterine
  - Vaginal
  - Rectal
  - Bladder
- Urinary incontinence
  - Stress incontinence
  - Mixed incontinence
  - Not used for urge incontinence

5

Goals of pessary therapy

- Prevent worsening of the prolapse
- Reduce prolapse symptoms
- Find a pessary that fits properly,is comfortable for the patient and doesn't interfere with voiding and defecation
- Patient is able to retain pessary with activity.

6

The Cons of pessaries

- Vaginal infections
- Erosion, fistula,impaction.
- Vaginal discharge/odor
- Pain
- Vaginal bleeding
- Expulsion

7

Choosing the right patient

- Pessary works best if uterus is still in place.
- Patient must be OK with a foreign object in the vagina.
- Patient must be willing to remove/clean the pessary or schedule a 3 month f/u visit.
- Patient may need to use topical estrogen.

8

Who is not a candidate?

- Active vaginal infection.
- Pelvic inflammatory disease
- Unwilling/unable to participate in care.
- Severe vaginal atrophy

9

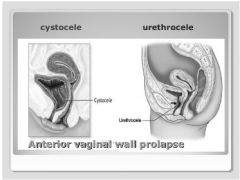
Symptoms of a prolapse

- Symptoms are worse the higher the grade of the prolapse.
- Obstruction of the bladder neck.
- Urinary Incontinence.
- Urinary retention.
- Incomplete emptying of the bowels
- Palpable prolapse.
- Back pain.

10

Types of prolapse

- Urthrocele
  - Lower **anterior** vaginal wall
  - Involving **urethra only**
- Cystocele
  - Upper **anterior** vaginal wall
  - Involving **bladder**
- Urethrocystocele
  - As above with associated prolapse of urethra

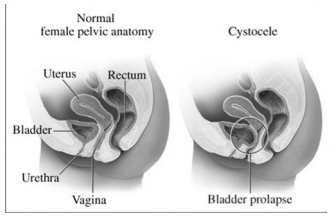


11

Utero-vaginal prolapse

12

Cystocele



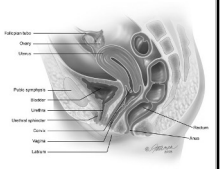
13

Stage 2 anterior vaginal prolapse

14

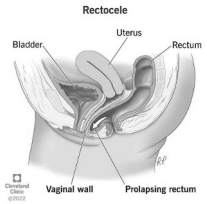
Types of prolapse

- Apical prolapse
  - Prolapse of the uterus, cervix and upper vagina
  - Or of the vault
- Enterocele
  - Upper **posterior** wall of the vagina
  - Resulting pouch usually contains loops of small bowel
- Rectocele
  - **Lower posterior** wall of vagina
  - Involving anterior wall of the rectum



15

Rectocele



16

Marlan

17

Posterior Vaginal Prolapse

18

Stage 4 prolapse

19

Risk Factors - Prolapse

- Childbirth
- Repetitive Bearing Down
- Heavy Lifting or Coughing
- Family History of Prolapse
- Hysterectomy
- Pelvic Surgery or Trauma
- Menopause – Endopelvic facia failure
- Obesity

20

Clinic preparations

- Purchase a fitting kit
- Put together a set of instruments that you may need for insertion/removal.
  - Autoclavable
    - Ring forceps,pessary hook,
  - Pessarys- multiple types and sizes.
- Suggest setting up a "pessary cart".

21

Pessary fitting tray

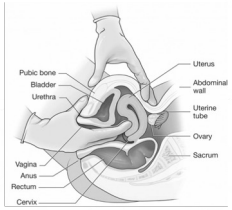
22

Patient Evaluation

- Comprehensive history
  - Medical
  - Surgical
  - Symptom assessment
- Physical exam.
- Patient education

23

Abdominal and bimanual examination



24

How to fit a pessary

- Have patient empty her bladder first.
- Identify the type of pessary to use
- Measure to determine the best size
- After pessary is in place, have the patient perform Valsalva.
- Patient should be able to sit, stand, urinate without discomfort

25

Fitting (cont)

- Insert the middle finger of your dominant hand into the vagina and behind the cervix in the posterior fornix.
- Slip your index finger against the pubic notch.
- Estimate the distance between the 2 fingers.
- The estimated distance correlates to the size of the pessary you will be using.
- Have the patient stay in the clinic for about 1 hour. Have her squat, walk around and try to urinate.
- Before discharge, re-check the position of the pessary.

26

Q&G Medicare Ltd

Milex Pessary Guide

Pessary	Prolapse 1-2 degree	Prolapse 3-4 degree	Cystocele	Rectocele	Stress Incontinence	Incompetent cervix	Retro displacement
Ring	✓		✓				
Ring with support	✓		✓		✓		
Donut		✓	✓	✓			
Inflatoball		✓	✓	✓			
Incontinence ring with knob	✓		✓		✓		
Hodge						✓	✓
Hodge with knob w/out support			✓	✓			
Dish	✓		✓	✓		✓	✓
Cube	✓	✓	✓	✓	✓		
Tandem	✓	✓	✓	✓	✓		
Gerung	✓		✓		✓		
Gellhorn		✓	✓				
Shoatz		✓	✓				

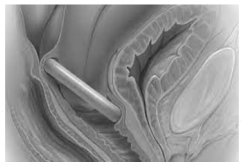
Q&G Medicare Ltd is dedicated to helping women with incontinence and/or pelvic organ prolapse issues. We work with medical professionals to ensure accurate information is given. Contact us if you have any questions www.qandgmedicare.com Tel: 0871 218 1203
See our full range of Milex pessaries www.incontrol.co.uk

27

Insertion of ring pessary with knob

28

Placement of a ring pessary



29

Placement of Gelhorn pessary

30

Insertion of ring pessary

31

Management

- Patients may self manage
  - May remove and replace pessary themselves. Wash pessary with gentle soap.
  - May remove for sexual activity
  - Still need 1 week, 2 month and then every 3 months.

  Patients prefer to come into clinic for 3 month visit and cleaning

32

Conclusions:

What you know about pessarys!

- Pelvic organ prolapse and urinary incontinence are the major indications for pessarys.
- Practitioners choose the type of pessary based on severity of prolapse, symptoms, interest in sexual activity and ability of the patient to participate in self care.
- Most common side effects of pessary use are vaginal discharge and odor.
- Pessaries provide a viable non-surgical option.

33