

INFORMATION SHEET
FOR SELF CARE OF
VAGINAL RING PESSARIES

This is advice written in response to difficulties attending GP surgeries or hospital clinics during 2020.

1. Patients are encouraged to consider self-management of their vaginal ring pessary.
2. Low dose vaginal oestrogen cream or vaginal tablet – Vagifem used once per week is helpful to maintain good vaginal wall health.
3. To obtain a prescription for vaginal oestrogen please telephone your General Practice Surgery and they will arrange for the cream or vaginal tablet to be available for collection from a local chemist.
4. A correctly fitting ring pessary can be retained within the vagina for up to 12 months without needing any attention.
5. We have a new soft ring pessary which is designed for patients to remove and replace by themselves more easily.
6. The standard ring pessary is flexible and can be removed by placing a finger in the vagina, finding the centre of the ring and pulling gently down with a hooked finger. The pelvic floor needs to be relaxed when the ring is being pulled down. It is helpful to twist the ring as you pull. There is often a little bit more space when it is nearly in the midline.
7. Perfect self-management of pessaries involves removing a ring and leaving it out overnight once per fortnight, replacing it the following morning. Such patients will often be using vaginal oestrogen cream once or twice weekly if they are over the age of 50 and no longer menstruating.
8. Any patient who wishes to try self-management should contact telephone number 01792 285688 or 01792 530885. We will then arrange for a new type soft ring to be posted to the house.
9. When the ring has arrived, at a time convenient, the current ring should be gently removed. This would normally be in the evening. Take some time to feel how the pessary is lying in your vagina as this will help when fitting the new ring. Wash and keep the ring.
10. The following morning the new soft ring which will be nearly, but not precisely, the same size as the previous ring can then be inserted.
11. The insertion technique is to apply a little cream over one edge of the ring, squeeze the ring side to side (two crease marks are on the ring to help guide the appropriate place for the ring to crease or fold), the ring is then pushed into the vagina in the 7 o'clock to 1 o'clock plane and then allowed to unfold and sit sideways in the 9 o'clock to 3 o'clock plane.
12. If there is still a cervix present i.e. not had a hysterectomy then the cervix should be sitting in the centre of the ring. If there is no cervix then the ring pessary will find the most comfortable position to lie by itself.
13. Patients who are able to perform this procedure can self-manage for up to 24 months before calling at GP's surgery or hospital clinic so that the prolapse and vaginal walls be checked.
14. Any patients who have a vaginal discharge or vaginal bleeding when a ring pessary is in place are advised to remove the ring pessary and leave it out for several days until the discharge or bleeding has completely settled. This would normally be 3 to 7 days. If bleeding persists for longer than 7 days and is not steadily improving then we would advise patients to contact one of the secretaries on 01792 530885 or 01792 285688.
15. Any routine problems with ring pessary management can be resolved by telephoning Suite 17 (Pelvic Floor Unit) on 01792 285384.
16. Whilst wearing the ring pessary it is always helpful for patients to continue to perform their pelvic floor exercises as this will strengthen their pelvic support. We recognise that patients who do this may find that eventually their prolapse no longer requires the ring to support it.
17. Patients can experiment by leaving their pessary out for several days to see whether or not their prolapse still requires support with a ring pessary.