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Pessary for Pelvic Organ Prolapse- Patient information leaflet

Pessary's fitted for Vaginal Prolapse.

This leaflet explains the benefits, risks and alternative regarding having a pessary fitted for vaginal prolapse. Please discuss with your clinician if you have any further questions.

Symptoms and causes of vaginal prolapse.

Vaginal prolapse is a common condition in which structures such as the uterus, rectum, bladder, urethra, small bowel, or the vagina itself are not able to support themselves and fall out of their normal positions. This can cause a bulge that can drop within and sometimes outside the vagina. A vaginal prolapse is not harmful in itself but treatment should help ease the symptoms. If the prolapse is outside, there is an increased risk of infection, ulceration and discomfort. The prolapse will then need to be replaced back into the vagina to reduce the risk of infection and make you more comfortable.

Common symptoms of prolapse include:

- Feeling a lump in your vagina
- Difficulty emptying your bladder or bowel
- Difficulty/pain with sexual intercourse
- Back pain

Factors contributing to vaginal prolapse

1. Pregnancy and child birth
2. Heavy lifting/ high impact exercise, such as jogging
3. Constipation and straining
4. Being overweight
5. Chronic coughing
6. Getting older / going through the menopause

Treatment for Vaginal Prolapse.

1. Pelvic floor exercises.
2. Pessary insertion, with pelvic floor exercises.
3. Surgery.

Performing pelvic floor exercises will strengthen the muscles and can improve your prolapse/symptoms. The use of a pessary is an option whilst waiting for surgery or long term. If a combination of pelvic floor exercises and pessaries are not successful, surgery is the next option. Discuss with your clinician the different pessaries that are available, and the different surgical options.

Different Vaginal pessaries.

Pessaries come in a variety of shapes and sizes, most are made of silicone with the exception being the shelf pessary (made of a type of plastic). Depending on the type and severity of prolapse, a suitable pessary will be chosen (you may need to try different pessaries until the best one is found). Most common are the ring, shelf and gellhorn, however there are others available.

Why have a pessary?

The pessary will not cure your prolapse; it can though ease the symptoms, allowing you to continue with your daily activities, feeling more confident and comfortable. A pessary can sometimes help with your incontinence symptoms.

Are there any risks?

Yes there are risks/side effects associated with pessaries. Discuss these with your clinician. The common risks are:

- Increased vaginal discharge, which occasionally can have a strong odour.
- Vaginal irritation. Post-menopausal patients may benefit from the use of oestrogen (hormone) cream or tablets inserted in the vagina.
- Long term use can cause erosion and ulcers which can become infected. The use of oestrogen can help if this happens. Change of pessary with a vaginal examination should happen between four to six months to check the vaginal tissues. Any problems and the pessary should be left out for approximately three weeks or until the tissues have healed.

The use of a vaginal pessary can make any continence problems worse or could reveal continence problems that were hidden by the presence of the prolapse.

Where to get a pessary fitted.

Some GP surgeries will fit pessaries, you will need to check with your own surgery.

Singleton & Neath Port Talbot Hospital Gynaecology out patients' clinics have dedicated nurse run clinics for pessary changes - your GP & hospital gynaecological consultant can refer you to this.

What happens at the clinic?

Before fitting the pessary you will have a vaginal (internal) examination, this is to choose the appropriate pessary and size. It may take a few attempts to find the best fit.

You will be required to go for a walk and if possible use the toilet. If you are then happy you can go home, if not a different size pessary can be fitted until you are happy & comfortable.

You will be called back between four to six months for the pessary to be changed, if there are any problems you should contact the Gynaecology department straight away.

You will be then reviewed in either the outpatient clinic (at either Singleton or Neath Port Talbot hospitals), ward 2 or suite 17

How long can I have a pessary?

Pessary's can be used short term, while waiting for surgery, or inserted when you perform activities such as exercise. They are helpful in controlling your prolapse if you are planning on having more children.

They can be used long term if you do not want surgery or if it is not advisable to have surgery due to your health.

You should have an appointment within four to six months, where the pessary will be removed and a vaginal examination performed, to check for problems such as bleeding, ulceration or infection, before replacing the pessary.

If any bleeding etc.is noticed the pessary will be left out for the tissues to heal, usually three weeks. A swab will be taken and the results sent to your GP if we suspect any infections.

Is it possible to have sexual intercourse with a pessary in situ?

It is possible to be able to have sexual intercourse with a ring pessary in place, however it can be uncomfortable, ask your clinician regarding being taught how to remove and insert the pessary yourself. You cannot have intercourse with a Gellhorn or shelf pessary in place. Sexual activity should be considered when choosing your pessary.

What should I do if I have a problem with my pessary?

Please contact the department and we will make an appointment as early as possible, if you have concerns on the weekend contact the ward and ask to be put through to ward 2. Please see contact details.

Further Information

The Internet is a useful and powerful source of information. We have selected reputable sites where patients can obtain valid and accurate information about their condition and proposed surgery.

Please follow the instructions to navigate each site:

Royal College of Obstetricians and Gynaecologists (RCOG)

<http://www.rcog.org.uk>

Go to 'Women's Health' / 'Patient Information' / 'pessary' / 'Pelvic Organ Prolapse'

International Urogynecological Association (IUGA)

<http://www.iuga.org>

Go to 'Patient information' / 'Patient brochures' (remember to 'select language')

Pelvic Organ Prolapse

Pessary

British Society of Urogynaecology (BSUG)

<http://www.bsug.org.uk>

Go to 'Guidelines and Information' / 'Patient Information'

Pelvic Organ Prolapse

Pessary

General enquiries

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