Pessary for management of Pelvic Organ Prolapse

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Definition of Prolapse

The descent of one or more of the anterior vaginal wall, posterior vaginal wall, uterus (cervix) or vaginal vault (cuff scar after hysterectomy). The presence of any such sign should be correlated with relevant POP symptoms. (Haylen et al 2016)
Varieties of prolapse

(a) Cystourethrocele
(b) Rectocele
(c) Enterocele
(d) Uterine prolapse
(e) Procidentia
Risk Factors

- Increased intra-abdominal pressure
- Chronic cough
- Chronic constipation
- Weight lifting
- Presence of abdominal tumours
  - fibroids & ovarian cysts
- High impact exercise
- Age/ Menopause
- Obesity
Risk Factors contd....

• Smoking
• Multiparity
• Congenital weakness
  - rare; due to deficiency in collagen metabolism
• Injury to pelvic floor muscles
• Iatrogenic/pelvic surgery
  - hysterectomy
Symptoms of POP

• May be asymptomatic
  - a small amount of prolapse can often be normal

• Sensation of a lump or bulge "coming down"
  - most common

• Backache

• Heaviness

• Dragging or discomfort inside the vagina
  - often worse on standing /sitting for prolonged periods

• Seeing a lump or bulge
Symptoms of POP contd....

• **Bladder / Urinary symptoms**
  - Frequency
  - Difficulty initiating voids, low-flow, incomplete bladder emptying
  - Leakage on certain movements or when lifting heavy objects
  - Recurrent urinary tract infections

• **Bowel symptoms**
  - Constipation
  - Incomplete bowel emptying
  - May have to digitate to defecate/use aides

• **Symptoms related to Sex**
  - Uncomfortable, lack of sensation
Diagnosis of Prolapse

- Vaginal examination
- Always examine both lying and standing
- Speculum can be used
Patient Expectations following pessary insertion

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Effective way of managing prolapse whilst completing family, waiting for surgery or as a long term management option

Setting patient expectations at the beginning will increase compliance
Treatments Available:

Pelvic floor exercises
Pessaries and pelvic floor exercises
Surgery
Pros and Cons...

Pelvic floor exercises:
Free
Don’t cure prolapse
Increased support as muscle strengthens

Pessaries:
Mimic surgery
Remove feeling of prolapse
Reduce backache
Potential bleeding, ulceration, discharge

Surgery:
Hysterectomy
Anterior and posterior repair
Sacrohysteropexy
Complications of surgery
Recurrence rate - 30%
Alternatives to pessaries

What patients may have already tried:

Tampons- cheaper, toxic shock- lil-lets or tampax?
Sea sponges
Intravaginal devices- more suitable for bladder neck management- incostress, uresta, elvie, impressa, diveen
Is a pessary suitable for all?

- Pessaries are not for everyone
- 22% of women can’t be fitted appropriately
  Wu et al 1997
- If fitted well 50% of women will continue with pessary for >1 yr
  Sulak et al 1994
Is a pessary suitable for all?

Reasons why pessaries aren’t suitable

• Falls out
  — gaping introitus
  — degree of prolapse
  — shape of vagina

• Too uncomfortable
  scar tissue
  “bands”
  Cramping

• Don’t like / won’t wear
Ring without Support

Most commonly used

1st and 2nd degree prolapse

Posterior Fornix to the Pubic Notch
Gellhorn

Three Designs:
- Silicone - flexible, normal and short stem
- Acrylic Rigid

Cervix rests behind disk portion of pessary
Donut

The Donut pessary is very effective for 3rd degree prolapse.

Fits by filling the vaginal vault and supporting the prolapse.
Inflatoball

The Inflatoball pessary works well for 3rd degree prolapse

Pessary is latex rubber

Must be removed daily
Cube

For 3rd degree prolapse when all others will not be retained

Maintained by Suction – can cause vaginal erosion if not removed as directed

Do Not Pull on Cord to remove

Delivering high quality, safe care, together
Incontinence Ring

Stabilizes urethrovesical junction

Increases closure pressure
# Types of Pessary

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<thead>
<tr>
<th>PROLAPSE</th>
<th>STRESS URINARY INCONTINENCE</th>
<th>CYSTOCELE</th>
<th>RECTOCELE</th>
<th>CERVICAL WEAKNESS</th>
<th>RETRO DISPLACEMENT</th>
<th>MOST COMMONLY USED</th>
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<tr>
<td>1-2nd Degree Uterine</td>
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Anterior Compartment

- Ring
- Dish
- Shaatz
- Donut
- Cube
- Gerhrung

Delivering high quality, safe care, together
Posterior Compartment

- Shaatz
- Donut
- Gehring
- Cube
- Inflatoball
Uterine Prolapse

1\textsuperscript{st} – 2\textsuperscript{nd} degree:
Ring, shaatz, dish

2\textsuperscript{nd} – 3\textsuperscript{rd} degree
Gellhorn, cube, inflatoball, donut,
Vault Prolapse

- Gellhorn
- Cube
- Donut
- Inflatoball
- Shaatz
CONTRAINDICATIONS

Pelvic infections or lacerations

A non-compliant patient

GELLHORN pessary is contraindicated in any sexually active patient

Latex pessaries are contraindicated in patients who are allergic to latex e.g. INFLATOBALL
What symptoms will it improve?

- Dragging sensation
- Discomfort
- Sitting on an ball type feeling
- Poor urine flow - correction of anatomy
- Urinary tract infections if cystocele
- Stress incontinence if ring with knob used
Information to give pre-insertion

- Willingness to have pessary changed every 4-6 months
- Sometimes it can take a few attempts to find the correct size
- Shouldn’t be able to feel it
- Awareness of the pessary- 24-48 hours after initial insertion
- Smaller is better than too large initially
- If painful- needs resizing
- If too large- blocks off bladder, difficult to open bowels
Fitting instructions

Pessaries are fitted by trial and error

Patient should be informed that it is not uncommon to have to change the size or type of pessary

If it comes out, generally it will be during voiding or bowel opening

A non-compliant patient should not be considered
Process of Pessary Fitting

- Have patient stand, sit, walk, squat, empty bladder (do PVR if indicated)

- Assess comfort, relief of symptoms, leakage

- Provide contact details incase of problems at home
Patient Instructions

Instruct patients to report any of the following symptoms:

• Difficulty in voiding
• Bleeding or discomfort/Pain
• Any change of colour or consistency of vaginal discharge
• Any increase in the amount of vaginal discharge
• Any foul odour associated with vaginal discharge
• Vaginal itching
Evaluation

Examine:
• Check position, fit
• Check tissues, discharge, odour, condition of pessary

Ongoing:
• Troubleshooting
• Comfort
• Effectiveness
• ? Alternative management
What to do if falls out?

Most commonly fall out when they are on their way home or when straining to open bowels
Contact the department and get resized

Some drop down in the vagina- discomfort, half out half in, awareness of the pessary
  • Put finger in vagina, hook round pessary, cough and pull
Passing urine:

- Pass urine before leaving the department on first fitting
- If pessary is too big may not be able to pass urine, reduce size
- If slow stream, hesitancy, feeling of incomplete emptying - contact team, or go to A&E
- New onset stress incontinence: unkinking of urethra, may show latent stress incontinence.
  - Ring with knob, remove pessary
Sex

Discussion to have before choosing type of pessary:

• Possible with a ring pessary- if uncomfortable, learn to remove and insert
• Not with a gellhorn- the stem sits in the vagina
• Remove a cube
• Check relationship status hasn’t changed since last change- don’t assume they still are/ aren’t sexually active
Prevention of bad habits returning

Prolapse is supported - not to return to bad habits

• Prevent straining, constipation - correct toilet position
• Weight - keep weight stable, lose weight if overweight
• Pelvic floor exercises - strengthen muscle - keep other bladder symptoms at bay.
• Exercise - continue, low impact, prevent raise in intra abdominal pressure, no trampolining!!!
Tips, Tricks and Troubleshooting

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"I'm not sure what size pessary to use"

- VE with fingers in the v position then compare with diameter of pessary
- Start with the smallest size you think will be the best fit and increase as needed
- If constant awareness of pessary likely the wrong size
- Ensure patient passes urine if first pessary fitting
- Remember sizing can be trial and error
"I can't make the ring small enough to insert"

- Squeeze ring to figure 8 position to reduce diameter
- If struggling to get ring in figure 8 position try running under hot water. The heat makes the pessary easier to manipulate
"I can't get hold of the pessary to remove it"

- Ask patient to bear down or cough to help feel pessary
- Try using a speculum to help visualise ring or stem of gellhorn
- Use a sponge-holding forceps as needed
"Help! The gellhorn is stuck!"

- Always try to break the suction by placing a finger behind the disc of the pessary.
- Hold the stem with a sponge-holding forceps.
- If unable to break suction try squirting some warm water through the stem of the pessary.
"There seems to be a lot of discharge.......

- Discharge is normal in women who are pre-menopause
- Discharge is also to be expected in those who are using vaginal oestrogen - Ovestin/Vagifem
- Discharge is not ok if it is discoloured - blood-stained, yellow/green; foul-smelling or associated with pain
- Possible infection
"I think there may be an infection..... What should I do?"

- Remove pessary
- Speculum - if obvious tissue damage/inflammation leave pessary out
- Take High-Vaginal swab and send to lab
- Treat based on sensitivities
- Review and reinsert pessary after 4-6 weeks
Any Questions??