

Vaginal Pessaries for Pelvic Organ Prolapse

Information and advice for patients

Uro-gynaecology

What is a vaginal pessary?

A pessary is a device made out of latex, silicone or vinyl. It fits into the vagina to help support a prolapse of the uterus (womb), bladder and/or rectum (bottom of the bowel).

Prolapse of the bladder is also known as a cystocele, and a prolapse of the rectum is known as rectocele.

The device is used as a temporary measure before surgery or as an alternative to surgery.

What causes a prolapse?

Prolapse develops when one or more of the pelvic organs loses their ligamentous support so that it pushes down into the vagina. Prolapse is commonly caused by childbirth, aging, or following pelvic surgery and may take years to develop.

Changes due to ageing and repeated force such as chronic coughing or straining can gradually worsen the prolapse over many years until it becomes noticeable. Prolapse may be fixed with surgery, or a pessary can be inserted to support the prolapse and relieve symptoms.

What are the symptoms of a prolapse?

Symptoms include a sense of bulge, dragging sensation in the lower abdomen and vagina, discomfort, urinary and bowel problems as well as sexual difficulties.

What types of vaginal pessary are available?

Several types of vaginal pessaries are available, but the commonly used ones are ring, shaatz, shelf and Gellhorn pessaries. Ring pessaries are rounded and soft. They do not prevent you from having sexual intercourse.

What are the benefits?

A vaginal pessary usually controls the problems associated with prolapse of the vagina and/or uterus. This option avoids surgery and is especially suitable for patients who wish to have more children, or those who have social circumstances or medical conditions that prevent them from having surgery.

What are the risks?

There are risks but these are rare.

Ulceration: the pessary can sometimes push into the vagina and cause an ulcer or a raw area. If the pessary is left in place even with the ulcer, the ulcer can get bigger and the pessary may rub through the bladder or rectum, with potential serious complications.

For this reason, we recommend regular check up and change of your pessary. The check is carried out using a speculum (like having a smear) after removing the pessary. If an ulcer is detected, the pessary is not replaced. We will give you oestrogen cream to apply to the sore area to encourage healing and ask you to return for a check-up 4-6 weeks later. If healing is complete, the doctor will be able to insert a new pessary.

Bleeding: You may experience some bleeding as a result of an ulcer in the vagina. The vagina will be checked using a speculum, similar to having a smear test. It might be necessary to rule out anything wrong in the uterus, by an ultrasound scan or taking a sample from the lining of the uterus.

Vaginal Discharge: You may experience vaginal discharge which is not uncommon with pessary. You should discuss any abnormal discharge with your doctor.

Moved or slipped pessary: Occasionally the pessary may be too small or the prolapse may be getting worse. Sometimes the pelvic floor muscles are not strong enough; in which case surgery may be a better option for you.

Difficult removal: Sometimes it can be difficult to remove and replace the pessary.

You may need anaesthetic to reduce the pain associated with this.

Urinary Incontinence pessary may unmask any hidden stress incontinence.

What are the risks of not having a pessary?

If prolapse is left untreated, it almost always gets worse over time but this is usually a gradual change.

Are there any alternatives to a pessary?

Conservative treatment

This includes lifestyle changes such as losing weight or stopping smoking. We advise you to perform regular pelvic floor muscle exercises to help strengthen the muscles and ligaments in the pelvis. We also advise you to avoid / treat constipation and persistent cough.

Surgery

You may decide surgery is a better option in your circumstances, and you can discuss this with your doctor.

The aim of surgery is to correct the prolapse whilst making sure your bladder and bowels work normally after the operation and if you are sexually active, we aim for sex to be comfortable afterwards.

Whether you choose to have surgery or use pessary will depend on your preference or whether you are suitable for surgery. You may want to consider surgery if other options have not helped.

There are risks with any operation. These risks are higher if you are overweight or have medical problems. Your doctor will discuss this with you so that you can decide whether you wish to go ahead with an operation.

If you plan to have children, you may choose to delay surgery until your family is complete. If you do undergo surgery, you may be advised to have a caesarean section if you become pregnant.

During the treatment

When you arrive, the specialist nurse will ask you questions about your general health since your previous appointment, and also about any new symptoms with the prolapse.

It will take less than 10 minutes for the examination and inserting the pessary.

You may be asked to change into a hospital gown and to lie on the examination bed.

The ring that is already inside will be gently removed by inserting a finger and by asking you to cough.

A speculum examination will then be carefully performed to examine the vaginal walls for any abnormalities.

After this a new ring will be inserted inside the vagina using lubricant or oestrogen cream

Occasionally for patients with very weak pelvic floor muscles, the pessary may not stay in place, or may drop out. You should contact the clinic if you have any problems.

What does it feel like?

Most women feel that the experience of the removal/insertion of the ring is not as bad as they had imagined. You will probably feel some discomfort but not too much pain.

What happens after I have had the pessary fitted?

You will be asked to test the pessary by taking a short walk to make sure that the pessary does not cause you any discomfort or slip. You will be advised to go to the toilet, to make sure it doesn't prevent you from passing urine. If the pessary falls out or feels tight or uncomfortable, it will be replaced with a larger or smaller one accordingly.

Follow up

The pessary needs to be replaced regularly and the doctor/nurse will change it for you every 3, 6 or 9 months, depending on the type of pessary and your circumstances. You will have the opportunity to discuss any concerns you may have.

Symptoms to report

If you experience any strong vaginal odour and/or discharge and any bleeding, you should immediately contact the secretary or your GP on the contact number provided below.

Other common side effects

Other common side effects include stress urinary incontinence, interference with sexual intercourse, and difficulty with bowel movements. Again these can usually be treated with medical therapy. Urinary tract infections have been reported in 1 in 9, and vaginal infection in up to 1 in 3 pessary users.

Contact details

If you have any questions or queries, please contact us on the details below:

Telephone: 0121 507 4706

Further information

For more information about our hospitals and services please see our website www.swbh.nhs.uk, follow us on X @SWBHnhs and like us on Facebook www.facebook.com/SWBHnhs.

Sources used for the information in this leaflet

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