Background Paper: **Pessary Use, Fitting, Indications, Contraindications**

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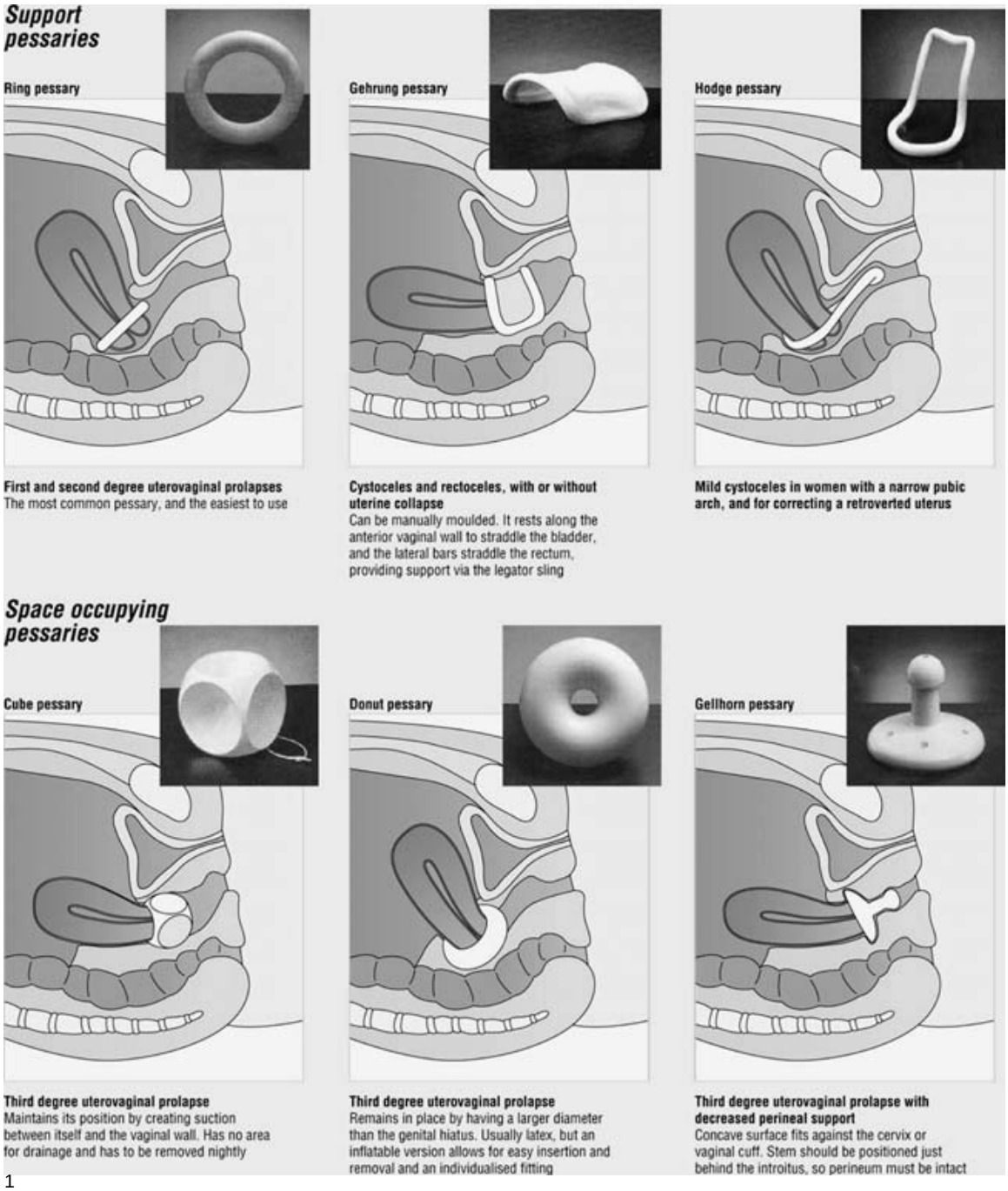
1. Pessaries are safe and provide effective treatment of pelvic relaxation.
2. Types of Pessaries



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[1] Sheetle M Shah Æ Abdul H Sultan Æ Ranee Thakar, *The history and evolution of pessaries for pelvic organ prolapse.* Int Urogynecol J (2006) 17: 170–175.

a. Support pessaries

1. Rings: most commonly used first for pelvic relaxation or SUI

2. Dish

3. Gehrung

b. Space-filling pessaries

1. Gellhorn

2. Donut

3. Cube

3. Benefits of Pessary Use:

a. Conservative management of UI and Pelvic Organ Prolapse

b. Does not limit further treatment options

4. Traditional practitioners of pessary fitting and management

a. Physicians

b. Nurses

c. PA's

5. Benefits of traditional practitioners

a. Availability of extensive assessment tools to monitor internal vaginal skin integrity.

b. Training in assessment and management of atrophic vaginitis including pharmacologic methods

6. Potential benefits of Women"s Health PT's providing pessary assessment, fitting and management.

a. Provides patients with:

1. More choices as to service provider

2. Functional activity treatment emphasis

b. Pessaries can be considered a form of orthotic device for the vaginal vault which:

1. Augments PT management options available to address the impairment of weakness or laxity.

2. Improves participation in activities such as sport, and participation in ADL's by management of impairments.

7. Factors that may contribute to undue risk for the PT providing pessary assessment, fitting, and long-term management:

a. Potential lack of patient comfort with a PT fitting pessaries.

b. Lack of equipment in standard Women's Health PT practices to appropriately assess vaginal vault tissue integrity prior to pessary fitting and reassessment at regular intervals.

c. Medical management may be required to manage friable tissues prior to pessary fitting or tissue breakdown due to pessary use.

d. Professional responsibility to monitor pessary tolerance long-term as long as the patient uses the device fit by the PT.

e. Management of pessary supply: appropriate size and type as well as sterilization of ill-fitting pessaries.

f. Need for extensive PT education to:

1. Determine appropriate pessary type to optimize outcomes.

2. Gain proficiency in pessary fitting and monitoring fit.

3. Understand risks-benefits ratio of pessary fitting and state practice act guidelines.

4. Develop an appreciation and understanding of medical management needs.

8. Pessary Fitting[2] [3] [4]

[2] Sulak PJ, Kuehl TJ, Shull BL. *Vaginal pessaries and their use in pelvic relaxation*. J Reprod Med. 1993;38:919-923.
[3] Wu V, Farrell SC, Baskett TF, Flowerdew G. *A simplified protocolfor pessary management.* Obstet Gynecol. 1997;90:990-994.
[4] Myers DL, LaSala CA, Murphy JA. *Double pessary use in grade 4 uterine and vaginal prolapse*. Obstet Gynecol. 1998; 91:1019-1020.

a. Up to 26% of patients are inappropriate for pessary fitting

1. If the patient cannot be fitted comfortably, the patient is inappropriate for pessary use.

2. 50% of patients cease pessary use after fitting

b. Predictors of successful pessary **fitting**

1. Use of support pessaries vs space filling pessaries

2. No history of prolapse repair or UI

3. Many choices of pessary types and of pessary sizes

c. Predictors of successful **compliance** in pessary use

1. History of prolapse repair

2. Use of support pessaries.

d. Pessary Fitting Methods:

1. Trial and error after measuring width and length of vaginal vault with gloved fingers should approximate size within $\pm$ one size

2. Before pessary fitting: Patient empties bladder/ rectum

3. Clinician dry glove inserts pessary with lubricant PRN for comfort, avoiding the urethra.

4. Patient bears down to ensure pessary does not dislodge, if so, a larger size should be used.

5. Patient stands, walks, squats, etc to ensure pessary is comfortable and stays in place

6. Patient removes and reinserts pessary, ensuring proper placement by clinician.

7. Follow-up and return instructions should be issued to allow for assessment of b/b complications and to assess for vaginal erosion/abrasion with speculum.

c. Self-Management—Pessary removal

1. Nightly with reinsertion in AM after cleaning

2. Once weekly for an overnight respite 6-8 weeks

3. Independently or with caregiver[5]

4. It is critical that the patient be followed at regular intervals

d. Long term follow-up:

1. Every 6 to 12 months is adequate if patient has no difficulty with pessary management. Shorter intervals for those with motor, cognitive or self-pessary management difficulties.

2. Erosion into the bladder or rectum can arise from improper pessary use.[6]

e. Patient questions at follow-up

1. Do you have discomfort?

2. Is pessary expulsion a problem?

3. Do you have bleeding?

4. Do you have difficulty with bowel or bladder function?

5. Do you have any questions?

6. Do you feel comfortable in self-management of your pessary?

f. *Pessary care must include:*

1. Removal and cleaning of the pessary at regular intervals dependent on patient skill, skin integrity, stated in the home management plan.

2. Assessment of vaginal vault integrity at regular intervals as noted above.

a. Presence of ulcerations will require medical intervention

b. Pessary not to be reinserted until tissue is healed.

g. Most common complications from pessary use:

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[5] Wu V, Farrell SA, Baskett TF, Flowerdew G. *A Simplified Protocol for Pessary Management*. Obstet Gynecol 1997; 90:990-994.

[6] Bash, Karen. *Review of Vaginal Pessaries*. Obstetrical & Gynecological Survey. Volume 55(7), July 2000, pp 455-460

1. UTI's

2. Bacterial vaginosis 3%

3. Vaginal ulceration/fistula/erosion: 24%

    a. Treated by temporary pessary removal and medical management[7]

h. Recent Research:

1. Either pelvic floor exercise or pessary use is indicated in the treatment of SUI. Combined therapy does not further optimize outcomes.[8]

[7] John N. Nguyen _ Chris R. Jones Copyright © 2005 by the Wound, Ostomy and Continence Nurses Society J WOCN July/August 2005

[8] Richter HE, Burgio KL, Brubaker L, Nygaard IE, Ye W, Weidner A, Bradley CS, Hada VL, Borello-France D, Goode PS, Zyczynski H, Lukacz ES, Schaffer J, Barber M, Meikle S, Spino C; *Continence pessary compared with behavioral therapy or combined therapy for stress incontinence: a randomized controlled trial.* Pelvic Floor Disorders Network. Obstet Gynecol. 2010 Mar;115(3):609-17.