

Pessaries: Placement and Care

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Objectives

- **Review the indications for pessary use**
- **Outline the principles of pessary choice**
- **Review the principles of pessary care**



Indications for Pessary Use

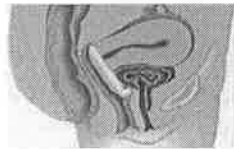
- **SHORT TERM**
 - Use as a diagnostic tool
 - Expose latent stress urinary incontinence
 - While waiting for surgery
- **LONG TERM**
 - When surgery is contraindicated
 - Non-surgical solution
 - Stress urinary incontinence
 - Prolapse

Contraindications for Pessaries Use

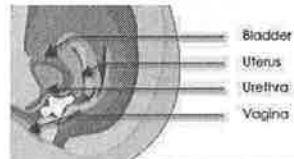
- Allergy to product: very rare - silicone
- Chronic vaginal irritation, atrophy, erosions, ulcerations, active infections
- Unable to present for pessary care
 - Consider soliciting the help of a Nurse Continence Advisor

Pessary for Stress Urinary Incontinence

Continenence Dish



Uresta



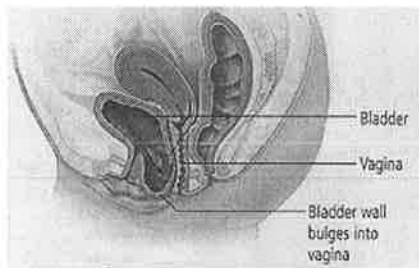
Prolapse

The Pelvic Trampoline

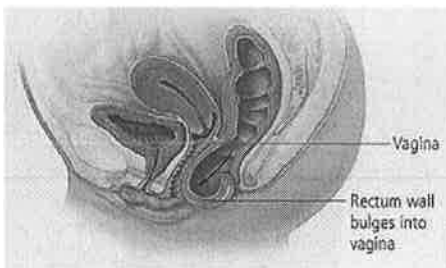


Types of Prolapse

Uterine Prolapse

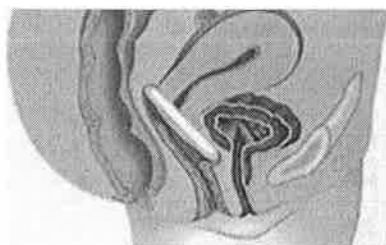


Cystocele



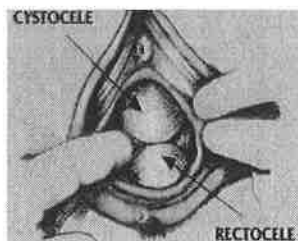
Rectocele

Cystocele



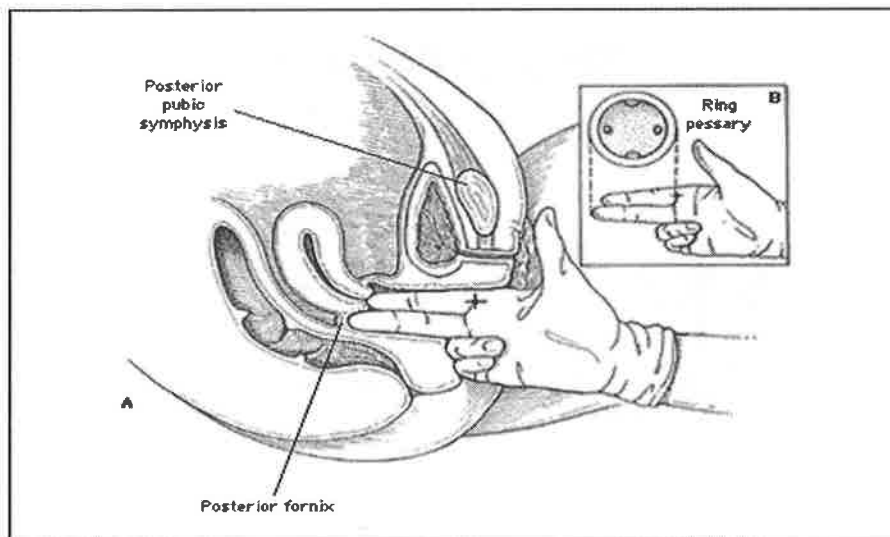
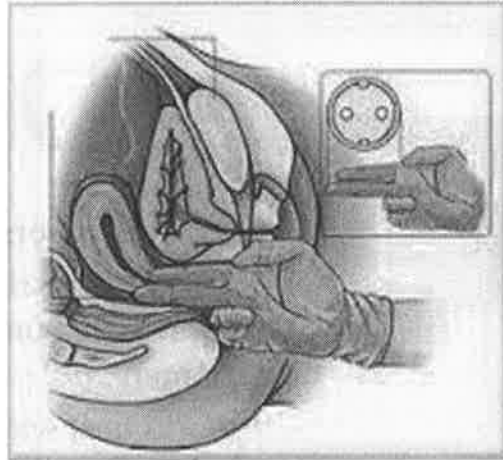
Pubic bone acts as an anchor

Rectocele



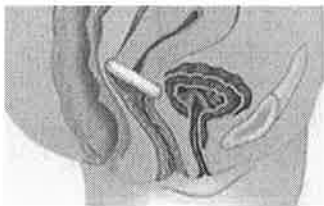
Need a decent perineal body for support

Pessary Fitting



Estimating size of pessary required (A) A bimanual examination is performed to judge the distance from the posterior fornix to the posterior pubic symphysis. (B) The spot where the pubic symphysis rests on the examining hand is mentally marked. Sample pessaries are then held up to the examining hand to estimate the proper pessary size.

Ring Pessary



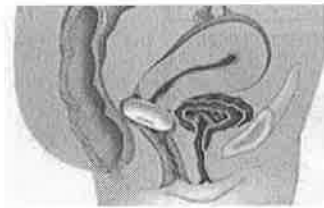
- The “work-horse” pessary
- # 3, 4 or 5 works in an impressive number of women
- Works best with a cervix

Shatz Pessary



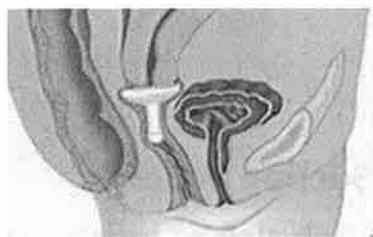
- Sits on Levator muscles
- Use with vault prolapse

Donut Pessary

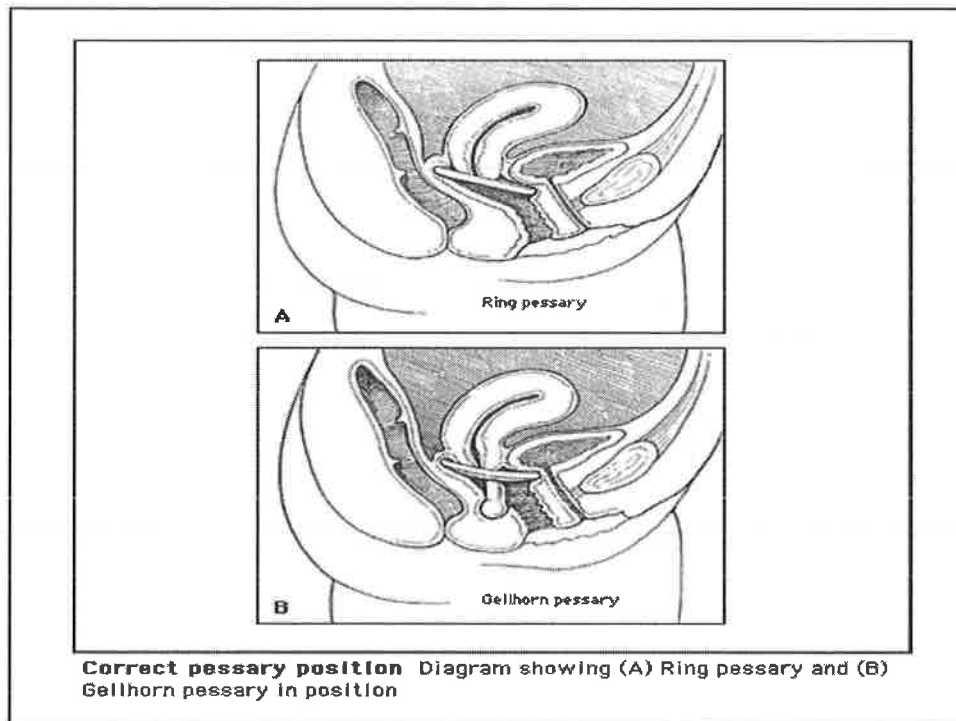


- Space occupying lesions

Gelhorn Pessary



- Useful when flat pessaries roll



Cube Pessary

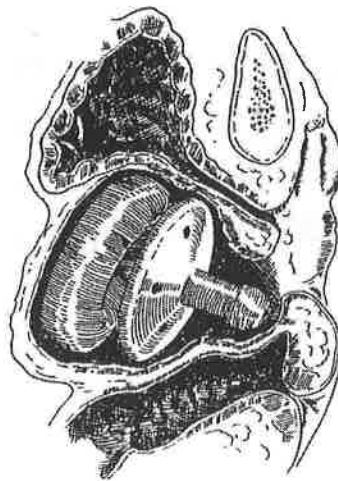


- Suction action
- High risk necrosis
- Removed every night

Toughies

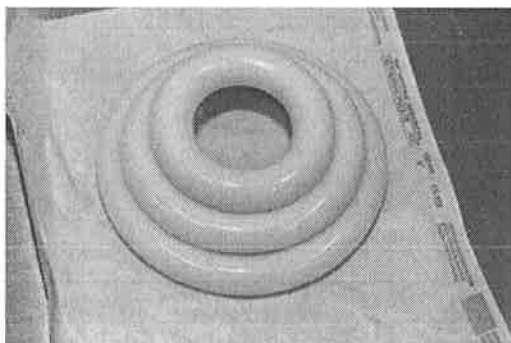


Double Pessary



Myers et al
Obstet Gynecol
1998; 91(6):1019-20

Triple Pessary



Pessary Fitting Kit



- Once the appropriate pessary is established
- Write a prescription
- The patient's pharmacist can order

Pessary Follow-Up Care

Instructions to return if pessary falls out or has bleeding

Look before you flush

Return in 3 months for pessary cleaning

Remove pessary – wash in soap & water, dry

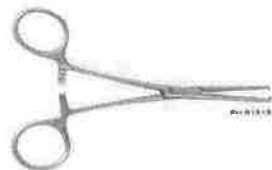
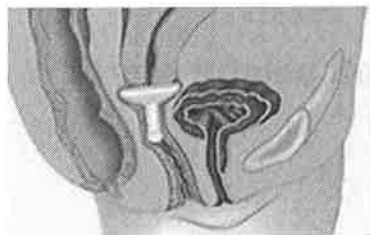
Examine vaginal mucosa if bleeding reported

Reinsert

Teach self-management wherever possible

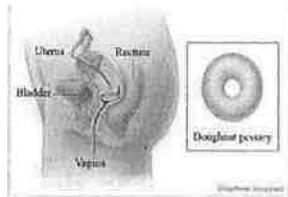
Pessary may have to be re-sized over time

Pessary Care Tips



- **Gelhorn pessaries can be difficult to get above**
- **Stabilizing the tail with a Kocher clamp allows you to sneak a finger around the base and pull the pessary out**

Pessary Care Tips



- Donut pessaries can get stuck at the introitus
- Using a needle and syringe, the pessary can be deflated.
- The needle and syringe need to be left in place or the pessary will re-inflate

Clinical Pearl – Pessary Removal

- Slow and gentle does not cut it!
- Quick and swift is the least painful way to execute pessary removal
- Think band-aid!



Complications

- **Discomfort / urinary retention if too tight**
 - Get patient to void before leaving the office
- **Expulsion if too loose**
 - Try to challenge the pessary with patient in the office
- **Vaginal discharge and odor**
 - Vaginal lubricant, local estrogen
- **Vaginal Erosion / Ulceration**
 - Leave pessary out 1-2 weeks
 - Paint isolated area AgNO_3
- **Vesico / recto vaginal fistula**
 - Regular pessary management

Pessary

- There are a variety of pessaries available
- Theoretically, they have different niches
- Often creativity is required in difficult cases
- Maintenance is easy once the fit is established
- Complications occur but are rare and are usually easily managed

