Vaginal pessaries

what they are for and how to manage them

Introduction

Pessaries have a long established history in the non-surgical management of pelvic organ prolapse and stress incontinence, with Hippocrates documenting the use of pomegranates soaked in vinegar as vaginal pessaries, as well as pieces of wood, cork, gold and silver. Pessaries are now made with non-toxic medical grade silicone that is latex free and does not absorb odours. They can be sterilised and used for years. Most women will be able to have a pessary fitted comfortably, with over 50% of these continuing use for a year or longer.

How vaginal pessaries work

Pessaries work to reduce prolapse by elevating the pelvic organs out of the vaginal space. This may be achieved through two means: supportive pessaries held in place by levator muscle tone (ring pessaries with or without support, shaatz, gehrung, amongst others); and, space-occupying pessaries that instead fill the vaginal space (such as gellhorn, cube and donut). Continence pessaries also include a thickened knob or rim that creates support under the urethra. Whilst the literature can be conflicting on the factors associated with pessary failure, most would agree causes include a wider genital hiatus, prior hysterectomy, a larger degree of prolapse, and lack of oestrogen use in post-menopausal women. Having said this, the vast majority of women can be successfully fit with either a ring or gellhorn.

Types of pessaries

Sexually active women

In my practice, all women are offered a pessary as part of their management options for prolapse. Generally speaking, I will generally offer all sexually active women a ring pessary (with or without support), simply because it is easy for the patient to self-manage. They are also an excellent interim measure for younger women with symptomatic prolapse who seek further children and therefore aren't ideal surgical candidates. At the initial or subsequent visit, I will instruct the patient on how to remove, wash, and replace the pessary on her own. This should be performed weekly, but may be done more frequently if desired. Most will remove the ring pessary for sexual intercourse, however some choose to retain it. Additionally, tampons may be used with a ring pessary in place. Should a ring pessary fail to be retained, I would usually then try a shaatz.

Non-sexually active women

In most cases, I will reserve gellhorn or other space-occupying pessaries for women who are no longer sexually active, as these pessaries are harder for the women to self-manage. Given the shape of the gellhorn and ability to create a suction effect these pessaries appear to hold in place well. Despite this, some non-sexually active women will be better suited to a ring pessary as this is sometimes the better fit. If a sexually active women is able to self-manage a gellhorn or other space-occupying pessary, then there is no reason not to try. Should a gellhorn fail to be retained, then I would usually next try a cube.

The right fit and pessary slipping

It is not unusual for patients to try a few pessaries before finding the right fit. As a general rule, if it is slipping down too often or coming out easily with defaecation, then it is likely the patient will need to advise a larger size. The ideal size is when the pessary fills the vagina, but you are still able to run the examining finger between the pessary edge and the vaginal wall. Anteriorly the pessary should sit snug behind the pubic symphysis and if you push the pessary posteriorly, it should only move slightly. A pessary that is able to be flipped in the vaginal cavity is likely too small. Once in place, it should be comfortable for the patient.

Self-managing a pessary

Once the right fit is confirmed, I will then instruct women with a ring pessary on how to remove and replace it, so that they can continue to self-manage it at home. This is the ideal situation, with pessaries cleaned at each removal by simply rinsing under warm tap water. Vaginal oestrogen for postmenopausal women without a contraindication is routinely prescribed and is associated with a decreased risk of complications.

If you need to remove a pessary to do a pap smear or any other reason

Place a digit in the vagina and have the woman bear down thereby lowering the pessary. Hook the pessary with your finger, grasp it and ask the patient to bear down or cough and remove the pessary. To replace it, use lubricant on the leading edge of the pessary, fold it in half length-wise, and advance the pessary gently into the vagina. Once in the vagina the pessary will unfold and you should push it posteriorly so it sits behind the public symphysis.

Follow up

After the pessary fitting, I will typically organise an initial review appointment after a few weeks to see if any size adjustments need to be made. Once a patient is stable with their pessary, I will advise three-monthly reviews for those not self-managing their pessaries, or earlier if indicated. For those self-managing their pessaries regularly and without complication, this will be increased to six-monthly or yearly reviews. As always, patients should be counselled on the potential complications of pessary use such as bleeding, ulceration, and pessary retention, and to return if any concerns.

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