

# Patient Information

## Vaginal Pessary for Pelvic Organ Prolapse

Urogynaecology



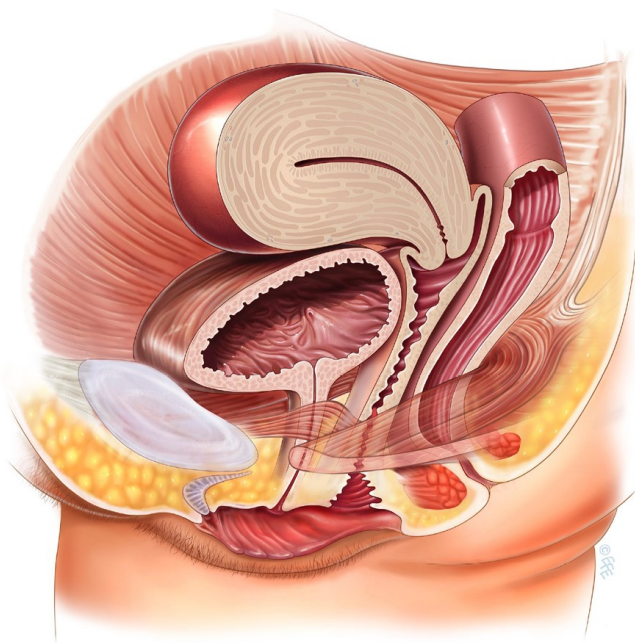
## What is a prolapse?

Prolapse of the uterus (womb) and/or vaginal walls is a common condition affecting up to 50% of women.

Prolapse generally occurs due to weakness of the supporting structures of the uterus or vagina. Weakening of the supports can occur during childbirth, as a result of chronic heavy lifting or straining, e.g. with constipation, chronic cough, obesity and as part of the ageing process.

Prolapse of the uterus can cause an uncomfortable dragging sensation or feeling of fullness in the vagina, complaints of frequent urination, difficulty emptying the bladder and urinary tract infections. In more advanced cases, the prolapse can extend beyond the entrance of the vagina.

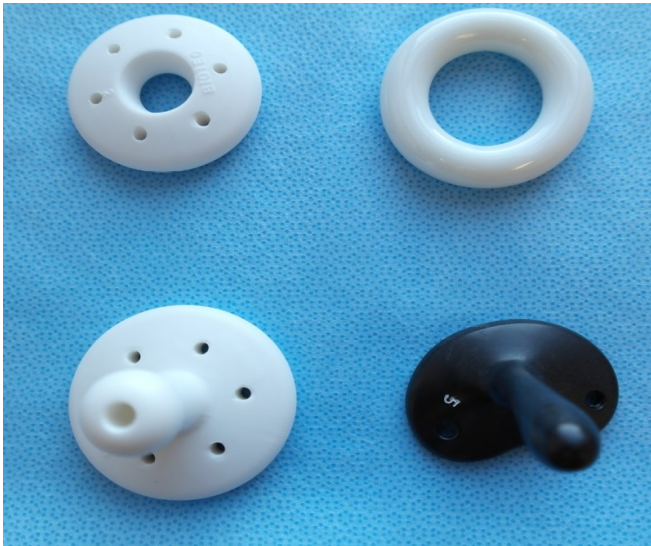
**The diagram below shows the normal position of the uterus and vaginal wall with no prolapse.**



## What is a vaginal pessary?

A vaginal pessary is a removable device that is placed in your vagina to support the weakened and prolapsed walls of the vagina or uterus.

Different types of pessary are available: ring pessary with or without support, gellhorn pessary and a cube pessary are the most commonly used types of pessaries.



Some pessaries, such as ring pessaries, can safely remain in the vagina for several months without removal. Others, such as the cube pessaries, must be removed and cleaned on a more regular basis. Most pessaries are made from silicone, a soft non-absorbent material that poses no threat to your health.

After a while, the outer surface of the pessary can discolour. This is normal and does not mean that a new pessary has to be placed.

## **When can a pessary be used?**

Most pessaries are placed to improve symptoms of prolapse of the uterus and/or vaginal walls. Sometimes your gynaecologist will suggest a pessary to prevent or reduce urinary incontinence during exercise.

Pessaries are most suitable if you wish to avoid or delay surgery, e.g. if your family is not yet complete, or if you have medical problems that will make surgery a risk.

## **What are the alternative treatments?**

A minor prolapse may be treated with physiotherapy, while more severe prolapses may be managed with the use of a pessary or an operation may be recommended.

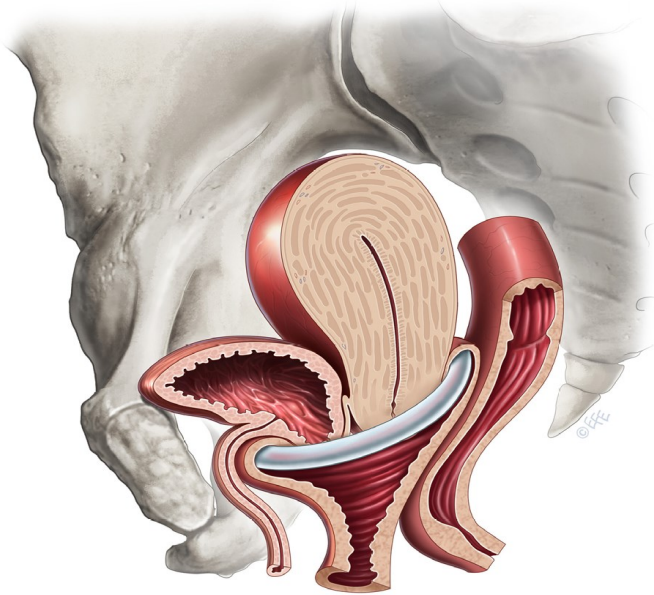
## **How is a pessary fitted?**

- The nurse or doctor will perform a vaginal examination to assess the type of prolapse.
- Your nurse or doctor will also measure your vagina to decide on the best type of pessary for your individual case.
- A speculum may be inserted into the vagina to assess the severity of your prolapse, which may help with the choice of pessary which most suits your need.
- The pessary is inserted through the vaginal opening and is placed quite high to support the weak tissue. This can be uncomfortable and you may wish to take some basic pain relief before your appointment.

When the pessary is too small it may fall out, either on its own or when passing urine or during a bowel motion. A pessary that is too large may give pressure symptoms and feel too uncomfortable.

Sometimes it can take a few attempts to find the most suitable size and type of pessary.

**The diagram below shows a ring pessary in place.**



## **What will happen after placement of the pessary?**

Once the pessary is inserted and placed appropriately in the vagina, it needs to be changed and checked at regular intervals. Practice between doctors vary but most will suggest that a pessary is cleaned or changed and the vagina checked every 4-6 months.

Some women using ring pessaries are able to remove, clean and replace the pessary themselves, otherwise this may be done at the GP's practice.

For some pessaries, such as the cube pessaries, regular removal is needed and they are therefore less suitable for longer term use. The gellhorn and shelf pessaries are often used for more serious degrees of prolapse and these usually require removal by a doctor or nurse.

## How might a pessary affect my daily life?

If you have a ring pessary it is very possible to have intercourse with the ring in position. If you or your partner feel the ring during intercourse you can choose to remove the ring, replacing it again after intercourse.

Other pessaries, such as the doughnut, cube, shelf or gellhorn pessaries, largely fill the vagina and it is not possible to have sex while these pessaries are inserted. Make sure your doctor knows if you wish to be sexually active so that a suitable alternative pessary or other treatment can be planned.

The pessary should give women a solution without limitations to daily activity. For instance, you should be able to do sports, cycle and walk longer distances.

## Possible complications of having a pessary

- **Bleeding/ulceration to the vaginal wall** - Depending on the type and size of pessary there is a chance that ulcerated areas may develop in the vagina. In this case, you may experience a pinkish or bloody discharge. Ulcerated areas usually heal easily simply by removing the pessary for a short time. If you notice a bloody discharge, make an appointment with your doctor.
- **Pain or discomfort** - You should not be able to feel a pessary if it is correctly placed. If you experience significant pain or discomfort, the pessary may be too large or small and require replacement with a different size. Talk to your doctor if this happens.
- **Discharge** - Most women experience a small amount of cream/whitish discharge. With a pessary in place, this discharge may increase a little but it should not be coloured or unpleasant smelling.

All of these symptoms may indicate a vaginal infection and/or ulceration. Many doctors prescribe the use of vaginal oestrogen cream to reduce the risk of ulceration. This can also result in an increased amount of creamy white discharge.

### **What if I have any questions?**

If you have any concerns or questions, please speak to a member of the nursing team.

**Please use this space to write down any questions you wish to ask:**

## Contact details

Urogynaecology Department  
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## Further reading

International Urogynecological Association (IUGA)  
[www.iuga.org/?page=patientleaflets](http://www.iuga.org/?page=patientleaflets)

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