

Vaginal Pessaries

A vaginal pessary is a silicone device, similar to a vaginal contraceptive diaphragm, that is used to treat urinary incontinence or prolapse.

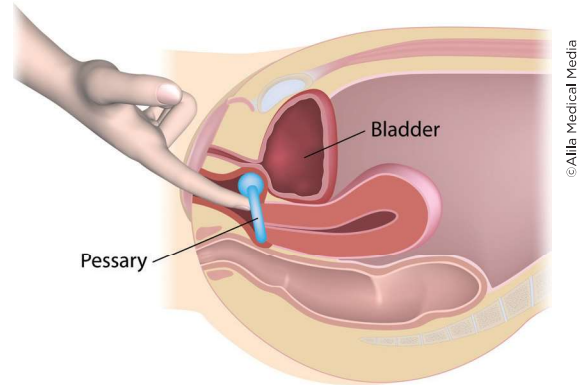
About Vaginal Pessaries

A vaginal pessary is inserted into the vagina to support dropped pelvic organs and apply compression to the urethra during activities that can cause urine leakage. For many women, pessaries are a low risk treatment option for pelvic organ prolapse (POP) or urinary incontinence. They allow you to be comfortable and active without surgery. About 85 percent of women can be successfully fit with a pessary regardless of age, medical history, or extent of prolapsed pelvic organs.

IS A PESSARY A GOOD OPTION FOR YOU?

Consider wearing a pessary if you:

- Need temporary or long-term help with urine leakage during exercise.
- Have bothersome stress urinary incontinence (SUI) or POP symptoms and want a non-surgical treatment. Some women want to delay surgery and others want to avoid it completely—a pessary can help in both cases.
- Have health problems that make the risks of surgery too great.
- Are considering pregnancy in the future and need to postpone surgery until after you have completed your family.
- Take the time to remove, clean, and reinsert the pessary on a regular basis. This can be done by you at home or through regular visits to your health care provider.



Not all women are able to wear a pessary. Vaginal scarring, vaginal dryness, a surgically narrowed or shortened vagina, widened vaginal opening or very weak pelvic floor muscles are some reasons pessaries can fall out or be uncomfortable. Some of these problems can be treated to allow for pessary use.

Pessaries require ongoing care to avoid problems with vaginal discharge, odor, bleeding or ulceration. Often, you can easily do this after receiving teaching from your health care provider. A forgotten pessary can cause problems. For example, you can develop erosions through the vaginal wall into the bladder or rectum. About 50 to 80 percent of women successfully fitted with a pessary, use it on a long-term basis.

Wearing a Pessary

Pessaries require fitting. This fitting is easily done during an office visit, allowing you to leave that same day with improved symptoms. Just like finding the perfect pair of shoes, you may need to try different pessaries to find the right one for you. This fitting is done at your urogy's office. If you are sexually active, share this with your provider. That factor is part of the pessary selection process.

You should not feel a well-fitting pessary when it is in place, much like a tampon. If you feel discomfort or pain, speak up. The pessary may be too big or too small for you. Often a different size pessary will solve this problem. Once the specific type of pessary is identified, your provider will set up a schedule for pessary cleaning. If you can manage your own pessary, your health care provider will teach you how to insert, remove, and clean it.

LEARN THE TERMS

Vaginal pessary: A device usually made of medical-grade silicone inserted into the vagina to correct vaginal prolapse or treat urinary incontinence.

Pelvic organ prolapse (POP): Dropping of the pelvic organs, such as the bladder, uterus and rectum, caused by a loss of vaginal support.

Urinary incontinence (UI): Any accidental leakage of urine.

Stress urinary incontinence (SUI): Urine leakage with physical activity such as laughing, sneezing, lifting, or exercise.

Overactive bladder (OAB): Urinary urgency, usually with frequency and nocturia, and sometimes with urinary urgency incontinence. This occurs without an infection or other health problem.

Cystocele or Urethrocele (anterior vaginal wall prolapse): Front wall of the vagina sags downward or outward, allowing the bladder to drop from its normal position.

Rectocele (posterior vaginal wall prolapse): Rectum bulges upward into the vagina because of a weakened vaginal wall and perineum.

Uterine prolapse or vaginal vault prolapse: Upper support of the vagina weakens, allowing the uterus and cervix to drop into the vaginal canal. In women who have had a hysterectomy, the top of the vagina falls.

Vaginal Pessaries

It is normal to feel the pessary near the opening of the vagina—pessaries should sit lower than a diaphragm or tampon. If you feel the pessary coming out, it's OK to push it back up inside. Pessaries are often easy to manage with practice.

Pessaries do not cause infections, but you might notice a whitish or yellow discharge from your vagina. This is OK. However, if the amount of discharge increases or has an odor, call your provider. If you see vaginal bleeding, call your provider—you might have an ulceration. Women who use a pessary may also be prescribed vaginal estrogen in cream, tablet or ring form. This medicine helps strengthen the vaginal skin, which reduces the risk of ulceration.

You'll need to go back to your provider regularly to check the pessary and make sure it is working well for you. Typically, pessary wearers are seen every 3 to 12 months.

Types of Pessaries

There are many shapes and sizes of pessaries to meet the individual needs of different patients. Common types of pessaries include the ring, donut, Gellhorn, and cube. Your provider will choose the right one for you during your fitting.

RING PESSARY

The ring pessary is an effective treatment for both early and advanced prolapse. A type of ring pessary with an extra knob is also used for SUI. Some women find that urinary urgency and frequency symptoms improve with a pessary.

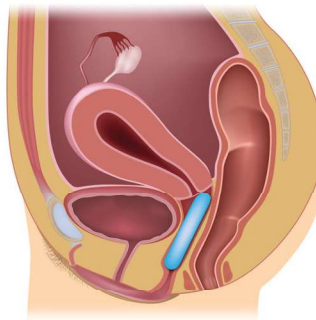
Often, ring pessaries are the first ones doctors try. Ring pessaries are easy for women to both insert and remove themselves. Sometimes women can have sex with this type of pessary in place. If you or your partner feel the ring, it is also easy to remove and reinsert after sex.

To insert, you fold the pessary in half (like a taco), place a bit of lubricant on the tip, and insert it into your vagina. Once inside the vagina, the pessary unfolds and provides support. Pessaries are also easy to remove by gently tugging, folding in half, and pulling out.

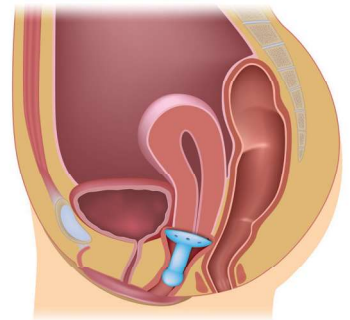
DONUT PESSARY

Donut pessaries can resolve POP symptoms for both large and small prolapses. However, this type of pessary can be challenging to insert and remove.

RING PESSARY



GELLHORN PESSARY



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GELLHORN PESSARY

The Gellhorn pessary is used for advanced-stage prolapse and women who are not sexually active. It has two segments. The concave segment generates suction on the upper vagina/cervix. The stem segment faces the vaginal opening. It is difficult to remove and so often requires office visits for cleaning. It is normal to feel the stem near the vaginal opening, especially after a bowel movement.

CUBE PESSARY

For advanced prolapse, a cube pessary may be recommended. Once inside the vagina, the cube forms suction on all sides. This traps both the edges of the prolapse and vaginal secretions in crevices of the pessary. Sometimes this can lead to a bad odor. Because cube pessaries are very hard to remove on your own, they usually require frequent office visits. Given these limitations, cube pessaries are often used as a last resort.

Three Takeaways

1. A pessary is a device usually made of silicone inserted into the vagina to correct vaginal prolapse or SUI.
2. Most women can successfully manage their symptoms with a pessary. This can mean they avoid surgery.
3. There are many shapes and sizes of pessaries to meet the individual needs of different patients. Talk to your provider about what is best for you.