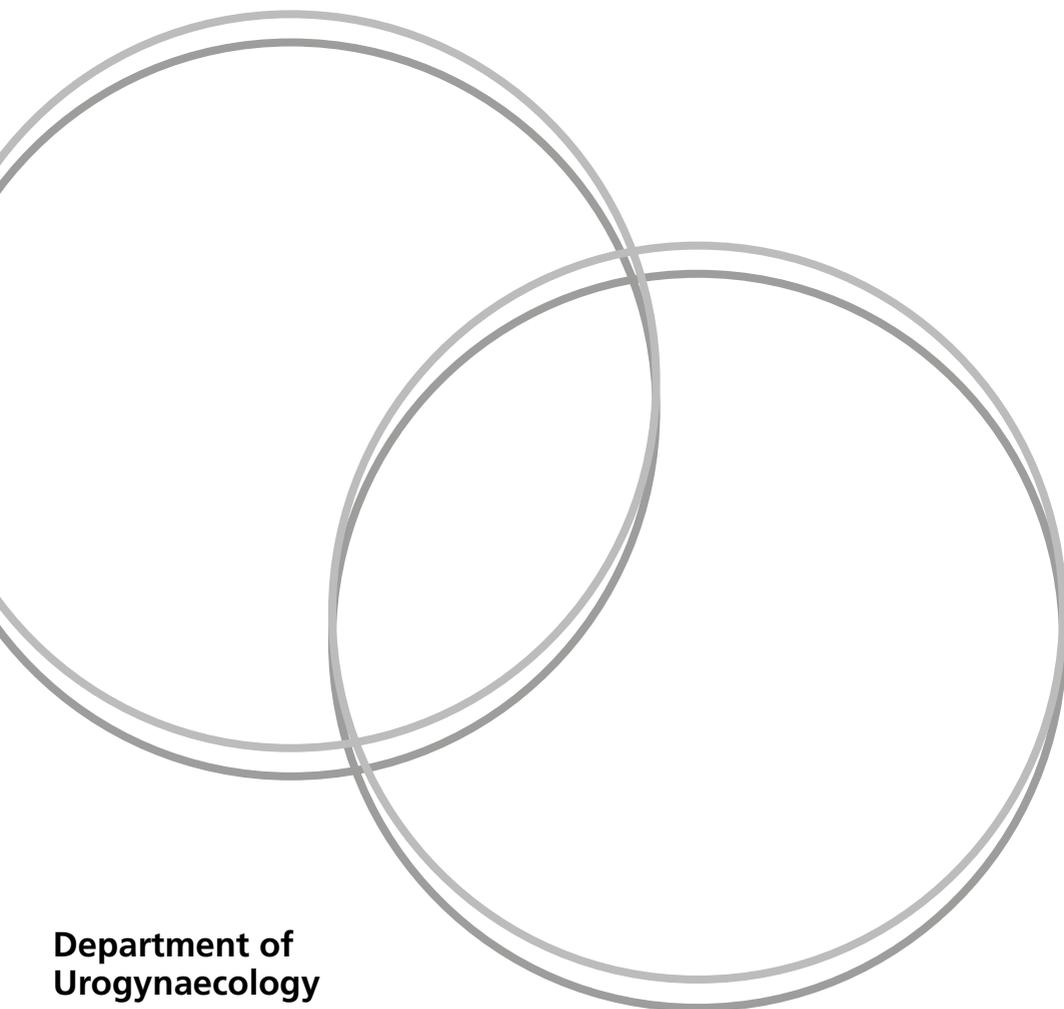




Oxford University Hospitals
NHS Foundation Trust

Vaginal pessary for prolapse

Information for women



Department of
Urogynaecology

You have been given this leaflet to answer some of the questions you may have about having a vaginal pessary fitted or changed. It explains what pelvic organ prolapse is, the benefits and the risks of having a pessary in place, and the alternatives to pessaries.

What is pelvic organ prolapse?

Prolapse is a term that refers to any organ of the body that has moved from its usual position. In gynaecology this is referred to as the altered position of the uterus (womb) and/or the vaginal walls.

What causes a prolapse?

There are a number of reasons why you may develop a prolapse. Childbirth and pregnancy can cause damage to the supportive structures within the pelvis. The ageing process and changes in hormone levels at or after the menopause, alongside other genetic factors, can weaken the pelvic floor. If you are overweight, carry out very heavy physical work, smoke or suffer with chronic chest conditions that cause you to cough, you will be more at risk of developing a prolapse. This is because of the additional strain these put on the muscles and ligaments of the pelvis.

What are the symptoms of a prolapse?

You may not have any symptoms at all and, if this is the case, treatment or surgery is not always necessary. If you do have symptoms you may feel a sensation of something coming down, a heaviness or a bulge in your vagina.

You might find it difficult to empty your bladder and/or bowel or may find that you leak urine. You may experience a 'dragging' sensation in your vagina. A prolapse may also cause difficulties or pain during sexual intercourse.

How is prolapse treated?

You may be able to improve your symptoms of prolapse by making lifestyle changes, such as losing weight or stopping smoking.

We recommend that you carry out pelvic floor muscle exercises, supervised by a specialist physiotherapist. We can refer you to our specialist physiotherapy team, if required. Pelvic floor exercises can help to strengthen the muscles and ligaments in your pelvis and depending on how big the prolapse is, this may help to reduce your prolapse.

A vaginal pessary may be used to relieve the symptoms of your prolapse or you may wish to consider an operation.

What is a vaginal pessary?

A vaginal pessary is a device which is inserted into the vagina to hold a prolapsed womb and/or vaginal walls into place. Pessaries can be made of silicone or vinyl.

There are a variety of vaginal pessaries, but the two different types of pessary that we most commonly use are ring and shelf pessaries. You can use a vaginal pessary if you would prefer to avoid surgery, or to control your symptoms whilst you are waiting for surgery. You may be recommended to use a pessary if you want to have children or if surgery may not be a safe option due to your other health problems.

Ring pessary

This is round in shape and comes in many different sizes. You will be assessed for the size you need during a vaginal examination by the specialist nurse or doctor.



Shelf pessary

This pessary can give extra support if you find a ring pessary does not stay in place. You will be assessed for the size you need during a vaginal examination by the specialist nurse or doctor.



The doctor or specialist nurse will decide which kind of pessary is most suitable for you. This will depend on what type of prolapse you have and how large it is.

How is a pessary fitted?

You will have your pessary fitted by a doctor or specialist nurse in the gynaecology clinic. They will talk to you about your symptoms and will decide which type of pessary is best for you.

They will carry out a vaginal examination, which will give an estimate of the size of pessary needed. It may take a few tries to get the right one.

The pessary will then be placed into your vagina and moved into place to sit behind your pubic bone. It will take about 30 seconds to put it in and get it in the right place. You may feel some discomfort when it is inserted, but it should not be painful.

After the first fitting you will be asked to walk around for 15 to 20 minutes. This is to make sure the pessary does not fall out and that you can pass urine with the pessary in place. A properly fitted pessary should not cause any pain - if it does then we will need to change the size. We may also fit a different sized pessary if it falls out or you can't pass urine with it in place.

Once you feel comfortable with your pessary you can go home. You will be able to carry on with your normal daily activities without any problems.

We will ask you to come for a follow-up appointment in 4-6 months' time, to check that you are happy with the pessary and to change it for a new one.

Can I wear the pessary during sexual intercourse?

Please talk to your doctor or specialist nurse about this. You can have sex with a ring pessary but you cannot with a shelf pessary. We can teach you to take out your ring pessary before sex and replace it yourself, if you would prefer; this is safe to do at home. The pessary is not a form of contraception, so please continue to use your usual method of contraception.

What are the risks of having a pessary?

It is important you report any of the following symptoms to your GP or specialist nurse:

- any difficulty passing urine
- any change in the colour of your vaginal discharge
- any unpleasant smelling vaginal discharge
- if your pessary falls out and you want to try another one
- if you have any bleeding from your vagina. This may be caused by the pessary rubbing and cause grazing or an ulcer within your vagina. If this happens, your pessary will have to be removed for a while (we will tell you how long), to allow the grazing to heal. We may recommend using vaginal oestrogen cream or dissolvable pessaries during this time. These will thicken the vaginal tissues and will stop them from becoming dry and thin. You will be given specific instructions about this, if needed.

How often does the pessary need changing?

Your pessary normally needs changing every 6 months, unless you have been told otherwise.

If you have a ring pessary, this can normally be changed by your GP or the practice nurse at your GP's surgery.

If you have a shelf pessary, this needs to be changed in our department at the hospital. We will arrange an appointment for you to come and have this done. When you return to have your pessary changed we will remove your current pessary and check your vagina for any grazes or other problems, such as infection, before inserting a new pessary for you.

It is important to come to all your appointments. If you leave the pessary in for too long, it can be very difficult to remove and in extreme cases would need to be removed during an operation under a general anaesthetic.

Who do I contact with any queries or concerns?

If you have any problems with your pessary or any queries or concerns, please phone the Urogynaecology Specialist Nurses.

Tel: **01865 222 767**

(Monday to Friday, 8.00am to 5.00pm)

There is an answerphone available to leave a message and we aim to return your call by the end of the following working day.

About your pessary

Name:

Type of pessary fitted:

Size of pessary fitted:

Date of fitting:

Special instructions:

Date of follow-up:

Name of Specialist Nurse/Doctor:

If you need an interpreter or would like this information leaflet in another format, such as Easy Read, large print, Braille, audio, electronically or another language, please speak to the department where you are being seen. You will find their contact details on your appointment letter.

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OXFORD HOSPITALS CHARITY (REGISTERED CHARITY NUMBER 1175809)



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