



PATIENT INFORMATION LEAFLET

THE PESSARY CLINIC: CARING FOR YOU AND YOUR PESSARY

You have been given this leaflet as you have been advised to use pessaries to manage your vaginal prolapse. The leaflet aims to provide you with information around pessaries and answer any questions you may have.

WHAT IS A PROLAPSE

Sometimes the pelvic floor muscles and ligaments become weak and no longer support the pelvic organs such as the uterus (womb), bladder and bowels; this is called Pelvic Organ Prolapse. Childbirth, aging and menopause can weaken the pelvic floor resulting in a prolapse. Pelvic organ prolapse can cause a sense of bulging, discomfort, urinary and bowel problems as well as sexual difficulties.

WHAT IS A VAGINAL PESSARY?

A vaginal pessary is a synthetic device (made of latex, silicone or vinyl) which can be inserted into the vaginal to alleviate or relieve symptoms of a prolapse. Vaginal pessaries avoid the need for surgery; therefore they are suitable for women who:

- Wish to have more children.
- Have declined surgery.
- Have medical conditions that prevents them from having surgery.
- Are awaiting surgery – inserted for as a temporary measure.

HOW IS A PESSARY INSERTED?

A trained doctor or nurse will fit the pessary; they will explain the procedure and answer any questions you may have. You will be asked to undress from the waist down and lie on an examination couch with your legs elevated in stirrups. Once you are comfortable, the doctor or nurse will perform a vaginal examination. They will insert a speculum to look inside the vagina and at the cervix (neck of the womb) to check for any abnormalities.

Following the examination, the doctor or nurse will assess the type and size of the pessary to be inserted. They will then apply lubricant or hormone cream to the pessary and insert it into the vagina in the correct position. Once the pessary is in place, you may be asked to 'bear down' (as if trying to open your bowels). This is to check the position of the pessary and try to ensure that it is in the correct position and unlikely to drop out. It is important to understand that the fitting of a pessary is an estimation and is not an exact measurement. It can take trials of various sizes before the right fit is found. Some women can remove and replace their own pessaries. If you wish to consider this, the doctor or nurse can discuss this with you.

WHAT PESSARIES ARE AVAILABLE

Ring pessaries

Ring pessaries are round and are made either of vinyl or silicone. There are the most commonly used pessaries and are generally the first type that would be tried for most patients.



Shelf pessaries

Shelf pessaries are flat and kidney shaped with a raised handle in the middle. They are hard and non-compressible; however still comfortable to wear.



Gellhorn pessaries

Gellhorn pessaries are made of silicone and are saucer shaped with a raised handle in the middle, similar to a shelf pessary.



ARE THERE RISK/SIDE EFFECTS TO A PESSARY?

There are some possible side effects which include:

- Discomfort in the vagina or pelvis during and after the pessary is inserted.
- Vaginal discharge.

- Vaginal bleeding/soreness caused by the pessary rubbing on the cervix (neck of womb or the vaginal wall).
- Urinary incontinence may occur after pessary insertion due to repositioning of the bladder.

All symptoms will be discussed at your appointments. If you do experience any abnormal bleeding, you should inform your doctor or contact the clinic as this may need further investigation.

WILL IT AFFECT MY SEX LIFE?

If a ring pessary has been inserted, you can continue to have intercourse. You and your partner may be aware of it, but it should not cause a problem or harm either of you. Other types of pessaries would prevent you from having intercourse, but this would be discussed with you prior to fitting.

FOLLOW UP?

The pessary needs to be replaced and assessed every 4-6 months in a pessary clinic.

If you require any further information or clarification, including clarification of terminology, please do not hesitate to talk to one of the doctors or nurses, who will be happy to discuss your concerns with you.

CONTACT DETAILS

Cancel or change appointments



(0161) 276 6632

Monday to Friday, 9.00am – 5.00pm

Urogynaecology Clinical Nurse Specialist



(0161) 701 6150/ 701 6151/ 701 6776

Monday to Friday 08.30am -17.30pm



Emergency Gynaecology Unit (EGU)

(0161) 291 2561 (24 hours)

The EGU is located at Wythenshawe Hospital (enter via entrance 15)

The department operates a telephone triage service you must call and speak with a specially trained nurse before attending to plan your care

There are no emergency gynaecology services at Saint Mary's Hospital, Oxford Road