# Pessary : A simple solution to a complex problem

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## Introduction and Problem Statement:

A pessary is a device made from silicone or rubber that is inserted into the vagina to reduce pelvic prolapse by supporting the correct anatomical position of the uterus, bladder, or rectum. It is also used to eliminate stress urinary incontinence (SUI) by providing extra support to the bladder neck. A pessary is appropriate for the patient who is not a candidate for surgical repair of the prolapse or the patient awaiting surgical repair who wants temporary resolution of symptoms. Pessaries are available in many shapes & sizes; appropriate selection depends upon the type of problem present & anatomy. Unfortunately, most midlevel providers and physicians are unaware of the benefits of a pessary and how to fit and manage the patient with a pessary. With specific training, the Continence Care nurse and WOC nurse are qualified to provide pessary fittings and follow-up management.
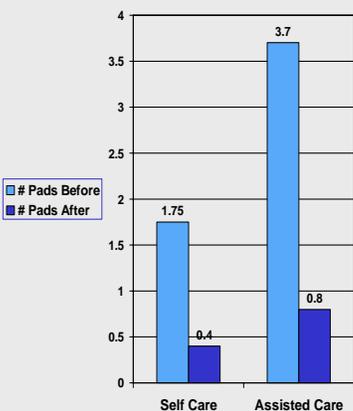
### *Objective*

**To describe the outcomes of the use of pessary placement by a Wound, Ostomy, Continence advanced practice nurse to manage pelvic prolapse and/or stress urinary incontinence and to describe clinical implications for using pessaries.**
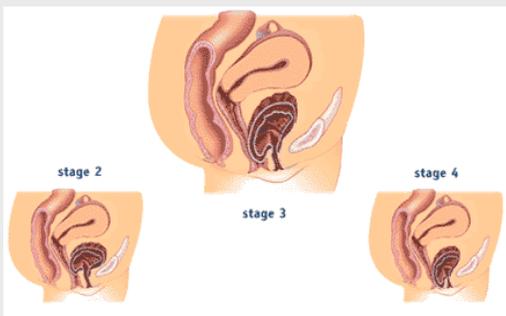
### *Methodology*

Retrospective chart review (n=78)
- Random sampling of 20 patients stratified by age: 36-87 y.o.
- Initial pessary fitting: January 2001 - April, 2004.


Cystocele,
Used with permission, Mentor, Inc.


Proper pessary placement to resolve cystocele and stress incontinence. Used with permission, Mentor, Inc

## *Implications for Practice*

### Differentiate:

- **Pelvic prolapse**: the descent of a pelvic organ from its usual position. Vaginal delivery, pelvic surgery, & chronic bearing down due to constipation contribute to pelvic prolapse. Often develops after menopause due to estrogen deficient pelvic tissues.

- **Procidentia**: Pelvic prolapse protrudes outside the vagina where it is easily visualized and palpated.

- **Uterine prolapse**: Uterus drops out of position down into the vagina.

- **Cystocele**: Bladder drops down into the vagina; anterior vaginal bulge is visible during pelvic exam when asked to bear down.

- **Rectocele**: Rectum pushes up into the bottom of the vagina so that a pelvic exam reveals a posterior bulge.


Examples of pessaries

### HCP Guidelines for Care:

1. Reassess pessary placement within 1 week of initial fitting. Patient returns sooner if any discomfort.
2. Re-evaluate pessary placement every 6-12 months.
3. Once pessary properly placed, HCP can remove, clean and replace pessary every 2-3 months for the patient who is not able.
4. Recommend local estrogen if menopausal.

### Patient Instructions: Routine Pessary Care

1. Remove and clean pessary every 1-5 days using soap and water; dry well.
2. Replace pessary when damaged (i.e., cracked or torn).
3. Remove any pessary that fills the vaginal vault prior to intercourse (e.g. cube, doughnut and gellhorn).
4. Report any malodorous vaginal discharge, return of symptoms or discomfort.


Pad Use by Type of Care

| | |
|---|---|
| t | 4.61 |
| DF | 14 |
| 95% CI | 1.04, 2.83 |
| p | 0.0003 |

### *Results*

**A significant decrease in the use of pads is noted.** *No significant difference* between type of :

- **Prolapse and Age**
- **Urinary Incontinence and Age**
- **Difficulty of Fitting and Age**
- **Difficulty of Fitting and Type of Prolapse**

### *Conclusions*

1. While the sample size in this study were small, the use of pessary placement significantly reduced the number of pads used per day.
2. Pessary placement is a simple noninvasive procedure that the majority of patients can perform regardless of age.
3. Pessary placement should be a routine intervention offered by the Continence Care Nurse and WOC Nurse specializing in continence care.