

Vaginal pessaries

Gynaecology Department

Patient Information Leaflet

Introduction

We have developed this information leaflet to answer some commonly asked questions about what a vaginal pessary is, how it is fitted and what you need to do afterwards. It is for women who have a prolapse.

What is a prolapse?

The vagina (front passage) is a hollow, muscular tube with the bladder lying in front and the bowel behind it. It is held in place by various support structures including the pelvic floor muscles. If these support structures become weakened and the muscular walls of the vagina become stretched, a prolapse can occur.

What causes a prolapse?

- Pregnancy and childbirth – especially if you had a long, difficult birth, or if you gave birth to a large baby or multiple babies.
- Getting older and going through the menopause.
- Being overweight.
- Having long-term constipation or a long-term health condition that causes you to cough and strain.
- Having a hysterectomy.
- A job that requires a lot of heavy lifting.
- A natural tendency to develop prolapse.
- Some health conditions can also make a prolapse more likely, including joint hypermobility syndrome, Marfan syndrome and Ehlers-Danlos syndromes.

What problems / symptoms does it cause?

- You may not have any symptoms at all.
- You may feel a bulge or a dragging sensation in the vagina. You may also have backache, heaviness, or discomfort inside your vagina. These symptoms are often worse if you have been standing for a long time and may improve on lying down.
- You may be able to feel or see a bulge in your vagina.
- You may have blood-stained discharge or a discharge that looks or smells unusual from your vagina.
- You may need to pass urine more frequently and urgently. Also, you may have difficulty in passing urine or a sensation that your bladder is not emptying properly.
- You may leak urine when coughing, laughing or lifting heavy objects, or you may have frequent bladder infections (cystitis).
- You may notice constipation or incomplete bowel emptying. You may sometimes need to press on the bulge with your fingers to help open your bowels.
- You may be anxious about sex, find it uncomfortable or notice a lack of sensation during intercourse.

Some of the above symptoms may not be directly related to your prolapse.

What is a vaginal pessary?

Vaginal pessaries are devices that are inserted into the vagina to hold a prolapse back. They work by holding the walls of the vagina in place. This can be an effective way of helping your symptoms. They are made of latex (rubber), silicone or plastic and come in different shapes and sizes.

We use two types of pessaries:

- a) Ring pessaries
- b) Shelf pessaries

After discussion with you, and considering your medical condition and wishes, your consultant will advise which one will suit you best. It needs to be removed, cleaned, and replaced regularly. Ring pessaries are most commonly used.

What are the benefits?

- A vaginal pessary is preferable to surgical repair if women are planning pregnancies in the future.

- They can be used to ease the symptoms of moderate or severe prolapses.
- They are a good option if you do not wish to have surgery, or you have a medical condition that makes surgery riskier.
- You may also choose to use a pessary while you are waiting to have surgery.

What risks are associated with pessaries?

Vaginal pessaries can occasionally cause:

- Unpleasant smelling vaginal discharge, which could be a sign of a bacterial infection in the vagina.
- Some irritation and sores inside your vagina, and possibly bleeding.
- Stress incontinence, where you pass a small amount of urine when you cough, sneeze or exercise.
- A urinary tract infection.
- Interference with sex (but most women can have sex without any problems).

These side effects can usually be treated.

What are the alternatives?

A vaginal prolapse can be repaired by surgery.

What happens when the pessary is fitted?

The pessary will be fitted by a gynaecologist or a specialist nurse.

It is important that the correct size of pessary is used. Therefore, the nurse may need to try a few different sizes of pessaries before the best fit is found. If it is too small, it may fall out soon after it is put in. If it is too big, it may feel uncomfortable, or you may have problems passing urine.

When the pessary is fitted or changed, you may experience some discomfort, but this should only last for a short time. If the pain continues, it may mean that the pessary is the wrong size or not in the right place. In this case, or if you are having any other problems, please contact:

The gynaecology outpatient team on 01384 244584 or the gynaecology nurse specialist on 01384 456111 ext 2814 (9am to 5pm, Monday to Friday).

What happens after the fitting?

You may experience some light bleeding when the pessary is inserted or when it is changed. This should only be light and should not last more than a few days. However, if it becomes heavy and / or continues for more than a few days, contact:

The gynaecology outpatient team on 01384 244584 or the gynaecology nurse specialist on 01384 456111 ext 2814 (9am to 5pm, Monday to Friday).

Can I have sex while I have a pessary?

If you have a ring pessary, you should be able to have sex as normal. If you have a shelf pessary, sex will not be possible due to the shape of it. This means that shelf pessaries are not suitable if you are still sexually active.

Do I need to tell anyone about the pessary?

Your GP will be aware that you have had a pessary inserted because we will write to them after each appointment. If you attend hospital, or need any operations in the future, it is important that you tell the doctors treating you that you have a pessary.

How often will the pessary need to be changed?

Your pessary will need to be changed every four to six months. It is very important that you have it changed regularly to prevent serious pessary complications.

References

1. Pelvic Organ Prolapse. NHS, 2022
<https://www.nhs.uk/conditions/pelvic-organ-prolapse/treatment/>
2. Pelvic Organ Prolapse. Royal College of Obstetrician and Gynaecologists, May 2022
https://www.rcog.org.uk/media/jb3l3tou/pi_pop_update.pdf
3. Assessing Pelvic Organ Prolapse, NICE CKS Guidelines, June 2019
<https://www.nice.org.uk/guidance/ng123/chapter/Recommendations#non-surgical-management-of-pelvic-organ-prolapse>

Your next appointment is on

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If you have any queries or concerns about your pessary, please contact:

The gynaecology outpatient team on 01384 244584 or the gynaecology nurse specialist on 01384 456111 ext 2814 (9am to 5pm, Monday to Friday)

Russells Hall Hospital switchboard number: 01384 456111

This be downloaded or printed from:

<http://dgft.nhs.uk/services-and-wards/obstetrics-and-gynaecology/>

If you have any feedback on this patient information leaflet, please email dgft.patient.information@nhs.net

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