



PATIENT INFORMATION

# INSERTION AND REMOVAL OF A VAGINAL PESSARY



This leaflet is written to answer some of the frequently asked questions about vaginal pessaries and to provide you with information.

Following your appointment with your doctor it was decided that a vaginal pessary may be the best treatment for your vaginal wall or uterine prolapse.

### **What is a prolapse?**

Sometimes the pelvic floor muscles and ligaments become weak and are no longer able to support the pelvic organs such as bladder, bowels and uterus (womb), this is called pelvic organ prolapse. Childbirth, ageing, menopause, long term cough and long term constipation can weaken the pelvic floor resulting in a prolapse, this is not a life threatening condition but can cause some discomfort.

### **What is a vaginal pessary?**

A vaginal pessary is a device that is inserted into the vagina to hold the vaginal walls in place and support a prolapsed womb, supporting tissues that have become weak.

### **Types of pessaries**

There are different types of pessaries they are made of silicone, latex or vinyl and are available in different shapes and sizes. It is not always possible to choose the correct size or shape straight away and your consultant or specialist nurse may need to try a different size or shape until the correct one is found to give you the most benefit. When your pessary fits comfortably you will be seen for further follow up in hospital or your Doctors Surgery.

- Ring pessary – a round flexible ring that come in various sizes (often white in colour)
- Shelf pessary – A hard plastic device that may be used when a ring pessary is not suitable (can be black or purple)
- Pink Milex pessary – Similar to shelf pessaries, variable shapes are available, these are softer and can be used when a ring pessary is not suitable (Pale pink in colour)



\*the images used in this leaflet were supplied by mediplus

### **Why did the doctor suggest a pessary?**

The use of a pessary may be suggested to alleviate or relieve your symptoms of prolapse if:

- You are unfit for surgery
- You have decided not to have surgery
- You need a temporary method to manage your prolapse while you are waiting for surgery
- You are pregnant or would like to have more children

### **Does the insertion/removal of the pessary hurt?**

You may feel some discomfort during the insertion or removal but this should soon resolve.

### **Will I be able to feel the pessary once it is in place?**

Once the pessary is in place you should not be able to feel it. If you feel any discomfort it may be that you need a different size of pessary. You may sometimes feel or see part of the pessary you will do yourself no harm by gently pushing it back into place.

### **Are there any risks or side effects of having a vaginal pessary?**

There are no serious risks; some women may have vaginal dryness, discharge, irritation, erosions or bleeding. These can often be treated with local oestrogen cream or antibiotics. The pessary may be removed while you are receiving treatment.

### **Will my pessary fall out?**

After the insertion of a pessary you will be asked to cough, walk around the clinic and pass urine before you leave to ensure that the pessary is fitting properly. If the pessary falls out while passing urine, having a bowel movement or been active it may be that the pessary is too small. You might need a bigger size. If the pessary continues to fall out, you may require a different style and size.

It is important that you avoid becoming constipated, if this is a problem a change in diet or extra fluids may help, if constipation continues to be a problem then your GP may prescribe some medication to help keep your bowels regular. It may help to support the perineum and cover the vaginal opening with your hand using a pad of tissue when opening your bowels to help prevent the pessary from falling out.

Sometimes the pessary may affect bladder function, you may experience new urinary incontinence or it may reduce existing urinary incontinence, if this happens then you should inform your consultant or specialist nurse so that they can help to manage your problem.

Your pessary must be checked every 3 to 6 months or an interval decided by your consultant or specialist nurse. This is important to check that the pessary has not caused any soreness to the vaginal tissues. If all is well the pessary can be replaced. You may have your pessary washed and used again or you may require a new one.

## **Sexual intercourse**

This depends on the style of the pessary; the majority of couples are able to have sexual intercourse with a ring pessary inside the vagina. Other pessaries such as a Pink Milex or shelf pessary are generally not compatible with sexual intercourse. It is possible to teach you to remove and insert some pessaries so that you can remove them for intercourse.

### **You should contact your GP for initial advice if:**

- Your pessary falls out
- You develop an offensive vaginal discharge
- You notice any unexpected vaginal bleeding
- You experience any discomfort
- You develop difficulty in passing urine or opening your bowels after pessary insertion.

It may be that your GP speaks to your Consultant or Specialist Nurse. If it is out of practice hours please call the Emergency Gynae Assessment Unit on 01905 761489.

**If your symptoms or condition worsens, or if you are concerned about anything, please call your GP, 111, or in an emergency 999.**

## **Patient Experience**

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

## **Feedback**

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

## **Patient Advice and Liaison Service (PALS)**

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

## **How to contact PALS:**

**Telephone Patient Services: 0300 123 1732 or via email at: [wah-tr.PET@nhs.net](mailto:wah-tr.PET@nhs.net)**

## **Opening times:**

The PALS telephone lines are open Monday to Thursday from 8.30am to 4.30pm and Friday: 8.30am to 4.00pm. Please be aware that a voicemail service is in use at busy times, but messages will be returned as quickly as possible.

If you are unable to understand this leaflet, please communicate with a member of staff.