

Women's Health in Focus

Part 1- Pelvic Health Uncovered – Pessaries, Pain, and Incontinence

Pessary 101 for primary care providers

Dr. Cathy Flood

Definition

- A pessary is a device inserted into the vagina to reduce pelvic organ prolapse or symptoms of incontinence.
- Materials: rubber, latex, acrylic, silicone
- Characteristics:
 - Flexible
 - Does not absorb odour
 - Can be used for years
 - Can be sterilized
 - Inert material
 - No carcinogenic



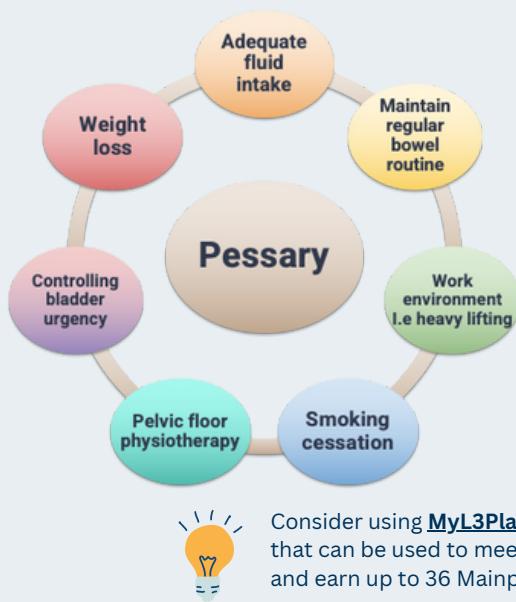
Indications

- Symptomatic prolapse of the pelvic organs
- Stress urinary incontinence (SUI)
- Mixed incontinence
- Urge Urinary incontinence



- First line for all
- Not surgical candidates
- Not ready for surgery
- High risk for recurrence of symptoms
- Still want more children

Multi-disciplinary conservative methods



Consider using [MyL3Plan](#), a free online tool developed by the Office of Lifelong Learning (L3) that can be used to meet and support the 3 activities/action plans required by the PPIP-CPSA and earn up to 36 Mainpro+ certified credits.

- Pessaries are the FIRST LINE of treatment and should be offered to all patients with prolapse and/or incontinence
- Surgical treatment carries risks, including increase morbidity, mortality and failure.

Advantages

- Works immediately
- High rates of patient satisfaction
- Cheap
- Safe
- Reversible
- Supports the independency of the patient
- Can help avoid surgery
- 70% cure rate for SUI and urge
- Pessary use at 1 year is approximately 70% for both pelvic organ prolapse and stress incontinence
- Pessaries can be used for symptoms of urge urinary incontinence in the context of concurrent anterior vaginal wall prolapse

Use of pessaries in young women

- Comfortable managing pessary care independently
- Confident and at ease in their own body
- Comfortable using tampons
- Healthy vaginal mucosa
- Seeking pregnancy, not eligible for surgery
- Busy lifestyle (e.g., work, family)
- For situational use only (e.g., gym, work)

The only dangerous pessary is a forgotten pessary!

[Learn more here!](#)

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Contraindications

- Infection: vaginitis, pelvic inflammatory disease
- Exposed foreign body (mesh)
- Silicone allergy

But made to fit-
designer pessaries are
available

Not great for:

- Sexually active and unable to remove independently
- Persistent erosions (common in people who smoke cigarettes)
- Posterior vaginal wall predominant prolapse (rectocele)- cube?
- Short vaginal length < 6 cm
- Lax introitus

Types of pessaries

- Support pessaries:
 - Ring
 - Incontinence dish
 - Shaatz
- “Go to”. Easier to insert and remove, can have sex with pessary in situ
- Harder to manage. Second line



How to choose a pessary

Ring

- Without support for mild prolapse (useful in younger women)
- With support for mild prolapse complicated by mild cystocele
 - Safe to leave in during intercourse
 - Easy to insert and remove
 - One of the most commonly used options
 - Available in sizes 0 through 9
 - Especially suitable for younger women (less levator muscle atrophy)



Shaatz

- For mild prolapse complicated by mild cystocele similar to the ring
 - firmer support



Gellhorn

- For 3rd degree prolapse/procidentia
 - Not suitable for use during intercourse
 - Available with long or short stem options
 - Held in place by suction
 - Sizes range from 1½ to 3¾ inches
 - Sized based on both length and diameter of the base



Cube

- Support for 3rd degree prolapse/procidentia
 - Six concave sides for suction-based retention
 - Must be removed and cleaned daily
 - Indicated for chronic pelvic pain or poor tolerance of other pessaries
 - Should be ~½ the vaginal width for proper fit
 - Sizes 0-7
 - Provides more support to rectocele



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Stress Urinary Incontinence

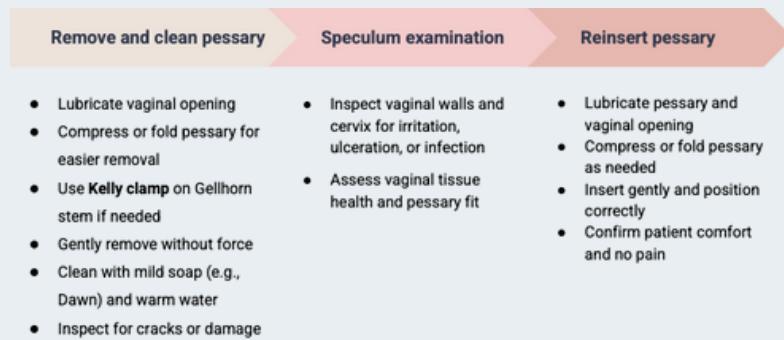
- 60-70% report significant (>50%) improvement
- 50% have cured when combined with pelvic physiotherapy
- most common ring with knob or dish

Vaginal estrogen: use 3-6 months prior to fitting

Family Physician's Role

- **Assess**
 - Perform a pelvic exam to evaluate prolapse severity and vaginal tissue health.
 - “If it doesn’t bother you, it doesn’t bother me”
 - Symptoms generally begin at Stage II pelvic organ prolapse
- **Initiate and MAINTAIN** vaginal estrogen (black box warning just removed)
- **Provide Ongoing Care**
 - If the patient is pessary-dependent and discharged back to you: Complete pessary care every 3 months

Pessary care by provider



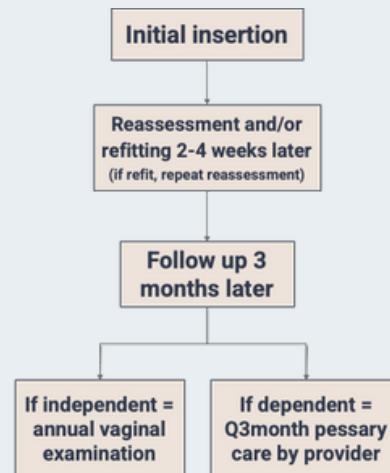
Take home messages

- Fitting a pessary is successful in 85% of women (70% at 2 years, 65 % at 5 years)
- Vaginal hormone/moisturizer use is required prior and during pessary use
- Postmenopausal bleeding is taken seriously even if suspected to be due to pessary use
- The majority of the complications are due to neglected pessary care & not completing recommended follow-ups
- The future of pessaries includes personalized pessaries

How to recognize a success with pessary?

- Stays in place during ambulation and voiding
- Patient is typically unaware of its presence
- Feels supportive
- Provides relief of symptoms of prolapse and/or incontinence

Recommended pathway for pessaries



Potential Complications

- Increased vaginal secretions
- Vaginal erosion (2-9%)
- Infections
- Latent urinary incontinence
- Bleeding
- Difficulties with defecating
- Difficulties with voiding
- Fistulas
- Impaction
- Urosepsis

Resources

1. [Urogynecology Wellness Clinic](#)
2. [Genitourinary Syndrome of Menopause](#)
3. [Vaginal Estrogen Therapy](#)
4. [Local pessary providers](#)