

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

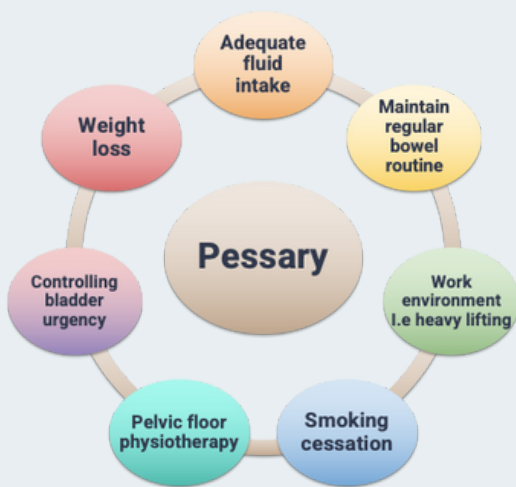
- Pessaries are the FIRST LINE of treatment and should be offered to all patients with prolapse and/or incontinence
- Surgical treatment carries risks, including increase morbidity, mortality and failure.

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

Multi-disciplinary conservative methods



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!



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-CPA and earn up to 36 Mainpro+ certified credits.

[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
- Space-filling pessaries:
 - Gellhorn
 - Cube
 - Donut
- 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
 - finer support



Gellhorn

- For 3rd degree prolaps/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

Remove and clean pessary	Speculum examination	Reinsert pessary
<ul style="list-style-type: none">• Lubricate vaginal opening• Compress or fold pessary for easier removal• Use Kelly clamp on Gellhorn stem if needed• Gently remove without force• Clean with mild soap (e.g., Dawn) and warm water• Inspect for cracks or damage	<ul style="list-style-type: none">• Inspect vaginal walls and cervix for irritation, ulceration, or infection• Assess vaginal tissue health and pessary fit	<ul style="list-style-type: none">• Lubricate pessary and vaginal opening• Compress or fold pessary as needed• Insert gently and position correctly• Confirm patient comfort and no pain

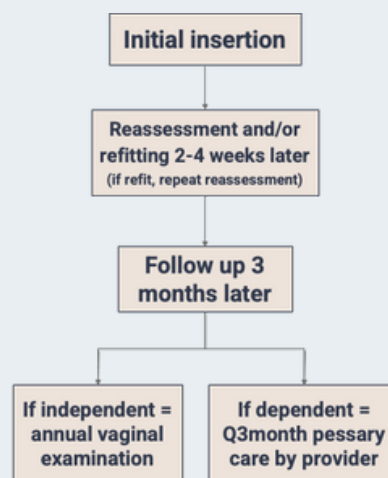
Take home messages

- 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](#)