

Using a pessary for prolapse

Department of Gynaecology

Information for Patients

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Who is this leaflet for?

This leaflet is for women who have been fitted with a vaginal pessary. This is used to treat their prolapse of the vagina or womb. This is where the walls of the vagina, top of the vagina or womb have lost support and comes down through the vagina. It sometimes bulges out of the vagina causing a lump underneath.

You may have

- a feeling of something coming down,
- a lump in the vagina,
- trouble going to the toilet (pee or poo),
- discomfort with sex,
- backache.

Why does prolapse happen?

The muscles that keep the womb and vagina in place weaken. It happens most often

- after pregnancy and childbirth,
- after menopause,
- with long-term cough,
- long-term constipation,
- obesity
- heavy lifting.

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or call 111 for non-emergency medical advice**

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Why have you had a pessary fitted?

You have been fitted with a vaginal support pessary to help ease the symptoms of prolapse. This is a plastic or silicone device. It is put in the vagina to hold up the walls of the vagina or the womb. It makes it more comfortable for you to do everyday things.

What types of pessary are there?

There are many types of pessary. The ones used most often are

- ring,
- gellhorn and
- shelf pessaries.

A healthcare professional will have examined you. They will choose the one most likely to help with your symptoms and least likely to interfere with other activities. They will have shown you the device and explained how it fits in the vagina.

How well does it work?

Pessaries are used by many women to manage their prolapse. They can be used

- short term whilst waiting for surgery or
- long term when surgery is best avoided or when women prefer not to have surgery.

Sometimes it can take more than one fitting to get the right size or type for you. It will not cure the prolapse. It manages it so that you can be more comfortable day to day.

Will I feel it?

When you have the right size and type of pessary that works well for you, you will not be able to feel it in place. It should not be uncomfortable. It may move around a little, or sometimes slip down. If that happens you can gently push it back inside. If it slips down often a different size or type might suit you better.

What things am I able to do and not do with the pessary in?

Once you have a well fitting, comfortable pessary you should be able to do most activities such as exercise, dancing, gardening. You should avoid heavy lifting or straining as the pessary could slip out.

You can use tampons and have sex if you have a ring or Shaatz pessary in. You may also have an internal scan of the pelvis (transvaginal ultrasound scan) if this is needed. Or, if you are able to, you can be taught how to remove a ring pessary and replace it yourself if you want to do so when having sex.

For other types of pessary, sex and tampons will not be possible.

Should I still do pelvic floor exercises?

You should still do pelvic floor exercises with the pessary in.

What can go wrong with the pessary?

• Slipping

Sometimes the pessary can slip down when you go for a poo. To avoid this, gently support the area around the opening to the vagina with your fingers by wrapping them in tissue or using a sanitary pad and pressing gently over the area. If the pessary does fall out, do not flush it away or it will block your toilet.

Try to avoid getting constipated. Take laxatives if you need to. Avoid heavy lifting and straining

• Sore spots in the vagina

Pessaries can occasionally cause sore spots where it rubs against the skin inside the vagina. This is more likely if you have gone through the menopause. You may be offered vaginal oestrogen treatment and vaginal moisturisers such as **Yes VM gel**. Vaginal oestrogen treatments do not increase the risk of cancer, blood clots or heart disease. They can safely be used long term. If you have had breast cancer it may be better not to use vaginal oestrogens but this will be discussed with you if it affects you. Vaginal oestrogens are also given if you have symptoms of atrophy (dry, sore vagina, lots of urine infections, pain with sex, bleeding). They are given as a cream or pessary (pellet) that goes in the vagina. It needs to be used long term to stop the symptoms from coming back.

• Bleeding

Sometimes the sore spots in the vagina can cause bleeding. If this happens you will usually be given vaginal oestrogen treatment. Your doctor may also arrange for an ultrasound scan to check the lining of the womb is healthy. This is to make sure the bleeding is not coming from there.

• Problems with having a pee

Sometimes you can find that you leak pee more often after the pessary has been fitted. This is because pessary has straightened out the kink in the pee tube (urethra) that was there with the prolapse. The pessary is not causing the leaking, just unmasking it. The same thing would happen if you had surgery to correct the prolapse.

Rarely, if the pessary is too big or slips or twists into the wrong position, this will block the pee passage. You may find that you are not able to pee, even though your bladder is full. If this happens, it is an emergency and you need to see a health care provider urgently. They will need to remove the pessary and drain the pee out if needed. If you are not able to be seen in your own GP practice, you should go to an Urgent Care Centre.

• Vaginal discharge

Vaginal discharge is common but not always due to an infection. If the discharge smells bad, or has blood in it or you feel unwell you should have a swab taken and some antibiotics. Vaginal oestrogens can cause some discharge too.

How often should the pessary be checked and changed?

Your pessary will usually be checked by a health professional every 6 months. At the appointment, they will

- remove the pessary,
- check the health of the vagina with a speculum,
- treat any sore patches that may have developed,
- make sure it still fits well,
- check for infections,
- either wash and replace the same pessary if it is in good condition, or replace it if needed.

If you have a ring pessary fitted in the hospital, your future check ups will be with a GP or nurse at a GP practice unless you are using the pessary whilst waiting for surgery to correct the prolapse.

How can I manage my pessary myself?

Some women may wish to manage their ring or cube pessary themselves. Other types of pessary will need to be managed by a healthcare professional.

You will need to want to do it yourself, have the ability and confidence to remove and replace the pessary, check and wash it and know when to ask for help.

Removing and reinserting the pessary.

You will be shown how to remove and replace the pessary and guided until you feel confident. You can remove the pessary for washing as often as you wish, or only for sex if you prefer but should check it at least every 3 months. It is no problem if you wish to leave it out overnight sometimes. You may decide you only want to use the pessary for exercise. You may like to use a lubricant to insert the pessary.

Care of the pessary

- Wash the pessary in warm water with mild, unperfumed soap.
- You should not to sterilise it as this can affect the pessary.
- Check there are no cracks.
- Discolouration is common and not a reason to change the pessary.
- You can order a new pessary if it is cracked or the surface is rough or once a year or two.
- If you are struggling to pee or poo, you can remove the pessary. You should reinsert it after you have finished on the toilet. If this happens a lot, you may need a smaller pessary.
- If the pessary comes out a lot see your GP as you may need a bigger one or a different type.
- Keep a spare pessary for emergencies.

What are the other options to a pessary?

If your prolapse is not too bad, and the pessary is making you leak urine more than without it, you may decide to stop using the pessary and do pelvic floor exercises instead.

For larger prolapse or when a pessary is not working or not suitable or not wanted, you may be offered surgery. The exact operation that you would need depends on

- where the prolapse is (front of the vagina, back of the vagina, top of the vagina or womb),
- how bad it is,
- if there are any other symptoms you are struggling with (peeing or pooing).

The healthcare professional will be able to tell you what operation would be needed in your case. There is a separate leaflet available for surgical treatment of prolapse.

When do I need to get help from my GP or clinic?

- Smelly or offensive discharge
- Bleeding from the vaginal
- Soreness discomfort or pain
- The pessary has fallen out or keeps slipping down
- You cannot pee - this is an emergency
- You cannot poo despite taking laxatives

Useful contacts

If you are under the care of your GP, please contact them for advice.

If you are under the care of a gynaecologist, please contact the clinic coordinators.

For patients seeing a consultant at Leicester's General or Royal Infirmary call **0116 258 4821** or if you are usually seen at one of the Leicestershire regional hospitals, please contact them directly

You have been fitted with a _____ type of pessary

Size _____

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