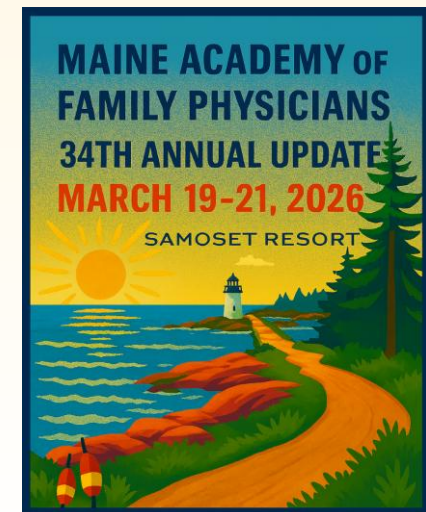


Pelvic Organ Prolapse Pessary Fitting: Guided Hands-On Training

Yanghee Courbron, MS, WHNP

Leah Barker, MSN, WHNP

Katherine McDonald, MD



Objectives

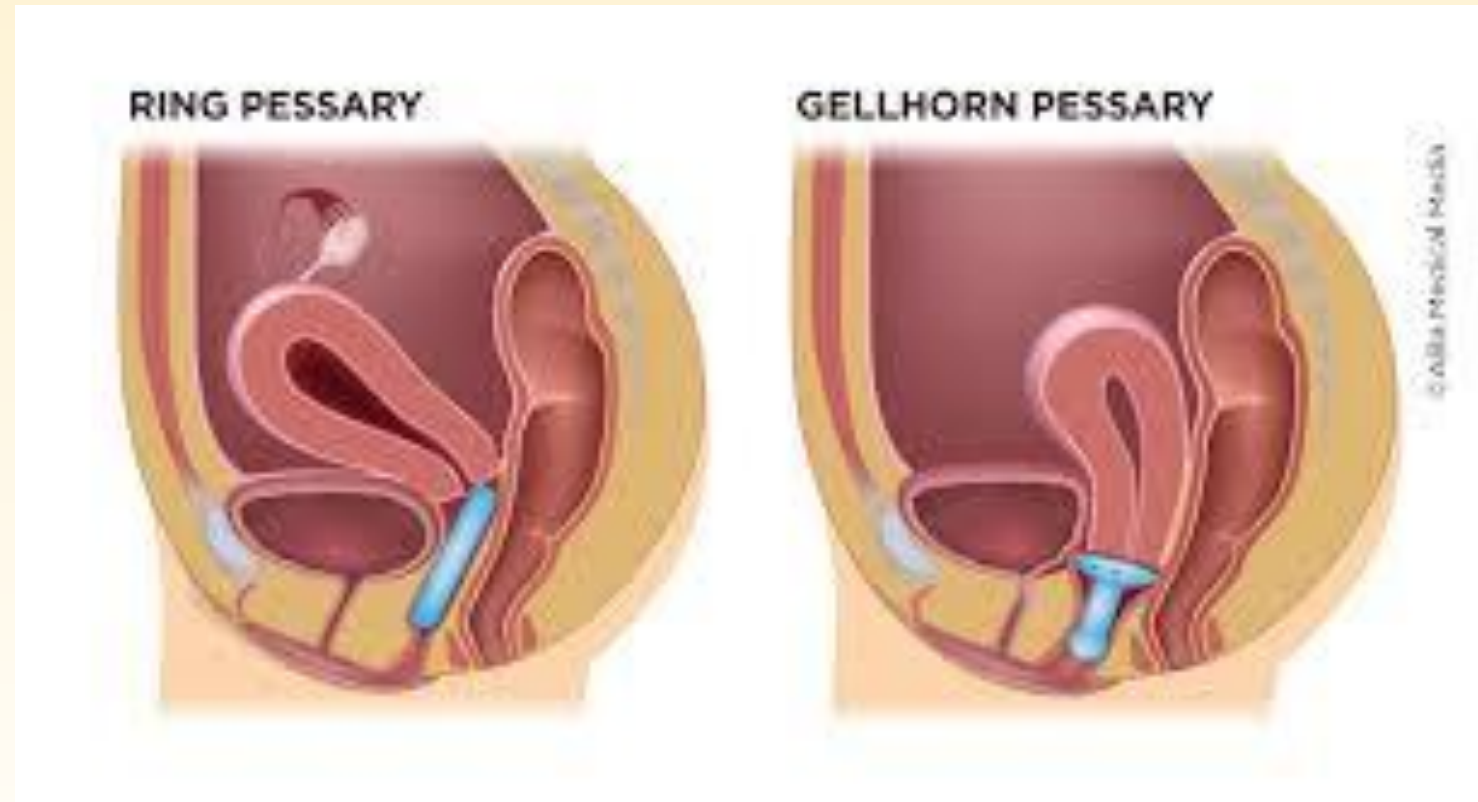
- Identify commonly used pessaries
- Demonstrate techniques for pessary management
- Describe follow-up pessary care

Pessary

- Vaginal insert device
 - pelvic organ prolapse and/or stress incontinence
- Most cost-effective treatment
- Time
- Diagnostic trial
- Effect
 - >90% improvement in bulge symptoms
 - Improved quality of life
 - 20% chance of occult stress incontinence
- Continuation
 - 67% of N=109 continued 3 months post fitting

Indications and types of pessaries

- Pelvic organ prolapse
 - Support
 - Space occupying
- Stress urinary incontinence



Counseling

- Set expectations
 - 75% fit. May take more than 1 visit
- Indication and patient goals
- Show fitting kit
- Smallest that provides adequate support
- Risks/benefits
- Pre-treat: atrophy, constipation
- Follow-up and self management
- Involve care team/family if necessary

Geoffrion 2013 and Fernando 2006

Considerations and contraindications

- Considerations
 - Sexually active, recommend self management
 - Hx radiation therapy with thin vaginal epithelium
- Contraindications
 - Acute pelvic infection
 - Exposed mesh
 - Non-adherence to follow-up
- Continuation rate
 - 56-70% continue over 3 yrs follow up
 - Age >65 yrs increases chance of continuation

Side effects and complications

- **True complication rate not known**
 - >50% of women report at least one side effect
- **Common s/e:**
 - vaginal discharge
 - vaginal discomfort
 - occult stress urinary incontinence
 - vaginal spotting/bleeding
 - spontaneous expulsion
- **Most common complication:** superficial vaginal epithelial erosion
 - 2-9% erosion
 - space occupying vs support pessary
- **Rare complications:** usually related to pessary neglect
 - incarcerated, embedment, infection, hemorrhage, migration, fistulas

Hanson 2006
Harvey 2020

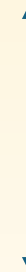
Managing side effects

- Some women develop a LOT of discharge and odor with pessary—this is not infection
- Metronidazole vaginal gel sometimes helpful
 - Not really BV (Collins et al 2015)
 - Use treatment course followed by weekly treatment
- Vaginal erosions caused by pressure of pessary against fragile vaginal mucosa
 - Ask about bleeding at every visit—staining, spotting
 - Non-friable erythema is common and acceptable
- Further evaluation for postmenopausal bleeding
- Encourage vaginal estrogen when possible
 - Estrin, Vagifem are lowest dose
- Consider pessary “holiday” (2-4 weeks)
 - Periodic holiday may be preferable to surgery or no pessary

Vaginal estrogen- Regimens

- Premarin Vaginal Cream (0.625 mg/g conjugated equine estrogen)
 - ½ gram intravaginally twice a week
- Estrace Vaginal Cream (100 mcg 17β-estradiol/g)
 - 1 grams daily for two weeks then 1 gram twice a week
- Vagifem Tablet (10 mcg estradiol hemihydrate)
 - One tablet daily for 2 weeks then twice a week
- Estring (7.5 mcg 17β-estradiol released daily)
 - Insert ring, released over 90 days

Highest Absorption



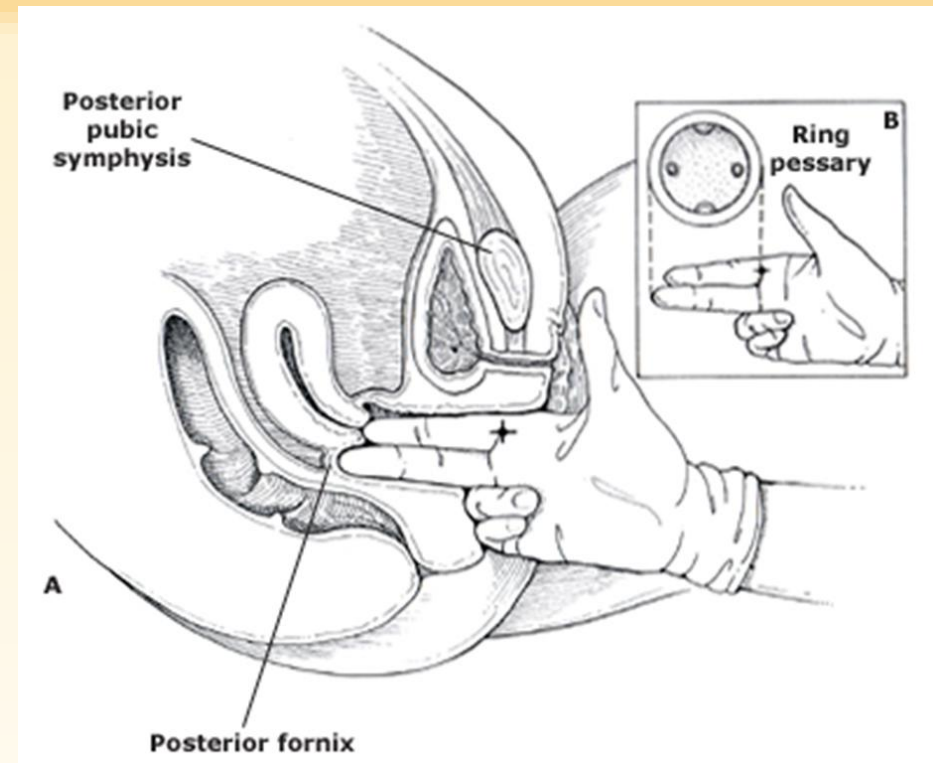
Lowest Absorption

Vaginal estrogen - Safety

- “**No increased risk of cancer recurrence** among women currently undergoing treatment for breast cancer or those with a personal history of breast cancer who use vaginal estrogen.”
- “Low-dose vaginal estrogens **does not result in sustained serum estrogen levels exceeding the normal menopausal range**”
 - *Committee Opinion 659 “The Use of Vaginal Estrogen in Women With a History of Estrogen-Dependent Breast Cancer*
- “**Vaginal estrogen has little or no effect in elevating prothrombotic substances** and may have beneficial effects on proinflammatory markers, including C-reactive protein, prothrombin activation peptide, and antithrombin activity.”
 - *Committee Opinion 556 Postmenopausal Estrogen Therapy Route of Administration and Risk of Venous Thromboembolism*

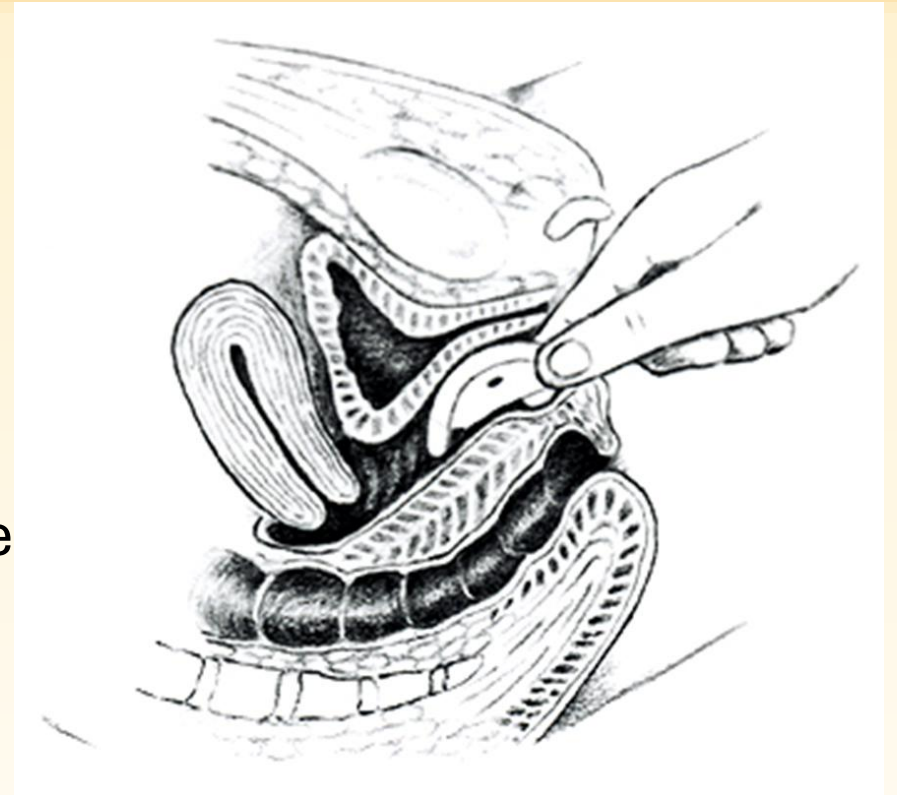
Fitting exam

- No evidence-based guidelines
- **Review medical history**
 - Sexually active
 - PMH (dexterity, BMI)
 - Hx radiation
 - Surgery
 - post void residual, urinary retention
 - vaginal atrophy
- **Physical exam**
 - assess vaginal epithelium, atrophy
 - POP-Q (genital hiatus, total vaginal length)
 - Type of prolapse, apical/cystocele vs rectocele
 - stage of prolapse



Pessary insertion

- Ring with support
 - Apply lubricant to leading edge, fold two small holes together, insert straight, sits beneath pubic bone
 - Check placement via palpating beneath the pessary laterally

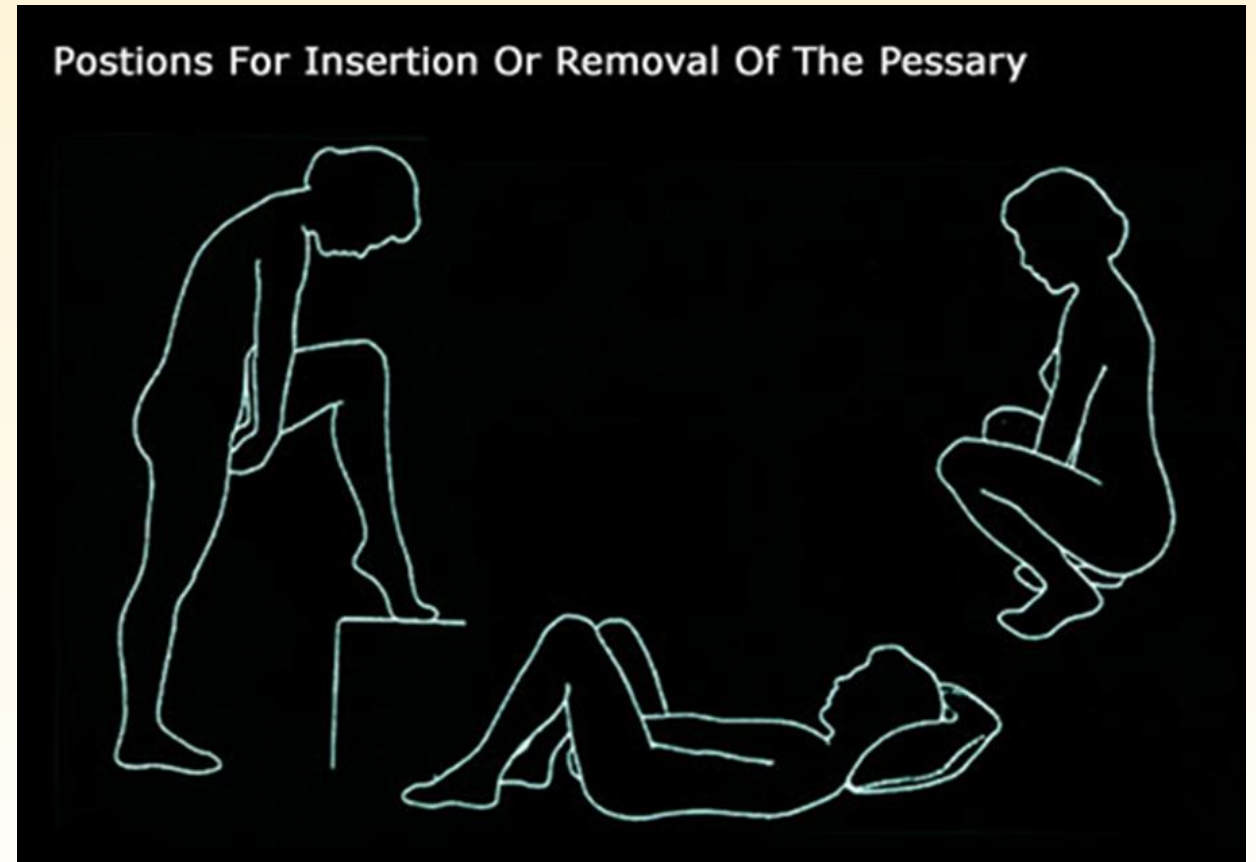
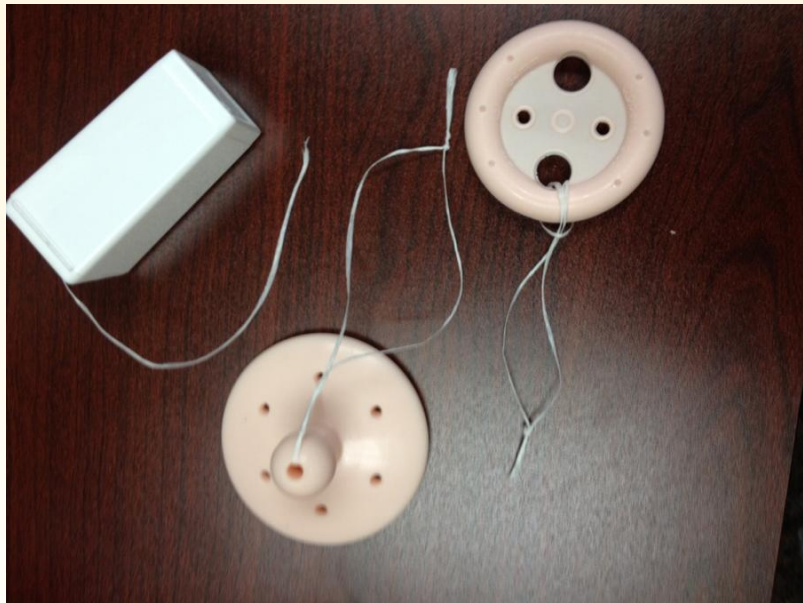




MAINE ACADEMY OF
FAMILY PHYSICIANS
STRONG MEDICINE FOR MAINE

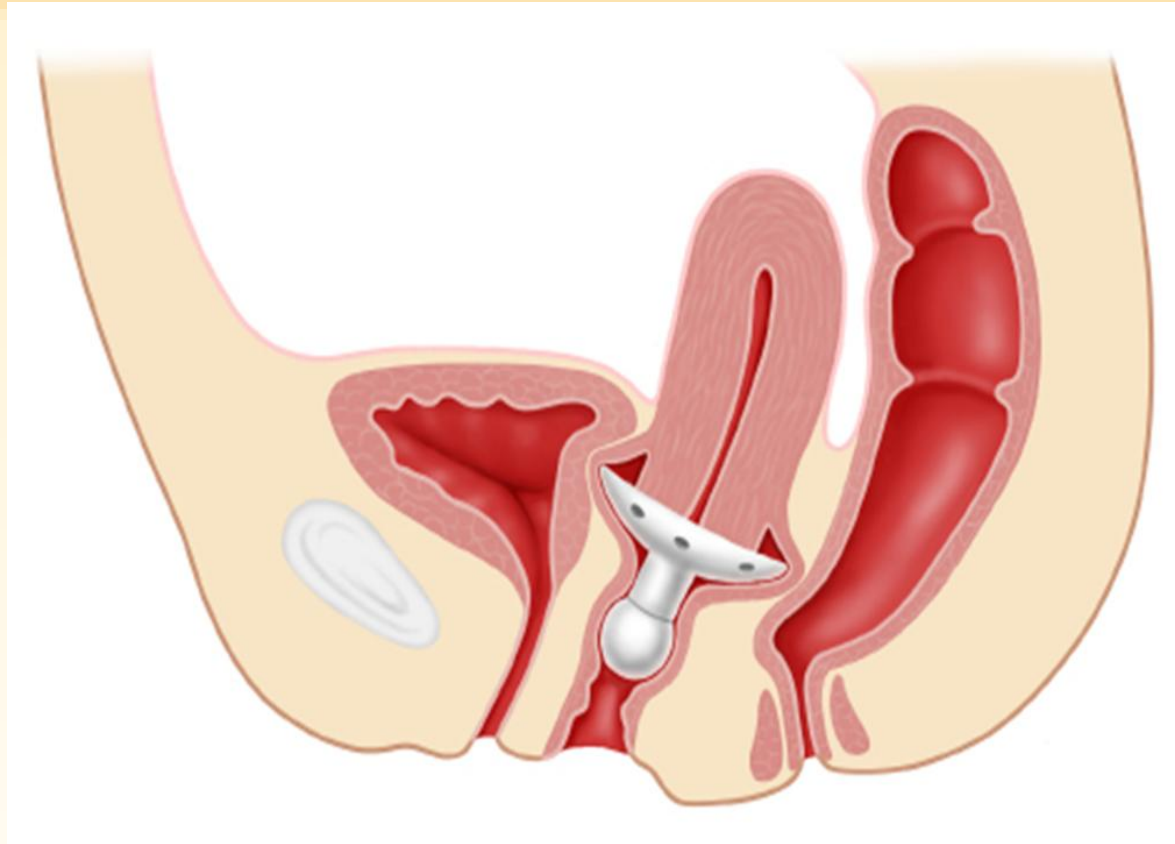
Pessary self-management tips

- Tie string/floss to end of pessary to aid in removal
- Consider purchasing pessary hook
- Get partner assistance



Gellhorn pessaries

- Disc of pessary covers cervix or apex
- Stem takes up space in the vagina
- To remove: Use forceps to clamp stem- can use ½ speculum to aid
- Take dominant hand- 2nd finger, release behind the disc of the Gellhorn
- Simultaneously pull the pessary out, non-dominant hand pulling on the forceps



Follow-up and management

- Self management vs office follow-up interval
 - Based on expert opinion
 - Short interval initial f/up, usually 2-4 weeks
 - 3-6 months for routine follow-up
 - 12 months for self managed pessaries
 - Troubleshooting retained pessaries
 - Hip flexion
 - Sponge stick forceps
 - Apply EMLA or lidocaine gel to vagina for 5-10 mins prior to removal
 - Rarely need to be removed in OR
- Consider inserting with forceps
- Challenging pelvic exams, mobility limitations

Pessaries and MRI, air travel

- Only pessaries that require removal include:
 - Hodge, Risser, Smith
 - Gehrung
 - Regula
 - Inflatoball
 - Incontinence ring
 - Ring with or without support sizes 11, 12, 13
- Pessary will not set off metal detector, but may be visible in body scanner (Urol Nursing 2011)

References

- Carberry, Cassandra L. MD^{*}; Tulikangas, Paul K. MD[†]; Ridgeway, Beri M. MD[‡]; Collins, Sarah A. MD[§]; Adam, Rony A. MD^{||}. American Urogynecologic Society Best Practice Statement: Evaluation and Counseling of Patients With Pelvic Organ Prolapse. *Urogynecology* 31(5):p 471-481, May 2025. | DOI: 10.1097/SPV.0000000000001641
- Coolen ALW, Troost S, Mol BWJ, et al. Primary treatment of pelvic organ prolapse: pessary use versus prolapse surgery. *Int Urogynecol J* 2018;29(1):99-107. doi:10.1007/s00192-017-3372
- Ding J, Chen C, Song XC, et al. Changes in prolapse and urinary symptoms after successful fitting of a ring pessary with support in women with advanced pelvic organ prolapse: a prospective study. *Urology* 2016;87:70-75.
- Anantawat T, Manonai J, Wattanayingcharoenchai R, et al. Impact of a vaginal pessary on the quality of life in women with pelvic organ prolapse. *Asian Biomedicine* 2016;10(3):249-252.
- Hanson LA, Schulz JA, Flood CG, Cooley B, Tam F. Vaginal pessaries in managing women with pelvic organ prolapse and urinary incontinence: patient characteristics and factors contributing to success. *Int Urogynecol J Pelvic Floor Dysfunct.* 2006 Feb;17(2):155-9. doi: 10.1007/s00192-005-1362-x. Epub 2005 Jul 26. PMID: 16044204.
- Harvey MA, Lemieux MC, Robert M, Schulz JA. Guideline No. 411: Vaginal Pessary Use. *J Obstet Gynaecol Can.* 2021 Feb;43(2):255-266.e1. doi: 10.1016/j.jogc.2020.11.013. Epub 2020 Nov 26. PMID: 33248302.
- Geoffrion R, Zhang T, Lee T, Cundiff GW. Clinical characteristics associated with unsuccessful pessary fitting outcomes. *Female Pelvic Med Reconstr Surg.* 2013 Nov-Dec;19(6):339-45. doi: 10.1097/SPV.0b013e3182a26174. PMID: 24165447.
- Female Pelvic Med Reconstr Surg*, 19 (2013), pp. 339-345
- Fernando RJ, Thakar R, Sultan AH, Shah SM, Jones PW. Effect of vaginal pessaries on symptoms associated with pelvic organ prolapse. *Obstet Gynecol.* 2006 Jul;108(1):93-9. doi: 10.1097/01.AOG.0000222903.38684.cc. PMID: 16816061.
- Patel M, Mellen C, O'Sullivan DM, et al. Impact of pessary use on prolapse symptoms, quality of life, and body image. *Am J Obstet Gynecol* 2010;202(5):499.e1-499.e4. doi:10.1016/j.ajog.2010.01.019.
- Radnia N, Hajhashemi M, Eftekhari T, Deldar M, Mohajeri T, Sohbati S, Ghanbari Z. *J Med Life.* 2019 Jul-Sep;12(3):271-275. doi: 10.25122/jml-2019-0042.
- Meister MRL, Osazuwa-Peters OL, Lowder JL, et al. Transition to surgery after pessary among female Medicare beneficiaries with pelvic organ prolapse. *Am J Obstet Gynecol.* 2023;228(5):559.e1-559.e9. doi:10.1016/j.ajog.2023.01.006 Epub 2023 Jan 7. PMID: 36627074.
- Vaginal Pessary Use and Management for Pelvic Organ Prolapse. *Urogynecology* 29(1):p 5-20, January 2023. | DOI: 10.1097/SPV.0000000000001293