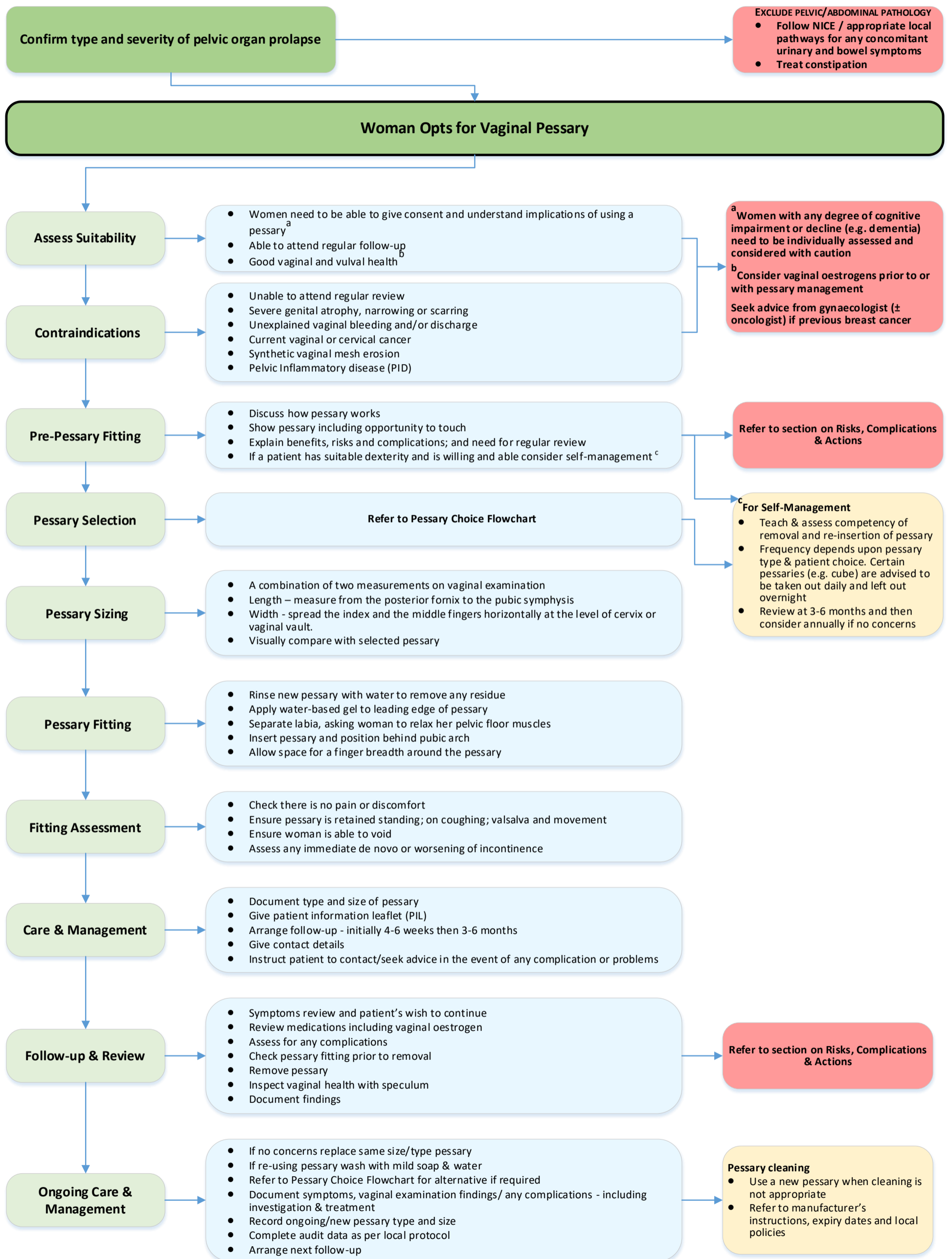


# Pessary use for prolapse: clinical pathway



## Vaginal Pessary – Risks, Complications and Actions

- Mild vaginal discharge
  - Reassurance if not bothersome
- Malodorous or heavy vaginal discharge
  - Consider treatment to maintain normal acidic pH (e.g. vaginal gel/oral probiotics)
  - Vaginal swab to exclude infection
  - Treat with antibiotics if bacterial vaginosis or infection is suspected
  - Remove/provide new pessary
- Vaginal bleeding due to abrasion/erosion/ulceration
  - Remove pessary until the vagina heals (2–4 weeks)
  - Offer vaginal oestrogens to aid vaginal tissue healing
  - If the underlying cause is a tight pessary replace with smaller pessary
  - Vaginal biopsy should be considered when ulcerations do not heal
- Unexplained vaginal bleeding
  - Consider trans-vaginal/pelvic ultrasound if uterus present
  - Referral for specialist advice/treatment
- Pain or discomfort
  - Remove pessary
  - Re-size pessary/consider different type
- Urinary incontinence (*de-novo* or increase)/voiding difficulties/urinary retention
  - Remove pessary and reassess voiding function
  - Re-size pessary/consider different type
  - Follow NICE/local pathway for treating occult stress urinary incontinence
  - Treat suspected urinary tract infection with antibiotics
- Constipation or difficulty emptying bowel
  - Treat constipation
  - Remove pessary and reassess bowel function
  - Re-size pessary/consider different type
- Difficult removal due to granulation of neglected pessary
  - Consider inserting vaginal oestrogen cream or lubricant and leave *in situ* for 20–30 mins before trying to insert a finger behind the pessary and gently rotating it before attempting removal
  - Alternatively send home with vaginal oestrogen cream to use nightly and try again in 1–2 weeks
  - Cutting the pessary *in situ* in clinic might be tried before considering examination under anaesthetic (EUA) and removal in theatre.
- Other severe complications will require pessary removal and referral for specialist advice/treatment
  - Impacted/embedded pessary +/- fistulae
  - Cervical incarceration
  - Suspected vaginal or cervical cancer
  - Septicaemia

# Pessary Choice Algorithm

Before commencing a pessary fitting enquire if the woman wishes to be sexually active (with vaginal penetration) and if she wishes to consider self-management

