

Self-Management of Vaginal Pessary

Information for patients

Pessary Self-Management

Pessary self-management refers to women being supported to remove and insert their pessary themselves for management of a pelvic organ prolapse. Women who are self-managing their pessary may still contact the pessary clinic or their GP for support in case of any problems or concerns.

What are Vaginal Pessaries?

A pessary is a synthetic device which can be inserted into the vagina to support a prolapse. It is made of PVC or silicone. There are many types of pessaries available, however most suitable for self-management are Rings, Rings with support or knob, Shaatz pessaries or Cubes.



PVC Ring



Silicone Ring



Ring with support



Ring with knob



Shaatz pessary



Cube

The images below show how pessaries sit inside the vagina providing support to the pelvic organs.



What are the benefits of Pessary Self-Management?

- Pessary self-management gives you independence in how you choose to use your pessary to suit your own lifestyle.
- Pessary self-management reduces the number of appointments that you need to visit the hospital/GP.
- A research study (TOPSY) found that women who self-managed their pessary had a lower risk of pessary complications - such as bleeding.
- If you have a problem with your pessary, you would be able to either change the position of the pessary yourself or remove the pessary while you wait for an appointment.

What if I have problems self-managing my pessary?

You always have the option to access support, both while you learn how to self-manage your pessary and also afterwards. If you have any problems or concerns, please contact either your GP, your consultant's secretary or the urogynaecology specialist nursing team via the details below who will be happy to help.

How often do I need to remove my pessary?

The pessary can be taken out as often as you like. Some women find they do not need to use the pessary all the time. Some prefer to take it out at night or for sexual intercourse.

Flat round pessaries (Rings/Shatz) can stay in all the time, even during intercourse. If you wish to take it out, you may do so, but the only requirement is that you remove the pessary **at least once every six months**.

Cube pessaries need to be removed more regularly, as a guide daily removal such as leaving out overnight. For this reason, cubes are likely to be self-managed. They should be cleaned but may be put straight back in afterwards if you wish.

How do I remove my pessary?

1. Wash your hands and find a comfortable position (you do not need to wear gloves) – it is often easiest to sit either on the toilet or on the edge of a chair.
2. For flat round pessaries, insert a finger inside the vagina, hook your finger over the pessary and gently withdraw it, applying pressure with middle finger and thumb at the entrance to the vagina to help reduce pessary size and ease discomfort.
3. For cube pessaries, follow the string up to the pessary and move it gently to break the seal of suction. Once the suction is released, you may use the string to gently bring the pessary down in the vagina and remove it.
4. Some women find it helps to cough or gently push down at the same time as removing the pessary.

You may notice some discharge or slight bleeding. This is normal.

How do I clean and store my pessary?

Wash the pessary in warm water. If you wish, you may use a mild non perfumed soap although this is not usually necessary unless you menstruate. If you are not immediately putting the pessary back in, you may store it in any clean and dry container.

Do not boil or sterilise the pessary or use a perfumed soap as this may damage the pessary.

How do I insert my pessary?

1. Wash your hands and get into a comfortable position. This may be sitting on the toilet or on the edge of a chair, squatting or with one foot up on a chair, stool or bed.
2. Hold the pessary in your dominant hand (your right hand if you are right-handed or your left hand if you are left-handed). With the other hand separate the lips of your vagina apart (the labia).
3. You may use a lubricant (for example KY jelly). If you no longer have periods, it may also be helpful to use estrogen cream as a lubricant, unless contra-indicated. Alternatively, you may just run the pessary under warm water which may provide enough lubrication and also help to soften the pessary.
4. For flat round pessaries, either twist it into a figure of eight or bend it in half as shown below.



Put the pessary inside the vagina as far as you can, pointing towards the bottom of your back. Start to let the pessary unfold. If needed, push the rest of the pessary in with your other hand before you let go completely. The pessary should sit behind the pubic bone. You might need to push the pessary up to get it into this position.

5. For cube pessaries, squeeze the pessary together and push it gently inside the vagina. You may twist and turn it slightly to get it inside, as it does not matter which side goes in first. Once it is inside, push it up as far as you can. Adjust the string for comfort if required.

What if I am doing something wrong?

When the pessary is in the right place, you should not be aware of it inside and the prolapse should feel supported. The most important thing is that it feels comfortable for you. The pessary cannot be pushed into a wrong place inside the vagina, and it will not get lost. Especially for cubes, it is important that the pessary is pushed far enough up. While working out the right size and type of pessary needs to be done by a pessary doctor or nurse, you are the expert in what feels comfortable for you.

What should I look out for?

Bleeding

A small amount of bleeding whilst changing the pessary is common and not of any concern.

If you experience bleeding when you are not changing your pessary, you should contact your GP for further advice. Bleeding may suggest a problem that needs to be looked at, therefore please do not ignore this, especially if you still have your womb.

Discharge

It is quite common to experience an increase in vaginal discharge which may be yellow or green. This is caused by vaginal secretions. If this bothers you, or if the discharge is excessive or foul smelling, please contact your GP for further advice.

Bladder and bowel symptoms

A pessary may improve bladder and/or bowel symptoms, however for some people these symptoms might get worse. Some women may experience leaking of urine when they cough, laugh or sneeze, after a pessary is inserted.

Your pessary may fall out when you are having a bowel movement, especially when you are constipated. You may remove the pessary to open your bowels and replace it afterwards. Straining should be avoided if possible but you may also support the pessary if necessary. If the pessary does fall out, wash it in warm water using a mild non perfumed soap. You can then re-insert the pessary. If the pessary has fallen into the toilet, you will need a new one.

If you develop new symptoms which bother you, please seek further advice. If you feel that your overall symptoms are worse with a pessary in place, you can remove the pessary until you see or speak with your healthcare professional.

How long can I use my pessary?

There is no limit to how long you may use a pessary to support your prolapse – however, you will need a new pessary every so often.

If you have a **PVC ring pessary**, you will need a new one every **6 months**. Your GP will be able to prescribe a new pessary for you.

If you have a **silicone pessary (pink)**, this may be used for up to **5 years** before you need a new one.

If you have a **blue cube pessary**, this may be used for up to **3 years** before you need a new one.

If your cube pessary needs to be replaced, or you notice that your pessary is visibly damaged with cracks or no longer holds shape, please contact us and we will post a new one out to you.

What if I have a problem?

Please contact your GP in the first instance if you experience any of the following:

- Any difficulty in urinating
- Pain/discomfort
- Bleeding

If you have any problems that require immediate attention, please contact your local Gynaecology Emergency Department'

Alternatively, contact your consultant's secretary or one of the local Urogynaecology Nurse Specialists