



**Mersey and West Lancashire
Teaching Hospitals
NHS Trust**

PATIENT INFORMATION

Prolapse and Vaginal Pessary

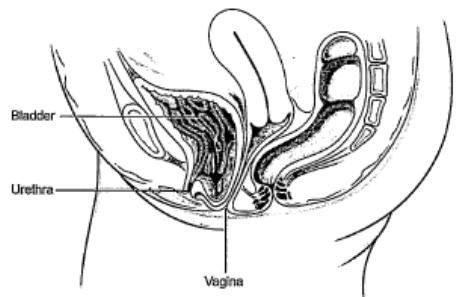
WHY IS VAGINAL PESSARY NECESSARY?

We have written this information to help explain the use of vaginal pessaries in the treatment of women with prolapse.

WHAT IS A PROLAPSE?

A prolapsed is a condition where the vagina and or the womb (uterus) and the neck of the womb (cervix) come down into the vagina.

Sometimes prolapse may protrude from the vagina so that it is visible or can be felt on the outside.



HOW IS PROLAPSE CAUSED?

It is caused by a weakness in the ligaments and muscles that support the vagina. These supports may weaken with age, following childbirth or after the menopause. Some women are prone to developing prolapse if their ligaments or muscles are more stretchy or lax.

WHAT ARE SYMPTOMS ASSOCIATED WITH PROLAPSE?

Many women with prolapse have no symptoms or problems at all. Quite commonly symptoms or problems associated with prolapsed actually have another cause.

This means that even if prolapsed is found when a woman has bowel, bladder or vaginal symptoms (such as constipation, incontinence or pain during intercourse) prolapsed itself may not be causing these symptoms, and fixing the prolapsed may not completely cure them.

Symptoms may include;

Vaginal: a dragging sensation of something coming down or a bulge in the walls and difficulty retaining tampons.

Bladder: Difficulty emptying the bladder, incomplete bladder emptying or having to push the vagina and bladder up from below in order to empty the bladder.

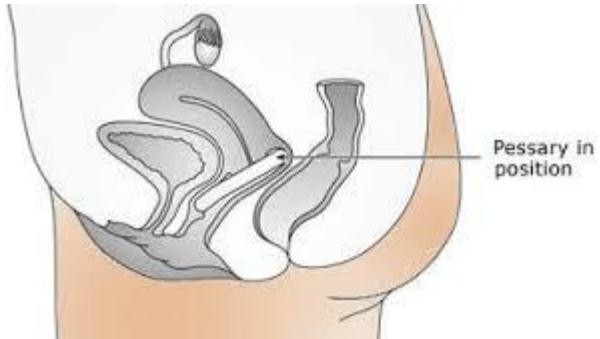
Bowel: Some women find that they have to support or “splint” their vagina with a finger or fingers in order to pass a bowel motion.

Sexual problems: A feeling of “something in the way” inside the vagina or discomfort during sexual activity can be caused by a prolapse. Some women feel inhibited or worried about prolapse and this interferes with their enjoyment of sex.

WHAT IS VAGINAL PESSARY?

This is a device that is inserted to lift up the prolapsed. There are different types of pessaries. The pessaries commonly used include ring, shelf and Gelhorn.

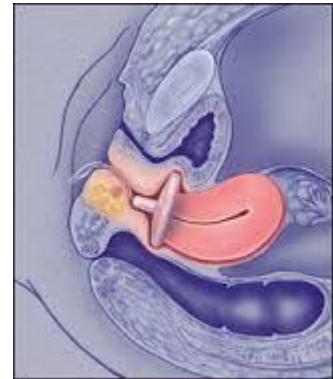
Ring pessary: This is the most commonly used pessary. It is a flexible ring made of silicone rubber or vinyl and comes in different sizes.



Shelf pessary: This is a flat and kidney shaped with a raised handle in the middle. This handle helps the doctor and the nurse insert your pessary. The pessary are hard and non-compressible, however, they are still comfortable to wear.



Gelhorn: This is a silicone pessary that is saucer shaped with a raised handle in the middle. It is softer and allows easy folding for insertion.



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HOW DOES A VAGINAL PESSARY WORK?

The pessary is inserted high into the vagina where it then supports the vagina and prevents the upper vagina, womb (uterus) and neck of the womb from coming down (prolapsing).

WHAT ARE THE BENEFITS OF A VAGINAL PESSARY?

A pessary should reduce a prolapsed and reduce or relieve any symptoms caused by a prolapse. Most women with these pessaries inside cannot actually feel them.

ARE THERE ANY PROBLEMS WITH USING A VAGINAL PESSARY?

Yes, there are some side effects and these may include:

- Discomfort in the vagina or pelvis during and after the pessary is inserted.
- Vaginal discharge.
- Vaginal bleeding/soreness (caused by the pessary rubbing against the neck of the womb/vaginal wall).
- Sometimes the pessary affects bladder function (either makes you dry when you have been incontinent or the reverse). This effect is due to repositioning of the bladder/bladder neck.

All these problems may be reduced by ensuring that the pessary is right size, in the correct position and changed on a regular basis. If you do experience any abnormal vaginal bleeding, you should inform your doctor as this may be an indication of another problem (unrelated to the pessary or prolapse), which may need investigating. Sometimes it may be necessary to remove the pessary for a few weeks to allow things to settle down.

HOW IS VAGINAL PESSARY INSERTED?

A vaginal pessary is fitted by a trained nurse or a doctor. The initial fitting will be carried out in the clinic. A vaginal examination will be carried out to assess that the correct size and pessary is chosen. After the pessary is fitted, we may ask you to remain in the hospital for up to an hour to ensure that the pessary is comfortable and stayed. Provided that there is no problem, we will usually arrange to see you every 4-6 months depending on your individual situation.

WHAT IF THE PESSARY FEELS UNCOMFORTABLE BECOMES LOOSE OR FALLS OUT?

If you are experiencing any discomfort or if your pessary becomes loose or falls out, you should contact your GP or Gynaecology out-patient department through the secretary of the consultant team that attended to you in the hospital.

CAN I BE ABLE TO HAVE SEXUAL INTERCOURSE?

If a pessary has been inserted you can continue to have intercourse. You and your partner may be aware of the pessary, but it should not cause a problem or harm to either

of you. Many women and their partners have entirely normal sex life with a ring pessary in place. However, if you have a shelf or Gelhorn pessary in place you will be unable to have sexual intercourse due to the shape of the pessary.

There is a new soft, cuboid pessary made of silicon that is removed before intercourse and re-inserted by you.



WHO SHOULD I CONTACT IF I HAVE FURTHER CONCERNS?

If you are would like any more information or worried about anything about vaginal pessaries please do not hesitate to contact us as follows;

Hospital Contact: Gynaecology, E-Ward: 01695-656901
Can also contact your GP.

References:

Royal College of Obstetricians and Gynaecologists, RCOG (2013). Information for you; Pelvic Organ Prolapse.

During your contact with us, it is important that you are happy with your care and treatment. Please speak to a member of staff and/or the ward/department Sister/Charge Nurse if you have questions or concerns.

MATRON

A Matron is also available during the hours of 9am to 5pm Monday to Friday. During these periods, ward/department staff can contact Matron to arrange to meet with you. Out of hours, a Senior Nurse can be contacted via the ward/department to deal with any concerns you may have.

INFECTION CONTROL REQUEST

Preventing infections is a crucial part of our patients' care. To ensure that our standards remain high our staff have regular infection prevention and control training and their practice is monitored in the workplace. We ask patients and visitors to assist us in preventing infections by cleaning their hands at regular intervals and informing staff of areas within the hospital that appear soiled.

As a patient there may be times that you are unsure whether a staff member has cleaned their hands; if in doubt please ask the staff member and they will be only too happy to put your mind at ease by cleaning their hands so that you can see them.

SPECIAL INSTRUCTIONS

ANY CONDITION SPECIFIC DANGER SIGNALS TO LOOK OUT FOR:

CONTACT INFORMATION IF YOU ARE WORRIED ABOUT YOUR CONDITION

- Your own GP
- soh-tr.urogynae@nhs.net
- Miss Aleem's secretary- 01695656757

OTHER USEFUL TELEPHONE NUMBERS/CONTACTS:

NHS 111

Stop Smoking Helpline (Sefton) – 0300 100 1000

Stop Smoking Helpline (West Lancashire) – 0800 328 6297

NOTES

**Please call 01704 704714 if you need
this leaflet in an alternative format**

Southport and Ormskirk Hospital NHS Trust

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Wigan Road, Ormskirk, L39 2AZ
Tel: (01695) 577111

Southport & Formby District General Hospital
Town Lane, Kew, Southport, PR8 6PN
Tel: (01704) 547471

FOR APPOINTMENTS

Telephone (01695) 656680
Email soh-tr.appointments@nhs.net

We would welcome your feedback about your experience
at Southport and Ormskirk Hospital NHS Trust.

Please access the Friends and Family Test at the following
link:

<https://www.southportandormskirk.nhs.uk/patients-and-visitors/fft/>

Thank you

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