Urogynaecological Society of Australasia

INFORMATION SHEET

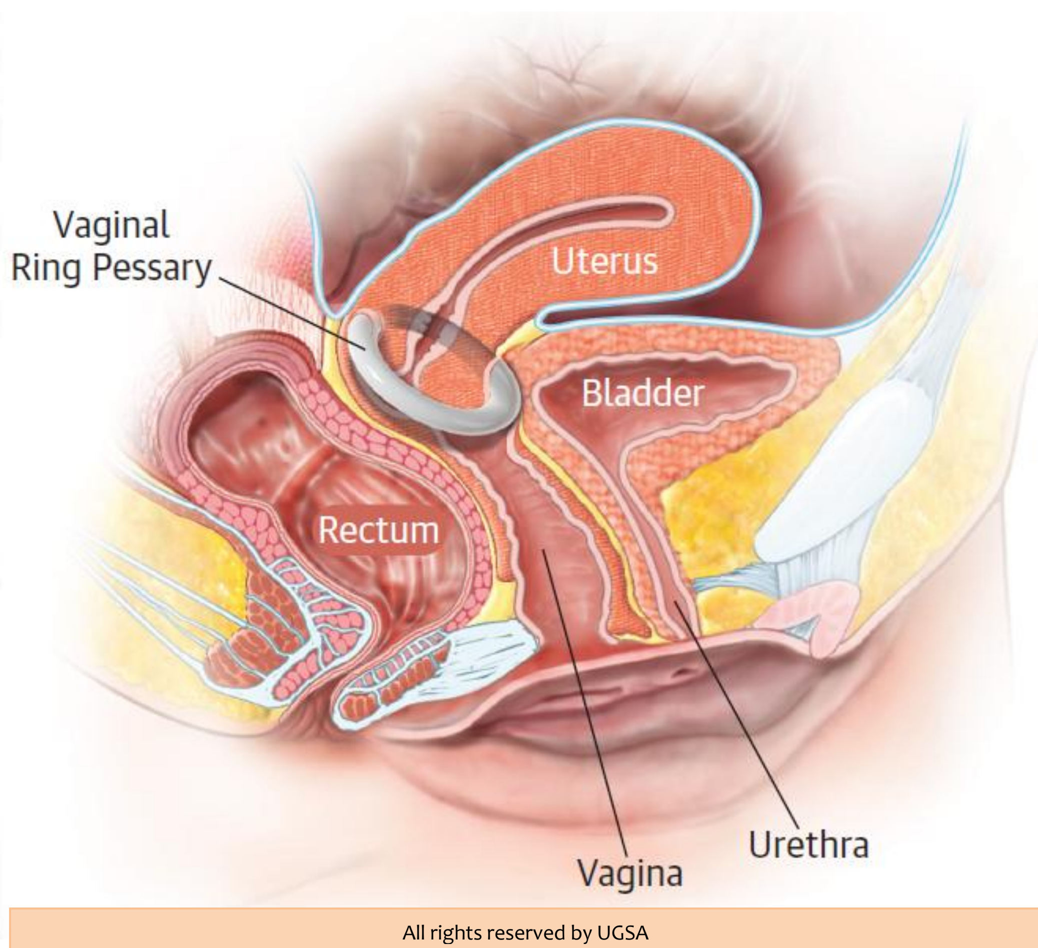
Vaginal Pessaries

Vaginal prolapse is common and approximately 10% of women require surgical treatment. However, non-surgical options are available to those who may not be suitable for surgery or those wishing to avoid an operation. They include lifestyle changes (for instance, treatment of constipation and chronic cough, weight loss, avoiding heavy lifting) pelvic floor muscle training (see Patient Information Sheet “Pelvic Floor Muscle Training”), and vaginal pessaries as discussed here.

What is a vaginal pessary?

A vaginal pessary is a removable device made of either vinyl or silicone that is inserted into the vagina to support the prolapsed walls of your vagina and/or uterus.

It is safe to use both in the short and long term. Various sorts of pessaries are available, depending on your prolapse, and your gynaecologist can fit one once they have examined you. You may need to try a few types and sizes before the best kind is found for you. The simplest and most commonly used is the ring pessary.



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How often should I come to clinic?

Once the right fit has been determined, the pessary is usually checked by your gynaecologist very 3–9 months. The cube pessary generally requires daily removal. Some women may prefer to learn how to remove, wash and reinsert the pessary themselves. These women may only need to be seen yearly, unless there are any problems. Some pessaries, such as the Gellhorn or shelf pessaries, can be more difficult to remove and these are usually changed by your gynaecologist

What problems may occur with a pessary?

Pessaries may not suit everybody and it is a case of trial and error to find the right type and fit. They are sometimes difficult to fit if you have had previous prolapse surgery and they may not be successful if you have a large prolapse of the back wall of the vagina (rectocoele) or if your pelvic floor muscles are weak.

Studies have shown that, if a good fit is found, within a few weeks women can be quite comfortable with the ring. However, an increase of complications has been found with medium- to long-term use such that, at 7 years after ring insertion, less than 10% of women continue to use a ring pessary.

Possible problems with the pessary include the following.

- The pessary being too small and falling out
- The pessary being too big. This may lead to bleeding and irritation or difficulty emptying your bladder or bowel
- Bleeding/ulceration of the vaginal tissue resulting in bloody/pink discharge due to rubbing on the vaginal tissues. We recommend leaving the pessary out for a short period of time to allow for healing. Salt baths and vaginal oestrogen will also help
- Discomfort or pain is uncommon and means the pessary should be changed for a smaller size
- White vaginal discharge may develop, but this is normal. Coloured and or smelly discharge may indicate an infection
- If the prolapse is corrected with a pessary some women develop urinary leakage.

If you experience any of these problems, contact your gynaecologist.

Menopause

In menopause the vaginal tissues become thin and dry. The use of vaginal oestrogens is recommended if you are post-menopausal, as this can help strengthen the vaginal wall skin, reducing the risk of sores developing. Vaginal oestrogens are usually safe to use, unless you have had breast cancer, in which case its use should be discussed with your surgeon or oncologist.

Constipation

It is important not to become constipated as straining may dislodge the pessary from the correct position. Straining with constipation may also worsen your prolapse.

Can I have sexual intercourse with the pessary in place?

Sexual intercourse is possible with most pessaries except the Gellhorn, Shelf and the Cube. You may rather learn how to remove and re-insert your pessary.

When should I be concerned?

You should contact your gynaecologist if you have any bleeding, pain, smelly vaginal discharge or if you have a change in your bladder or bowel function.

This statement has been developed by the Urogynaecological Society of Australasia (UGSA).
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