

Contemporary Use of the Pessary



Indications - Fitting Instructions

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Uses of Pessaries

- Genital Prolapse
 - Uterine
 - Vaginal
 - Rectal
- Urinary Stress Incontinence
- Cervical Incompetence
- Retrodisplacement (malpositioned uterus)

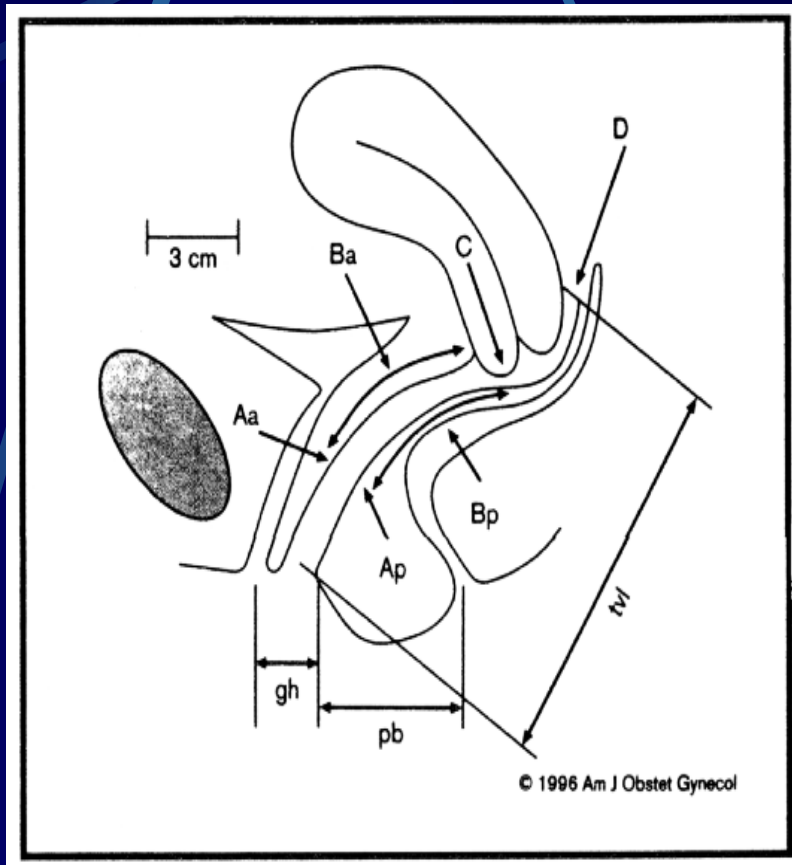
Diagnostic Use of Pessaries

- Dynamic testing – illustrates urethral and bladder function
- Predictor of Bladder Function After Pelvic Surgery???

Types of Prolapse

- Uterine Prolapse
- Vaginal
- Cystocele
- Rectocele
- Enterocele

Nine Measurement Points for Pelvic Organ Prolapse Quantification (POP0Q)



Aa, Ba	Point at anterior vaginal wall
C	The Most distal part of the cervix
D	The cul de sac
Bp, Ap	Two points at the vaginal wall
gH	The genital hiatus
pb	The perineal body
tvl	The total vaginal length

Ordinal Staging of Pelvic Organ Prolapse

Stage	Leading edge of Prolapse: Location of the Most Distal Point if the Anterior or Posterior Vaginal Wall (any points Aa, Ap, Ba, Bp)	Leading Edge of Prolapse: Location of Apex of Vagina or Cervix (Value of Point C or D)
0	No prolapse: All points are 3 cm above the hymen (value=-3)	No prolapse: Apex or cervix is a position above the hymen that equals to or is within +/- 2 cm of vaginal length (value <= (tvL-2))
I	All points are more than 1 cm above hymen (value<-1)	
II	Maximal prolapse point protrudes to or beyond 1 cm above hymen but not more than 1 cm below hymen (value >-1 to <+1)	
III	Maximal prolapse point protrudes beyond 1 cm above hymen but less than 2 cm less than the total vaginal length. (value >+1 but <+(tvL-2))	
IV	Maximal prolapse point protrudes the length of the vagina (2 cm beyond the hymen. Complete eversion of the vagina +/- cervix ([value >= + [tvL-2])	

tvL=total vaginal length

Vaginal Prolapse

- Anterior or Posterior Wall Prolapse
- Results in:
 - Cystocele
 - Rectocele
 - Enterocele

Cystocele

- Prolapse of Bladder and Anterior Vaginal Wall
- Incomplete Emptying of Bladder
- Can Cause UTI

Rectocele

- Prolapse of Rectum and Posterior Vaginal Wall
- Incomplete Rectal Emptying

Enterocecele

- Herniation of Small Bowel into Upper Posterior Vaginal Wall

Symptoms of Prolapse

- 1st and 2nd Degree
 - Lower back pain
 - Pelvic Pressure and Heaviness
 - Difficulty Controlling Urine and Stool
 - Urinary Urgency

Symptoms of Prolapse

- 3rd and 4th Degree Prolapse
 - Blockage of Bladder Neck
 - Urinary Retention
 - Worsening of Urinary Stress Incontinence
 - Palpable Prolapse
 - Incomplete Emptying of Bowels

Risk Factors - Prolapse

- Multiple Births
- Repetitive Bearing Down
- Heavy Lifting or Coughing
- Family History of Prolapse
- Hysterectomy
- Pelvic Surgery or Trauma
- Menopause – Endopelvic fascia failure

Advantages of Silicone Pessaries

- Silicone has Longer Use-Life
- Silicone can be autoclaved
- Silicone does not absorb secretions and odors
- Silicone is an inert material

Uses of Pessaries

- Uterine Prolapse
- Procidentia
- Cystocele, Rectocele, Urethrocele
- Urinary Stress Incontinence
- Incompetent Cervix
- Retroverted Uterus

Pessaries for Uterine Prolapse

1st and 2nd Degree Prolapse

- Ring with or without Support
- Shaatz

Ring without Support

- 1st and degree prolapse
- Posterior Fornix to the Pubic Notch
- Fitting
- Removal



Ring without Support Fitting and Removal

- Posterior Fornix to the Pubic Notch
- Fold and insert like diaphragm
- Make 1/4 turn
- Removal
 - 1/4 turn
 - feel for notch
 - and pull down

Ring with Support Fitting and Removal

- 1st and degree prolapse
- Posterior Fornix to the Pubic Notch
- Fitting
- Removal



Ring with Support Fitting and Removal

- Posterior Fornix to the Pubic Notch
- Fold and insert like diaphragm
- Make 1/4 turn
- Removal
 - 1/4 turn
 - feel for notch
 - and pull down

Shaatz

- Posterior Fornix to the Pubic Notch
- Fold and insert like diaphragm
- Removal - pull down with exam finger and remove



Regula

- Unique design helps prevent expulsion
- Legs spread with pressure on arch
- Indicated for 1st and 2nd degree prolapse



Regula Fitting and Removal

- Fold pessary by bringing heels together to insert and remove
- Arch is positioned so prolapse rests behind arch
- Flanging of heels prevent expulsion

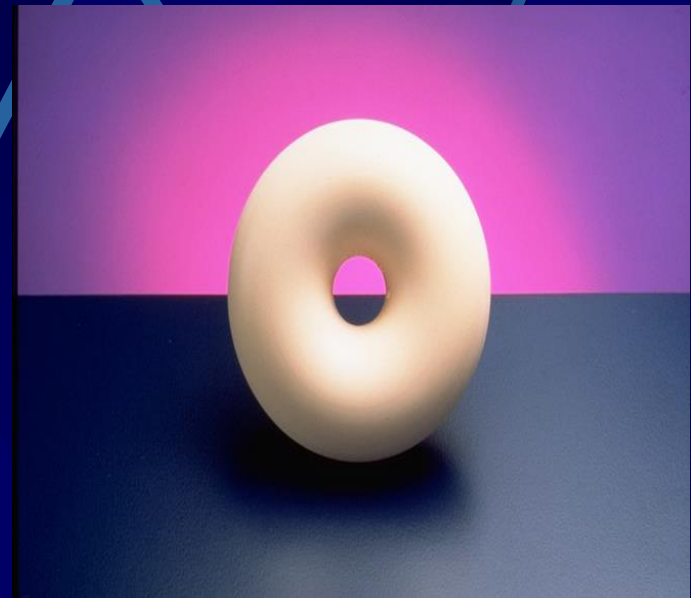
Pessaries for Uterine Prolapse

3rd and Complete Procidentia

- Donut
- Inflatoball
- Cube
- Gellhorn

Donut

- The Donut pessary is very effective for 3rd degree prolapse.
- The Donut fits by filling the Vaginal Vault and supporting the prolapse.



Inflatoball

- The Inflatoball pessary works well for 3rd degree prolapse.
- This pessary is latex.



Inflatoball Fitting and Removal

- Squeeze and Insert
- Pump maximum 4 times
- Secure Tubing inside vaginal vault

Cube

- This pessary is used for 3rd degree prolapse when all others are ineffective.
- Maintained by Suction
- Do Not Pull on String

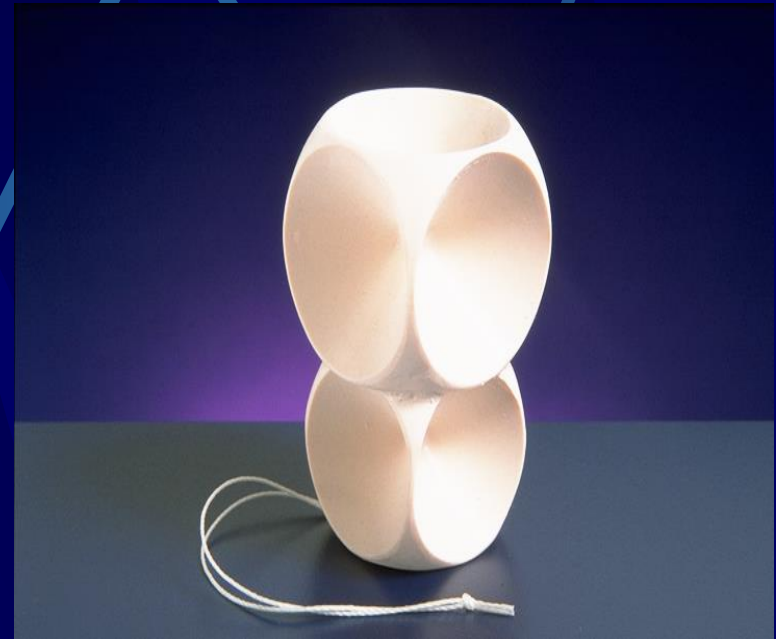


Cube Fitting and Removal

- Squeeze and Insert
- Break Suction
- Remove daily – pressure necrosis

Tandem Cube

- Last Resort



Tandem Cube Fitting and Removal

- Trimo San on leading edge
- Barber Pole Twist

Gellhorn

- Three Designs:
 - Flexible
 - 95% Rigid
 - Acrylic
- Lavator Ani Muscles



Gellhorn

Fitting and Removal

- Trim San on leading edge
- Barber Pole Twist

Pessaries

Urinary Stress Incontinence

Urinary Stress Incontinence
and/or 1st Degree Prolapse

- Incontinence Ring
- Ring with Support and Knob
- Ring with or without Support
- Incontinence Dish

Incontinence Ring

- Supports the Bladder base
- Increase Closure Pressure



Incontinence Ring Fitting and Removal

- Posterior Fornix to the Pubic Notch.
- This pessary is effective for a patient who may have incontinence during exercise.

Ring with Support and Knob

- Supports the Bladder base
- Increases Closure Pressure



Incontinence Dish

- Supports the Bladder base
- Increases Closure Pressure
- Stress Incontinence. Mild Prolapse. Mild Cystocele.



Incontinence Dish Fitting and Removal

- Posterior Fornix
to the Pubic
Notch.

Incontinence Dish with Support

- Urinary Incontinence with 2nd to 3rd degree Prolapse
- Increases Closure Pressure
- Supports Bladder Base

Other Incontinence Pessaries

- Gehrung with Knob
- Hodge with Support and Knob
- Hodge with Support

Gehrung with Knob

- The Gehrung supports a cystocele and rectocele.
- The Knob is adding support to the urethra.



Pessaries

Cystocele and Rectocele

- Gehrung
- Gehrung with Knob
- Hodge with Support
- Incontinence Ring
- Ring with Support and Knob
- Ring with or without Support
- Incontinence Dish

Pessaries

Lever Pessaries

Retrodisplacement
Incompetent

- Hodge with Support
- Hodge without Support
- Risser
- Smith

Other Lever Pessaries

- Hodge with Knob
- Hodge with Support and Knob

Lever Pessary Fitting and Removal

- Trim San on leading edge
- Must Remove before MRI

Patient Education and Counseling

- Discuss Condition
- Risk Factors
- Choice of Pessary
- Follow-Up Care
- Sexual Activity
- Need to Change Pessary

Pessary Fitting

- Determine Type of Prolapse and Severity
- Decide on Pessary
- Digital Exam to size
- Finger Against Pessary to Size
- Have patient bear down
- Stand, sit, walk, use Toilet

Pessary Follow-Up Care

- Return in 24, 72 hrs.
- One Month
- Every six weeks
- Cube, Inflatoball – Remove daily
- Trimo San
 - Daily
 - ½ applicator 2 times a week
- Remove Lever Pessary/RIP for MRI

Pessary Follow-Up Care Exam

- Remove
- Clean pessary
- Vaginal exam
- Re-insert

Trimo San

- pH to healthy vagina
- Deodorant
- Lubricator
- Unique applicator

