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PESSARY FOR PELVIC ORGAN PROLAPSE: QUALITY OF LIFE, COMPLIANCE AND FAILURE AT ONE YEAR FOLLOW UP

Hypothesis / aims of study
The aim of this study is to evaluate the impact on quality of life (QoL), symptoms improvement and patient attitude toward continuation on treatment modality after using pessary treatment for severe POP. The factors engaged with discontinuing usage of pessary are analyzed.

Study design, materials and methods
Patients with symptomatic pelvic organ prolapse referring for consultation on Gellhorn pessary treatment between March 2006 and August 2008 were enrolled. The urinary symptoms and QoL assessment were using Urinary Distress Inventory questionaire (UDI-6) and Incontinence Impact Questionnaire (IIQ 7) before treatment, two months and one year after treatment. We assessed the relationship between clinical features and patient willingness on pessary treatment.

Results
Among 72 patients referred, 46 decided on Gellhorn pessary treatment. Significantly more women in the older age and menopausal group opted for pessary compared to surgery **Table 1**. However, significantly more number of sexually active women preferred surgery rather than pessary. Objective and subjective data were available for all 46 patients. It has showed a significant improvement on micturition, urinary incontinence, voiding function and bowel evacuation. In multivariate analyses, women were more likely to continuous with pessary treatment if they did not have DM, urinary incontinence, and if they have a good family support **Table 2**.

Interpretation of results
Given proper information majority of women with POP would opt for pessary treatment and of those who choose pessary majority will continue to use it for more than one year. This finding should be made use of while counseling women about treatment options in POP. Use of pessary for pelvic organ prolapse is associated with good success rate in terms of patient compliance and results in significant improvement of prolapse, urinary and bowel symptoms. QoL is also significantly enhanced in women using pessary for POP. Also clinicians should be made aware of pessaries as an important tool in the armamentarium of a pelvic reconstructive surgeon. From our study it appears that older and menopausal women were more likely to opt for pessary use. Sexually active women were less likely to choose pessary. Women with DM, occult SUI, and those without family support are more likely to discontinue to pessary. Our findings can be made use in selecting appropriate patients for offering pessary as a treatment option in POP.

Concluding message
Vaginal pessary treatment for pelvic organ prolapse is associated with good patient compliance and showed a significant improvement on patient QoL, urinary and bowel symptoms. Women with younger age, sexually active, DM and urinary incontinence need to have intensive counseling prior to pessary treatment.

Table 1 Characteristics of the study population (surgery and pessary)

Variables	Pessary group (n=46) No. (%)	Surgery group (n=23) No. (%)	*P* value
Age (years)			<0.001
28-46	1 (2)	9 (39)	
47-65	3 (6)	10 (44)	
≧66	42 (92)	4 (17)	
Parity			0.22
0-2	10 (22)	8 (34)	
3-5	25 (54)	10 (44)	
≧6	11 (24)	5 (22)	
Body mass index			0.31
17-23	6 (14)	7 (29)	
23.1-29	24 (52)	11 (49)	
≧29.1	16 (34)	6 (22)	
Menopause			<0.001
Yes	45 (98)	12 (51)	
No	1 (2)	11 (49)	
Sexually active			<0.001
Yes	2 (4)	15 (66)	
No	44 (96)	8 (34)	
POP-Q stage			0.74
Stage II	8 (17)	3 (11)	
	12 (26)	6 (22)	

Stage III	26 (57)	14 (67)
Stage IV		

Calculated with the Fisher's exact test

Table 2 Analysis of clinical features of 46 patients with pelvic organ prolapse using pessary disrupt within two months and continuous more than two months

Variables	Disrupt within two months (n=9) No. (%)	Continuous more than two months (n=37) No. (%)	*P* value
Age (years)			0.59
28-46	0 (0)	1 (3)	
47-65	1 (11)	2 (5)	
≧66	8 (89)	34 (92)	
Parity			1.00
0-2	2 (22)	9 (24)	
3-5	5 (56)	20 (54)	
≧6	2 (22)	8 (22)	
Body mass index			0.86
17-23	1 (11)	4 (11)	
23.1-29	4 (44)	19 (51)	
≧29.1	4 (44)	14 (38)	
Menopause	9 (100)	36 (97)	1.00
Diabetes mellitus			<0.01
With	6 (67)	4 (11)	
Without	3 (33)	33 (89)	
Urinary incontinence (de novo)			<0.01
With	3 (33)	0 (0)	
Without	6 (67)	37 (100)	
POP-Q stage			1.00
Stage II	1 (11)	7 (19)	
Stage III	2 (22)	10 (27)	
Stage IV	6 (67)	20 (54)	
Cardiovascular disease			0.68
With	3 (33)	9 (24)	
Without	6 (67)	28 (76)	
Osteoporosis			<0.01
With	4 (44)	2 (5)	
Without	5 (56)	35 (95)	
Family support			<0.01
With	2 (22)	31 (84)	
Without	7 (78)	6 (16)	

Calculated with the Fisher's exact test

Specify source of funding or grant	**No funding.**
Is this a clinical trial?	**No**
What were the subjects in the study?	**HUMAN**
Was this study approved by an ethics committee?	**No**
This study did not require ethics committee approval because	**Pessary is a standard option in treating POP. It has been in use for years.**
Was the Declaration of Helsinki followed?	**Yes**
Was informed consent obtained from the patients?	**Yes**