

A SIMPLIFIED APPROACH TO PESSARY MANAGEMENT

Hypothesis / aims of study

Ring pessaries are the most commonly employed device for the conservative management of prolapse. There are no clear guidelines on the timing between pessary changes with intervals of 1–6 months quoted in the literature. It is advocated that devices should be changed frequently in order to reduce morbidity but such changes are inconvenient for the patient and costly to the healthcare system. In our unit women undergoing pessary insertion are reviewed at one month and provided there are no problems the pessary is changed thereafter on an annual basis. This study evaluates pessary success and morbidity in these women.

Study design, materials and methods

We evaluated all women presenting to our unit with symptomatic prolapse opting for treatment using a ring pessary. A questionnaire, vaginal examination and site-specific assessment of genital prolapse were completed. Pessary insertion and follow-up were performed according to a standard protocol at one month and provided there were no problems annually thereafter. Pessary associated morbidity was assessed at each visit. Symptoms assessed included pain, prolapse symptoms, discharge, dyspareunia, voiding difficulty, incontinence & defecatory dysfunction. A vaginal exam was performed to exclude vaginal pathology. The impact of prolapse severity on success at one month and thereafter was assessed by calculating a composite pelvic prolapse score determined by adding the prolapse grades (0-4) for the anterior, posterior and middle compartments.

Results

58 women were identified, mean age 68 years and parity 3. Mean ring pessary diameter was - 70(R 50-100mm). At one-month the pessary remained in situ in 44(76%). Neither age, parity, menopausal status, HRT use, concomitant incontinence or the severity of prolapse influenced the success of pessary fitting at 4 weeks. The most common reason for discontinuation in the first 4 weeks and between 12-24 weeks was because the pessary 'fell out' and the patient opted for surgery. Life table analysis demonstrated that 67% of those who used a pessary for more than one-month were still users at 12-months and 38% at more than 24-months. Only 2 complications were noted in the continuing pessary users - one of vaginal discomfort necessitated removal at 4 months and the remaining case atrophic bleeding which settled with topical oestrogen and did not need pessary removal. No cases of vaginal erosion or incarceration were noted in this study.

Concluding Message

Ring pessaries are a safe long-term option for the management of prolapse. Contrary to manufacturer guidelines where frequent changes are recommended to obviate pessary associated morbidity. Our study suggests that morbidity is uncommon and such guidelines necessitating frequent pelvic exams may be relaxed. We would recommend that where more lengthy intervals between changes occur that a register is maintained to ensure follow-up takes place.