Grau-Galtes J¹, Rovira R², Nicolás I², Colomer A² 1. Institut Català de la Salut & Vic Hospital Consortium, 2. Vic Hospital Consortium

PESSARY USE IN UROGENITAL PROLAPSE AS AN EFFECTIVE CONSERVATIVE TREATMENT IN ELDERLY PATIENTS

Aims of study

To study the willingness to use a conservative treatment as pessary in elderly women with urogenital prolapse.

Study design, materials and methods

Retrospective study. Women in those that were indicated a pessary as a conservative treatment of its urogenital prolapse. Information was obtained about the indication, and about the pessary and from a follow-up. The pessary maintenance has been studied.

Results

Between 2006 and 2012 in specialised out clinics health care 223 pessaries were placed. The average of women age was 75 years. On 12.5% they had the indication for vaginal prolapse, 28.0% for cystocel, 6.5% for 2nd grade uterine prolapse, and 53.0% for 3rd and 4th grade uterine prolapse. In the first month, there were 27.0% of expulsions or no tolerance; only 13% of the women with a good support in the first month maintained its option to avoid surgery. 109 (of 184, 59%) women who had suited the visit of follow-up of the first year they maintain its pessary, 54 (of 117, 46%) of those that suited the visit of follow-up also maintain it. Half of the women with a good tolerance at first month, they maintain the use of pessary at 3rd and at 5th years of follow-up.

Interpretation of results

The age is an important factor to consider when a pessary would be indicated: under 70 years old it isn't a definitive treatment but over 70 it is. In our experience, the main results are achieved between women with an uterine prolapsed.

Concluding message

The pessary is an alternative of conservative treatment with very good outcomes.

- References
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- 2. Abdool Z, Thakar R, Sultan A, Oliver R. Prospective evaluation of outcome of vaginal pessaries versus surgery in women with symptomatic pelvic organ prolapse. Int urogynecol J. 2011;22:273-278.

Disclosures

Funding: Granted by an Osona county local scientific agency **Clinical Trial:** No **Subjects:** HUMAN **Ethics not Req'd:** Is a retrospective study based on clinical data adquired during health care process to make clinical decisions and not processed individually **Helsinki:** Yes **Informed Consent:** No