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SATISFACTION WITH PESSARY USAGE IN A NURSE-LED PESSARY CLINIC:

RESULTS OF A CHART REVIEW

Hypothesis / aims of study

Pelvic organ prolapse (POP) and urinary incontinence (UI) are common health problems among women and not new to this present generation. These health issues become more problematic after childbirth and as women age. Pessaries are vaginal devices that have been an effective option for POP for centuries, and more recently, for UI. A nurse-led pessary clinic has been in operation in Calgary, Alberta since October 2000. Many women have been fitted with pessaries by the Registered Nurses. Up to this point there exists only anecdotal evidence that the women have benefited from this service.

The gap in knowledge that was explored in the present study is the lack of clear evidence indicating the success of pessaries as a first-line option for women with POP and UI. The primary outcome variable is successful fitting of the pessary.

The present study was guided by the following research questions:

- 1) What is the success rate of pessaries fitted for POP and UI at the first follow-up visit? For the purpose of this study, "success" is defined as, at the first follow-up visit, usually scheduled at two weeks:
 - The pessary remains in place following fitting
 - The patient subjectively reports being comfortable with the device
 - The pessary facilitates prevention of descent of the prolapsed pelvic organ or decreases urinary leakage as indicated by the patient
- 2) What is the rate of successful fittings of pessaries used to support POP?
- 3) What is the rate of successful fittings of pessaries used to reduce UI?
- 4) How satisfied are women who use pessaries, as determined subjectively by ongoing usage of the pessary?
- 5) What are the most frequently used styles of pessaries?
- 6) What are the most common reasons for discontinuing use?

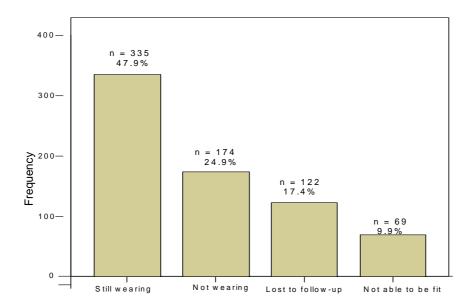
Study design, materials and methods

The research method used was a descriptive retrospective chart audit of all patients who attended the pessary clinic for the purpose of being fitted with a pessary between October 2000 and October 2003. The charts were audited with a chart audit tool, developed by the investigator, to obtain data concerning patient demographics, the success rate of pessary usage, the types used and stated reasons for discontinuance of the pessaries. A sample size of n = 700 was obtained.

Results

The mean age of women fitted with pessaries was 62.9 years. More than 90% of the women were over 39 years of age. Most were menopausal, from Calgary, and referred by urogynecologists. Stress incontinence was the most frequent type of UI, and anterior wall prolapse was the predominant type of POP. Only 18.3% of the woman had no previous pelvic surgery, with 42.4% having undergone hysterectomies. Nearly a third of the women had hypertension. Half of the patients used some type of HRT. More than 90% of the women had given birth, with most having two children. Only 6.6% had undergone Cesarean sections. Half of the women were still sexually active.

Over 90% of the women fitted with pessaries continued to use them after the first month. Over 80% continued beyond the second month. By the end of the study, over half of the women with prolapse continued to use their pessaries. Of those with UI, 44.2% of women with stress incontinence were still using their pessaries and 66.7% with urge incontinence still used them. Overall, 47.9% of all women fitted during the 37 month time-frame of the study continued with use by the study close. One quarter of them discontinued use, while 17.4% were lost to follow-up. One out of ten women were not able to be fitted (9.9%, n = 69).



The covered ring and shaatz style of pessaries were the most commonly used. Two different styles of incontinence dishes were used most commonly for stress incontinence. The 66-99 year-old age group of women were the largest group wearing pessaries for POP, while the 39-65 year-olds used more pessaries for UI. Complications occurred in approximately half of pessary wearers. The most common reasons for discontinuing usage was elective surgery, followed by those who did not find the pessary effective. The 40 to 65 year old group had the highest rate of discontinuation.

Interpretation of results

This study serves to demonstrate that pessaries can be an effective and safe option for women of all ages suffering from POP and UI. The results show that nearly half of the women fitted for pessaries within the 37-month duration of the study continued to use them. The option of pessaries should be readily available to women as an option to surgical intervention.

Nurse-led clinics are viable and successful options for the conservative management of POP and UI. Nurses with an advanced knowledge of and comfort with the use of vaginal pessaries can make a significant difference in the treatment of these conditions.

Concluding message

Ongoing research will only serve to enhance the awareness of the health community to the benefit and role of pessaries for their patients. More studies need to be done, especially focusing on long-term usage and benefits of pessaries