



Birmingham Women's **NHS**
NHS Foundation Trust

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Prolapse and Vaginal Pessary

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Patient Information Leaflet

What is Prolapse?

Sometimes a woman's pelvic floor muscles and ligaments become weak or damaged and can no longer support the pelvic organs; this is called a pelvic organ prolapse. The uterus (womb) is the organ that actually falls into the vagina. When the bladder and bowel slip out of place they push against the walls of the vagina. Prolapse of the womb and vagina is common as women get older. Giving birth, the aging process and menopause can weaken the pelvic floor and result in a vaginal prolapse.

A vaginal prolapse is described according to the parts of the vagina and uterus that are involved.

- If the front wall of the vagina (below the bladder) is prolapsing it is called a cystocele.
- If the back wall of the vagina (in front of the bowel) is prolapsing it is called a rectocele.
- If the cervix is prolapsing all the way out beyond the entrance of the vagina it is called a procidentia.

Sometimes a woman will only have part of the vagina involved in her prolapse or it may be a combination of the vagina and uterus.

What kind of problems can a prolapse cause?

Some women do not have problems at all and only discover the prolapse on internal examination. Most women, who do

have symptoms, describe it as "something coming down" or a bulge.

experience any pain or an offensive discharge, you should contact your GP or the nurse in clinic. You may be advised to use vaginal oestrogen treatment once/twice per week to alleviate vaginal dryness and help the process of changing the pessary.

If you have further queries, you can contact the nurse on 0121 623 6829 or 0121 627 2756

appropriate treatment given if necessary. A further appointment will be made for 8 weeks.

- **Bleeding** – If you report any bleeding the ring will not be replaced and an appointment will be made for you to have a pelvic ultrasound. You will be reviewed by your Consultant in 2 weeks to discuss the results. Your ring will be replaced on the advice of your Consultant depending on the results.
- **The ring falls out** – rings are fitted by gauging the size required. If the ring is too small it may fall out on passing urine or opening your bowels. This is nothing to worry about; it just means fitting a different size. If the ring is too big it may be uncomfortable. If the ring continues to fall out or be uncomfortable, an appointment will be made for you to see the Consultant.

What happens after fitting a pessary?

Once the pessary is inserted and placed appropriately in the vagina, it needs to be changed every 6 months. It may be required to change the pessary in less than 6 months (usually 4 months) if there is recurrent ulceration of the vaginal wall. It is important to attend your next appointment to prevent complications occurring. You will be asked to move around, sit down and pass urine before you leave the department to ensure that the pessary is comfortable.

It is possible to have sexual intercourse with the ring pessary in place, although your partner may feel the pessary. If you have a shelf pessary it is not possible to have sexual intercourse, this is because of the shape of the pessary. If you

A cystocele may be associated with frequency of passing urine, a feeling of not completely emptying the bladder or there may be leaking urine. A rectocele may be associated with difficulty opening the bowels. A prolapse may cause difficulties with sexual intercourse.

Treatment of Prolapse

A physiotherapist may help with special exercises, techniques and equipment aimed at stimulating and strengthening the pelvic floor muscles but there is uncertainty whether it can treat prolapse. However, often surgery or a pessary will become necessary. A ring pessary will help keep the uterus and bladder in place.

What is a Pessary?

A Vaginal Pessary is a device which is inserted into the vagina to hold a prolapsed vaginal wall in place. Pessaries are made of Latex, Silicone or Vinyl. There are a variety of types but the two different types of pessary that we use most commonly are ring and shelf pessaries. Vaginal pessaries are used by women who prefer non-surgical treatment, where there is a delay or wait until surgery can be offered, when childbearing is not completed or where surgery may not be a safe option due to health problems.

- Ring pessary- is round in shape and comes in different sizes. The size you need will be assessed by your consultant. They are used for patients who have a prolapse where the womb is coming down the vagina or even out of the vagina.
- Shelf pessary- a hard plastic device used for patients who need to have extra support for their womb/vagina or those in whom the ring pessary does not stay in.

Ring Pessary

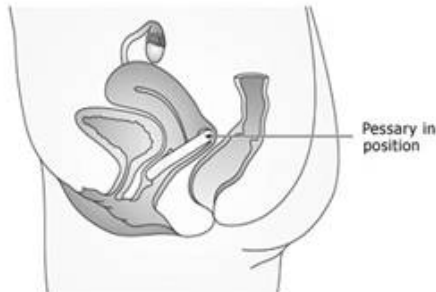


Shelf Pessary



Fitting of the Pessary

Following discussion with the doctor about the best treatment for your vaginal prolapse, a pessary may be advised, which will be fitted at this consultation. Ring pessaries may not be suitable for everyone, as every prolapse is different and vaginas are all a different shape and size. Pessaries are fitted by estimating the size required and either increasing or decreasing the size if it is uncomfortable or falls out. If the ring continues to be uncomfortable or keeps falling out then, a shelf pessary may be needed, or another option of treatment discussed.



What will happen during follow up appointments?

The nurse specialist will ask you some questions about your satisfaction with the ring pessary since the previous appointment. She will ask you if you have had any problems with bleeding, discharge, urinary problems, bowel problems or discomfort. She will also ask if you have had any new symptoms from the prolapse. With your consent the ring pessary inserted at the previous appointment will be gently removed by the nurse inserting a well lubricated finger into your vagina and asking you to cough as the ring pessary is removed. A speculum will then be inserted into the vagina so that the nurse can examine the vaginal walls for any abnormalities, such as infection or ulcerated areas. If there are no problems a new ring pessary will be inserted using a lubricant or oestrogen cream.

Does the procedure hurt?

You may feel some discomfort on removal/insertion of the ring but it should not be painful.

What are the risks?

- **Ulceration** – a new ring will not be inserted unless you request it because you are unable to cope without a pessary. Local oestrogen cream will be prescribed. A further appointment will be made for review in 8 weeks.
- **Infection** – If there is vaginal discharge a vaginal swab will be taken. The results will be reviewed. If treatment is required both you and your GP will be contacted so that treatment can be started. A ring will not be replaced, unless requested by you, until the results are available and