Care of your vaginal pessary

Patient information

What is a pessary and when are they recommended?

Vaginal prolapse is a common condition and can cause symptoms such as a sensation of a vaginal lump, constipation, difficulty emptying the bowel or bladder, or problems with sexual intercourse.

A pessary is a device that fits into your vagina to help support a pelvic organ prolapse of the uterus, bladder and or rectum. Pelvic organ prolapse can occur when the muscles and ligaments fail to support the organs of the pelvis which include the uterus and vagina. Vaginal pessaries are a non-surgical option and are fitted in the gynaecology clinic.

Pessary clinic routines

An abdominal and vaginal examination is required by your consultant or specialist nurse to ensure the right pessary is recommended for you. There are a number of types and sizes of pessaries. It may take several tries to get the pessary appropriately fitted. Once the pessary is inserted you will be asked to cough and bear down to test if the pessary is fitted securely. Some women will also be asked to go to the toilet to pass urine to ensure they have no voiding problems. If the pessary falls out in the toilet do not panic, inform your consultant or specialist nurse.

After your first pessary has been fitted you will be required to return to the clinic for a review within four to six months. If the pessary is successful for you, it will feel comfortable and you can do all normal day-to-day tasks. You can have sex with some pessaries in place. Ask your doctor. If you do not find the pessary to be suitable, please arrange an earlier appointment to discuss options.

How do I care for my pessary?

This will depend if your pessary remains in place for four to six months, or whether you are taught self care.

If you are self managing your prolapse you must wash your pessary with liquid soap and water every week, or more often if you wish. Rinse in clean running water and check before reinsertion. Ensuring you have regular
bowel actions and avoiding constipation will assist you to easily reinsert your pessary. Avoid using any powder around your genital area: this may increase the risk of infection. Continuing your pelvic floor exercise program can help with the management of your prolapse.

**What to do if the pessary falls out or the pessary shifts position**

The pessary can shift position if you are constipated and strain on the toilet. If the pessary comes out in the toilet you can retrieve it, clean it and reinsert it. You can minimise this happening by holding one hand at the opening of your vaginal to support the area when you are having a bowel action. You may also notice a change in pessary position if you squat or lift heavy objects.

Gaining or losing more than five kilograms in weight can cause problems with the fit of your pessary and you may need to contact the clinic for a review. Contact your clinic if you are unsure.

**Are there side effects to having a pessary?**

Some women experience an increase in vaginal discharge. This is usually normal. But if you experience an unpleasant odour you will need to consult with your doctor. You may have developed an infection or irritation and your pessary may need to be removed to enable your to receive treatment.

Please contact your doctor if there is vaginal bleeding. The pessary may need to be removed for a short period of time. There is no risk of the pessary becoming lost in the vagina.

Women who are menopausal may experience some vaginal discomfort due to vaginal dryness. Vaginal oestrogen or Aci-Jel® may be prescribed to reduce irritation or water-based lubricants such as KY® jelly.

**How often do I need to have my pessary changed?**

You will receive an appointment with the urogynaecology nurse at the pessary clinic for review is recommended at four to six month intervals.

If your pessary has not deteriorated and is fitted well, it is cleaned and the same pessary is reinserted. A new pessary is fitted every 12 months.