

Patient Information About Using a Pessary

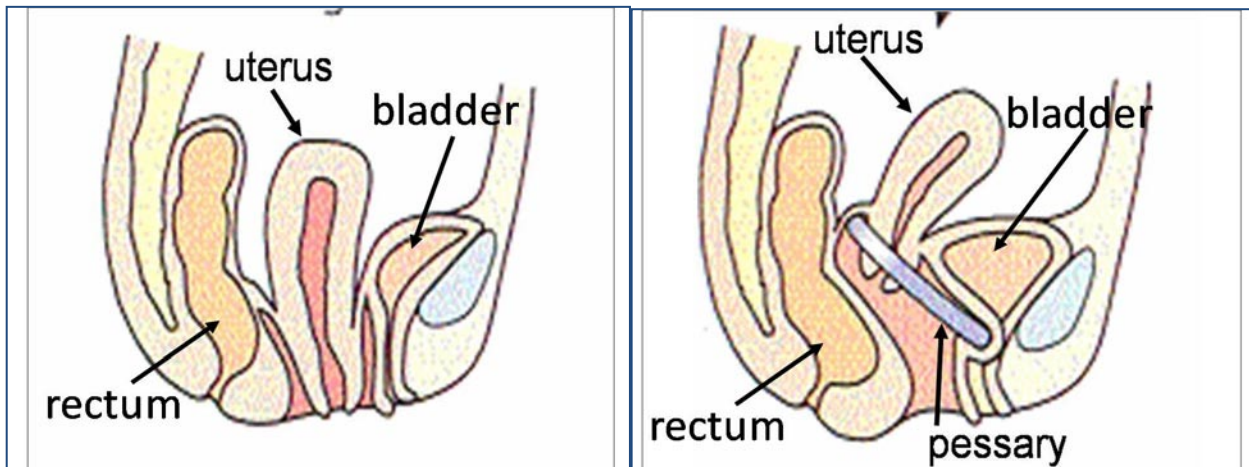
Introduction

You have been diagnosed with vaginal prolapse, which means that the support of your pelvic organs has weakened resulting in the tissues dropping into the vaginal area, or even outside. This is a very common condition & many factors contribute to this problem including pregnancy, vaginal delivery, aging, menopause, and genetics. Prolapse may involve the bladder, rectum, small intestines, uterus, or, after hysterectomy, the top of the vagina (the vaginal "cuff" or "vault"). Without treatment, prolapse will generally get worse.

Women have used pessaries for centuries in order to improve their prolapse symptoms. Pessaries are simple devices which hold the vaginal tissue inside. Pessaries come in many shapes & sizes, depending on the type of prolapse & your anatomy. Modern pessaries are a safe & effective way to manage prolapse in women who wish to delay or avoid surgery.

How do Pessaries Work?

Pessaries hold the tissue inside by mechanically supporting the vaginal tissues as seen in these diagrams.



Prolapse without the pessary

Prolapse held in by the pessary

You can usually feel the pessary at the opening of your vagina, especially when you strain or use the bathroom. This is normal.

Goals of Treatment

The goal of using a pessary is to improve your prolapse in an attempt to avoid surgery, or as a temporary measure until surgery can be performed. The pessary will not fix your prolapse, but it may prevent it from getting worse.



2100 Ridgefield Boulevard
Asheville, NC 28806
Tel: 828.670.5665
www.wcwsc.com

James Theofrastous, MD
Michelle LeBlanc, MD
Evelyn Lyles, MD
Nancy Howden, MD

Risks of Using a Pessary

Many women use pessaries for years without problems. The risks of using a pessary are very low. In older women the vaginal tissues can sometimes be very thin & the pessary can rub the tissue & cause some spotting. If this occurs, you should call us & let us know, & we will have you come in for a pessary check. It is sometimes necessary to remove the pessary & use local estrogen cream or tablets in the vagina for a while to help it heal. If this is a persistent problem, the pessary may not be an option for you. Pessaries do not usually cause vaginal discharge or infection.

Using the Pessary

Once the pessary is in place, you usually will not feel it. Depending on your prolapse, you may still feel a bulge at the opening of your vagina, but it should be much better. You can do your regular daily activities including exercise & house work. It is not necessary for you to remove the pessary or clean it. Many women visit us regularly for pessary checks, and we will remove the pessary, inspect the vagina, clean the pessary, and reinsert it for you. You can remove it for sexual intercourse, but that is not absolutely necessary. If you do remove your pessary, simply wash it with soap & water & replace it when you are ready. Do not microwave or boil the pessary. It is important to avoid constipation, & you can use an over the counter stool softener (such as pericolace or docusate) or fiber product (such as Metamucil or Citrocil) if increasing fiber & water intake in your diet does not work.

It is usually easier to empty your bladder with the pessary in place. Some women may note an increase in urine leakage with activity with the pessary in place. This is usually due to the pessary "unkinking" the opening of the bladder, & this may require additional treatment. We will usually change the pessary to a new one every few years.

Follow-Up

Once you have been fitted with a pessary, we will see you back in about 4 months to see how you are doing. After that we will see you every 6 months. You should feel free to call 670-5665, extension 313 or 315 with any problems or questions about your pessary.