

PESSARY

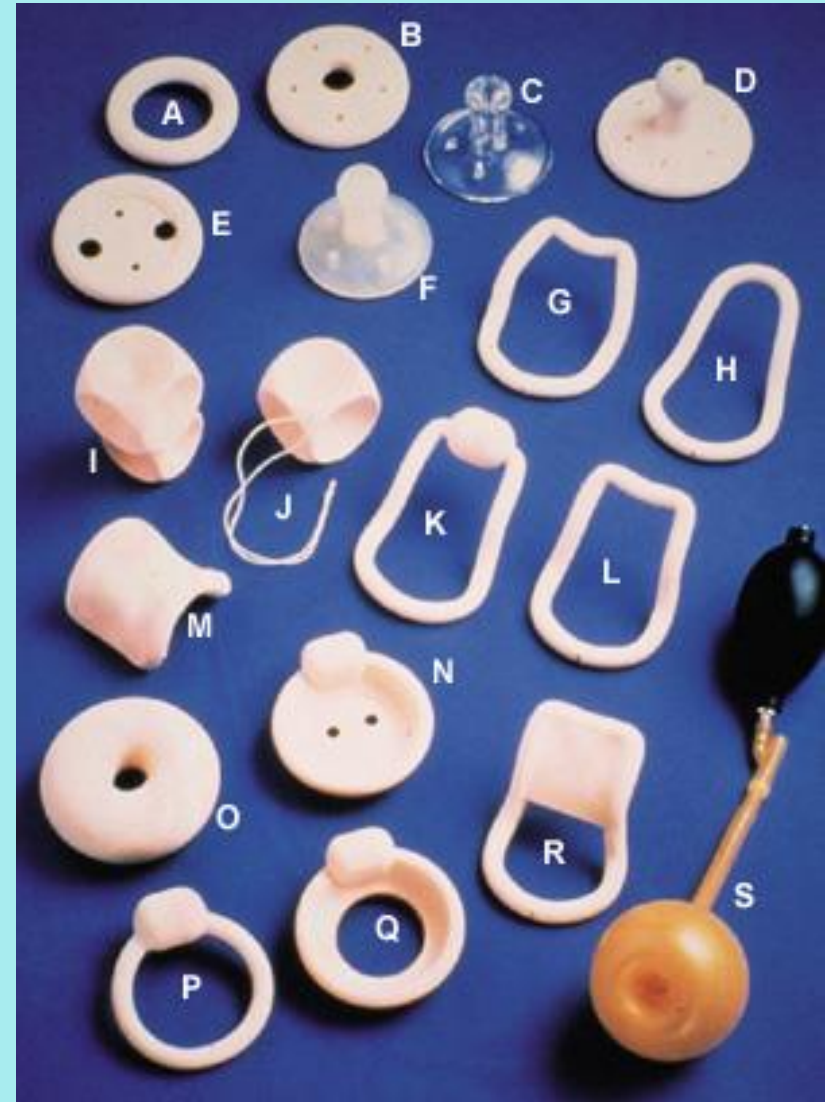
Leanne Komorowski

PESSARY

Types

Fitting

Follow up Care



RIGHT PESSARY FOR THE RIGHT WOMAN- H&P

*****History*** BOTHERSOME SYMPTOMS-**

what, when, how, frequency

Associated symptoms

- Bowel
- Bladder
- Splinting
- Sexual dysfunction

Previous surgeries, injuries, OBGYN history

Hormonal status

Care goals

PELVIC EXAM

External exam

- Atrophy
- Muscle sensation (S1, S2, S3)
- Perineal support

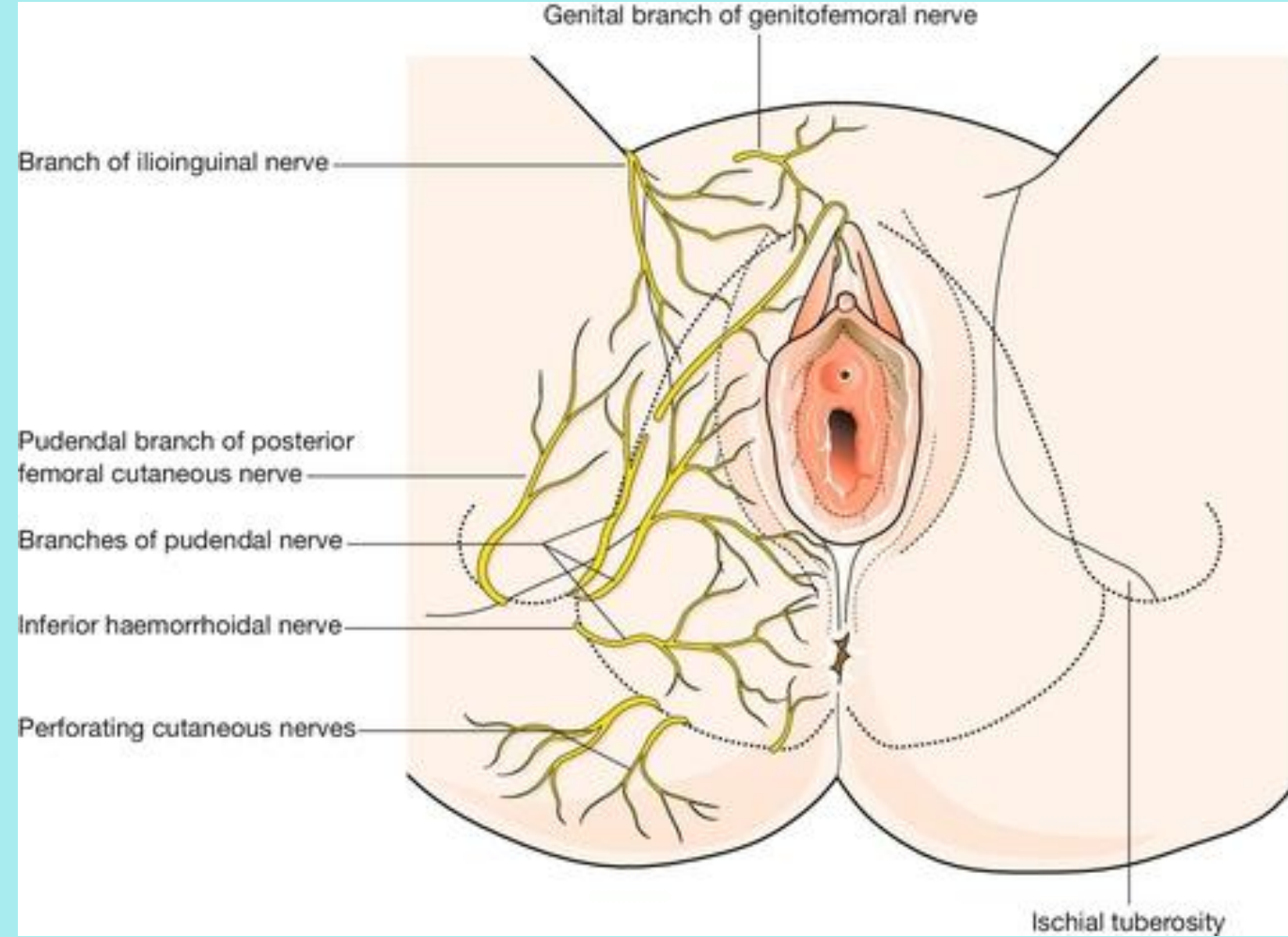
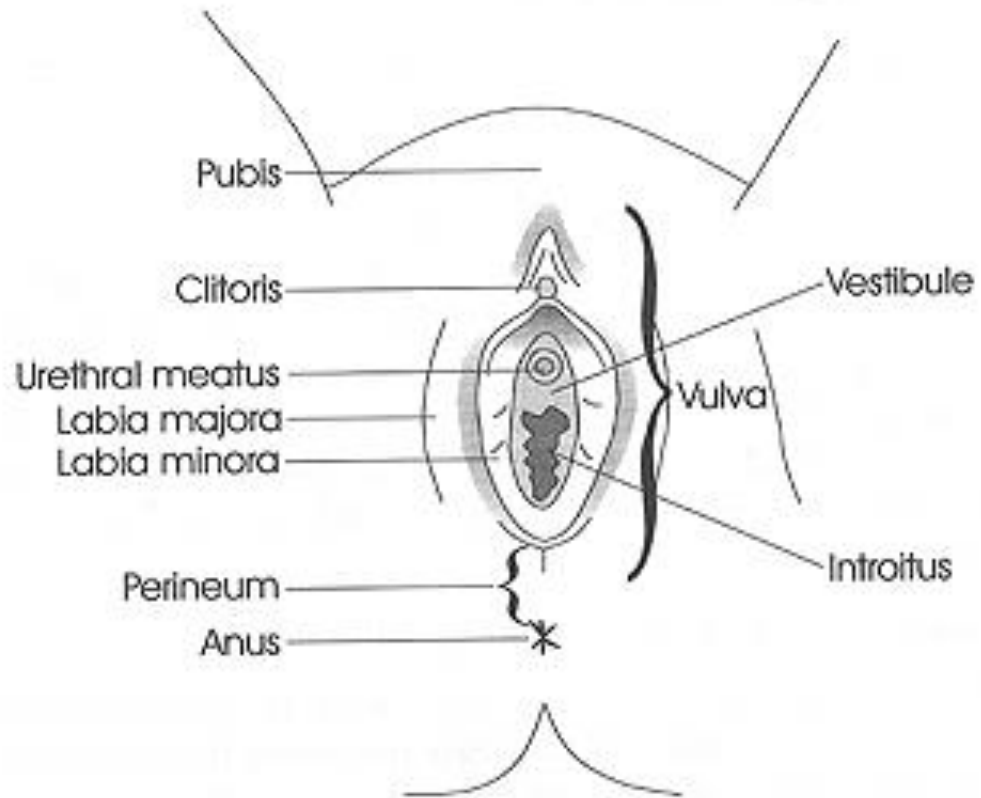
Prolapse exam: Evaluate all compartments

- Extenal hiatus and perineal body, vaginal length
- Anterior, posterior, apical prolapse
- Pelvic muscle tone

Stress test exam:

- Full bladder (with and without prolapse reduced)
- In lithotomy, reclined, standing
- Evaluate urethral mobility

EXTERNAL EXAM

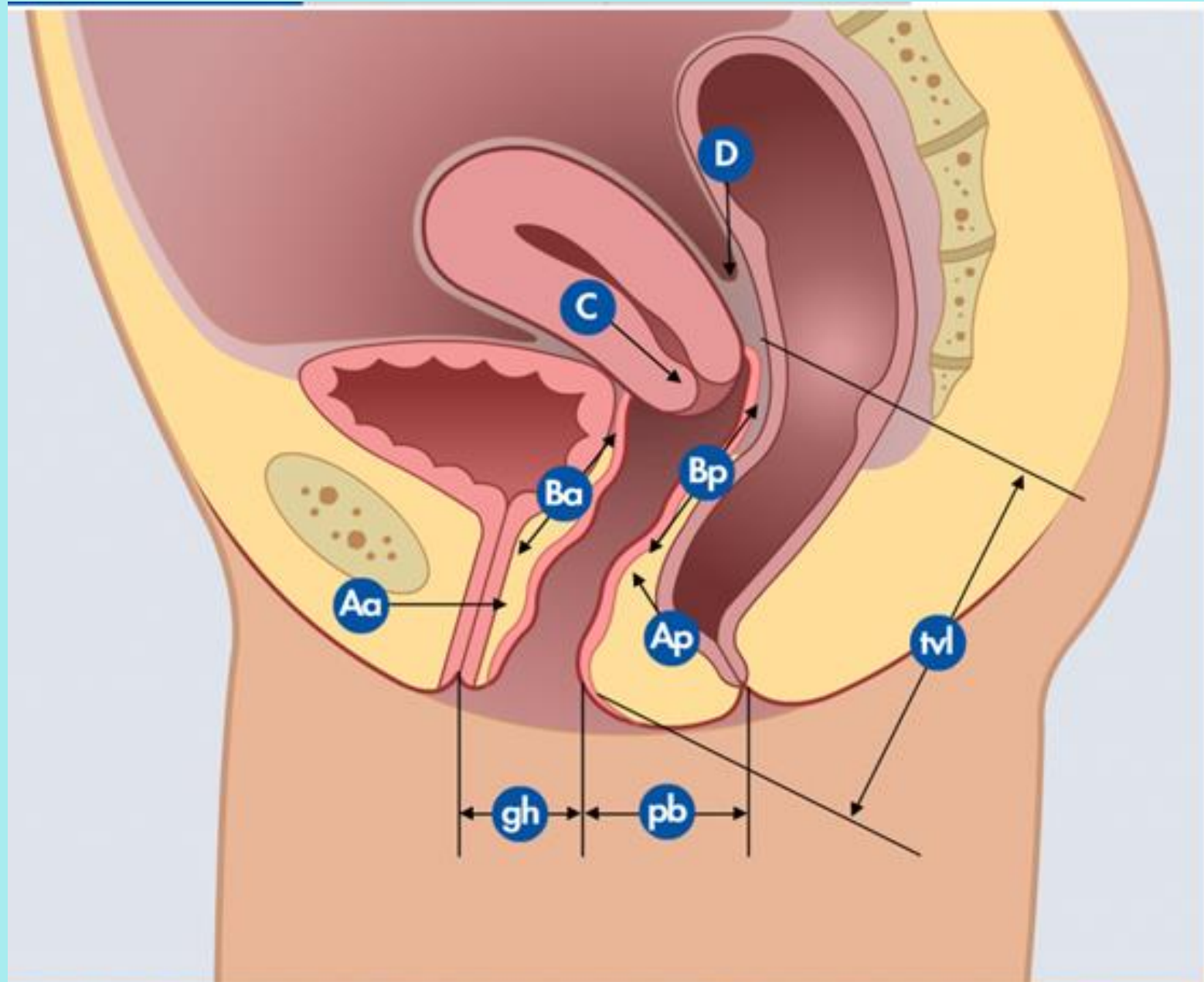


PELVIC EXAM- POPQ

POPQ is reproducible among providers and is a standardized way to communicate the degree/type of prolapse

1. Measure the genital hiatus and perineal body
2. Insert the speculum and measure vaginal length.
3. Slowly withdraw speculum to assess apical prolapse
4. Separate speculum and insert posterior half to assess anterior prolapse
5. Rotate speculum half and assess posterior prolapse

POPQ



TYPES OF PESSARIES

RING with support

- good first pessary, easier to remove/ replace by the patient
- leave in for intercourse



RING with incontinence knob

- see above, can come with or without support and provides additional urethral support



TYPES OF PESSARIES

Donut

- Fills more space and may work better post hysterectomy
- More challenging to remove/ replace

Gellhorn

- Advanced prolapse with previous failed pessary attempts
- Cannot be sexually active
- Removal is difficult
- Increased ulcer risk



TYPES OF PESSARIES



Cube

- Advanced prolapse with previous failed pessary attempts
- Suctions to sides of vagina
- Removal is difficult- DO NOT PULL on the rubber tail
- Increased ulcer risk

Inflatable – latex balloon

- allergy risk, should be removed nightly
- may allow easier placement/ removal by the patient.



FITTING A PESSARY

ALWAYS START WITH THE SMALLEST PESSARY AND WORK UP IN SIZE

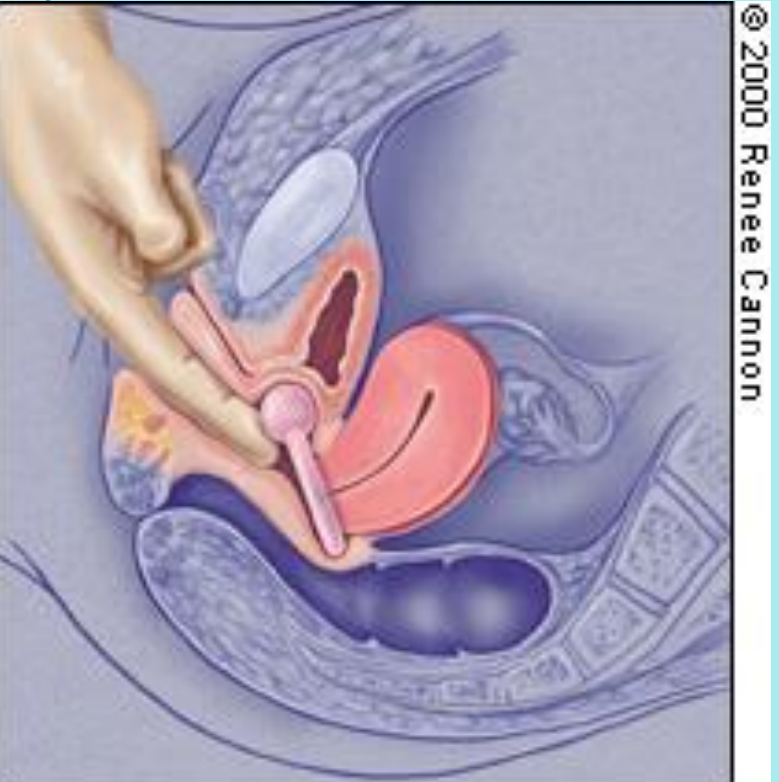
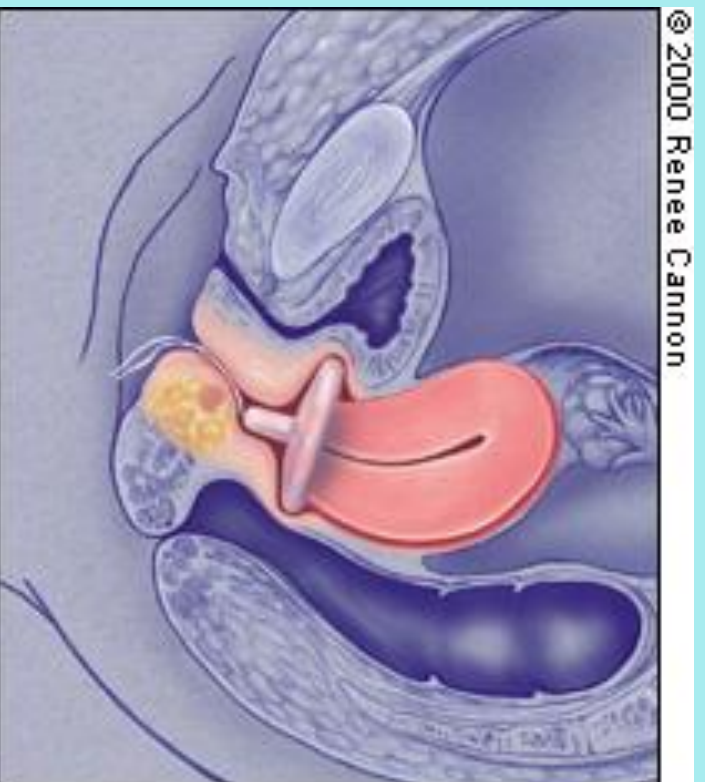
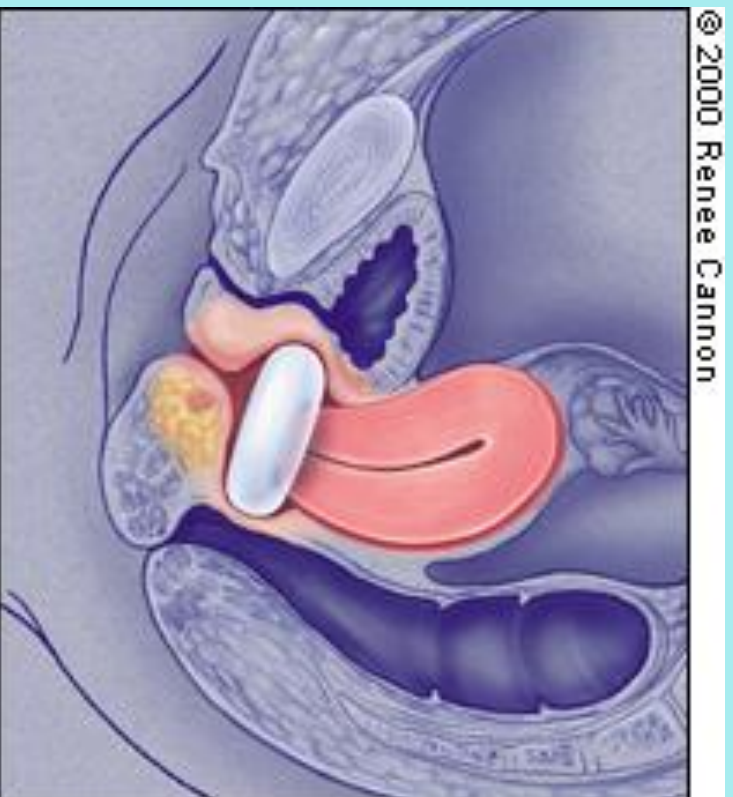
Fit the pessary and have the patient walk around, squat, use the bathroom

Ensure the pessary is 100% comfortable-

Ensure patient can empty her bladder

Ensure 1 finger can fit easily between the pessary and vaginal wall

If the pessary falls out- move up to the next size



PESSARY FOLLOW-UP

Return visit in 1 week, 1 month, then q3 months

Patient should have pessary cleaned and a speculum exam every 3 months for the first year or after any pessary changes

Rx for vaginal low dose estrogen (cream, pill, ring)

Trimosam to use with changing

- decrease discharge

- lubricating film

Pain with changing-Use of lidocaine gel prior to appointment