

Pessaries for vaginal prolapse



Information for patients

Gynaecology



We have written this information to help explain the use of vaginal pessaries in the treatment of women with a vaginal prolapse. If you need any further information, please ask the doctor or nurse involved in your care.

What is a vaginal prolapse?

A vaginal prolapse is a common condition where the vagina and/or the uterus (womb) and cervix (neck of the womb), come down into the vagina. Sometimes a vaginal prolapse may come outside (protrude from) the vagina so that it is visible or can be felt on the outside.

How is it caused?

A vaginal prolapse is caused by a weakness in the ligaments and muscles that support the vagina. These supports may weaken with age, following childbirth or after the menopause. Some women are prone to developing a prolapse if their ligaments or muscles are more stretchy or lax.

What symptoms are associated with a vaginal prolapse?

Many women with a vaginal prolapse have no symptoms or problems at all. Where there are symptoms these can include:

- **Vaginal:** A 'dragging' sensation of something coming down or a bulge in the vagina. Laxity of the vaginal walls and difficulty keeping tampons in place.
- **Bladder:** Difficulty emptying the bladder, incomplete bladder emptying, or having to push the vagina and bladder up from below in order to empty the bladder.

- **Bowel:** Some women find that they have to support or 'splint' their vagina with a finger or fingers, in order to pass a bowel motion (poo).
- **Sexual Intercourse:** A feeling of 'something in the way' inside the vagina, or discomfort during sexual activity can be caused by a vaginal prolapse. Some women feel inhibited or worried about the vaginal prolapse and this interferes with their enjoyment of sexual intercourse.

It is common for symptoms or problems associated with a vaginal prolapse to have another cause. This means that even if a vaginal prolapse is found when a woman has bowel, bladder or vaginal symptoms, the vaginal prolapse itself may not be causing these symptoms. Fixing the vaginal prolapse may not completely cure them.

What are the treatment options for a vaginal prolapse?

Vaginal Pessaries

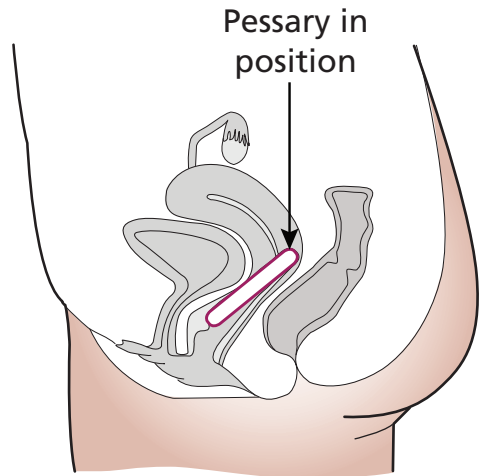
A vaginal pessary is a device that is inserted into the vagina to lift up the vaginal prolapse.

There are different types of pessaries. The pessaries commonly used in the Gynaecology Outpatient Department are ring, shelf and gelhorn pessaries.

Ring pessary: This is the most common pessary used. It is a flexible ring made of silicone rubber or vinyl and comes in different sizes.



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Shelf pessary: This is flat and kidney shaped with a raised handle in the middle. This handle helps the doctor or nurse insert your pessary. The pessaries are hard and non-compressible, however, they should still be comfortable once fitted.



Gelhorn pessary: This is a silicone pessary that is saucer shaped with a raised handle in the middle, similar to a shelf pessary. However, it is softer and allows easy folding for insertion.



How does a vaginal pessary work?

The vaginal pessary is inserted high into the vagina where it then supports the vagina and prevents the upper vagina, uterus and cervix from coming down.

What are the benefits of a vaginal pessary?

A vaginal pessary should reduce a vaginal prolapse, and reduce or relieve any symptoms caused by the vaginal prolapse. Most women cannot feel the vaginal pessary.

The vaginal pessary should not interfere with activities such as swimming or bathing. It is important to maintain good personal hygiene with a vaginal pessary in place to reduce the risk of infection.

Are there any risks with using a vaginal pessary?

Yes, there are some side-effects and these may include:

- Discomfort in the vagina or pelvis during and after the vaginal pessary is inserted
- Vaginal discharge
- Vaginal bleeding or soreness caused by the vaginal pessary rubbing against the cervix or vaginal wall
- Urinary incontinence (when pee leaks out accidentally) may occur after a vaginal pessary is inserted, due to the re-positioning of the bladder

All of these side-effects may be reduced by ensuring that the vaginal pessary is the right size, in the correct position and changed on a regular basis.

If you do experience any abnormal vaginal bleeding, you should inform your doctor. It may be an indication of another problem unrelated to the vaginal pessary or vaginal prolapse, and may need investigating. Sometimes it can be necessary to remove the vaginal pessary for a few weeks to allow things to settle down.

How is a vaginal pessary inserted?

It is inserted by a doctor or nurse in the Gynaecology clinic. They will explain the procedure and answer any questions or concerns that you may have.

Before the vaginal pessary is inserted, you may be asked to empty your bladder to help reduce any discomfort.

You will be taken into an examination room and asked to remove your underclothes (a sheet will be provided to cover you up). You will then be asked to lie on the examination couch with your ankles together and knees apart. Once you are comfortable the doctor or nurse will perform

a vaginal examination. They may then insert an instrument (speculum) to look at your vagina and cervix to check for any abnormalities. A rectal examination may sometimes be performed to check for any prolapse involving the back of the vagina or bowel.

After the examination, the doctor or nurse will assess the type and size of vaginal pessary to be inserted. They will then usually apply lubricant or hormone cream to the vaginal pessary, and using a gloved hand, insert it high into the vagina in the correct position.

After the procedure, the doctor or nurse may ask you to push (as if having a poo). This is to check the position of the vaginal pessary and try to ensure that it is in the correct position.

Some women remove and replace their pessaries themselves. If you wish to consider this option, you should discuss it with your doctor or nurse.

Can I continue to have sexual intercourse?

If a ring pessary has been inserted you can continue to have sexual intercourse. You and your partner may be aware of the pessary, but it should not cause a problem or harm to either of you. Many women and their partners have entirely normal sex lives with a ring pessary in place.

However, if you have a shelf or a gelhorn pessary in place, sexual intercourse is not advised.

Will I need to come to the hospital for a check up?

All patients with a vaginal pessary will be asked to return to the clinic every 4 to 6 months, for the vaginal pessary to be changed. However, if you have a ring pessary your GP practice may be able to change it.

If you are having any problems, you may need to attend your GP practice or gynaecology clinic more often.

Is there anything I should look out for when I go home?

You should contact your GP or the Gynaecology Outpatient Department if you have of the following:

- Vaginal pain or soreness
- Increased vaginal discharge or vaginal bleeding
- The vaginal pessary feels loose or falls out
- You are unable to pass urine (pee)

Who can I contact if I have questions?

If you need any further information, please do not hesitate to contact us.

Gynaecology Outpatient Department:

- **0114 226 8441**



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