

VAGINAL PESSARY

Vaginal prolapse and urinary incontinence are common conditions in women. Vaginal prolapse can cause symptoms such as a sensation of a vaginal lump, vaginal discomfort, constipation and difficulty emptying the bowel or bladder. Incontinence is the involuntary loss of urine.

Pelvic floor physiotherapy has been shown to decrease symptoms and prevent progression of vaginal prolapse and urinary incontinence. Vaginal pessaries can be used in women who have symptoms of prolapse and incontinence but do not wish to undergo surgery.

There are many different types and sizes of pessaries and sometimes a few will need to be trialled before the right size is found. For some women the pessary will not remain in place. If the pessary falls out then you may need a different size or the pessary may not be the treatment for you. The only way to find out if the pessary will be a suitable treatment is to give it a try.

How does a pessary work?

The pessary is inserted into the vagina in the consulting rooms. An anaesthetic is not required.

The pessary will sit inside the vagina, either around the cervix or at the top of the vagina if the cervix is not present (after hysterectomy).

Once inserted, the pessary should support the vagina and you should feel comfortable.

If the pessary is sitting in a good position, you should not be aware that it is there and you can do all your normal activities.

Some pessaries will allow sexual intercourse and usually neither partner is aware of the presence of the pessary. Your doctor will inform you if you are unable to have sex with the type of pessary you have placed.

The pessary will be changed or checked every 4-6 months. If you do not find the pessary to be suitable, please arrange an earlier appointment to discuss other options which may include surgery.

Are there any risks?

While the pessary is in place, you may notice some increase in vaginal discharge. This is quite normal. In some women, the vaginal discharge may improve with the use of vaginal estrogen (Ovestin or Vagifem, both of which require prescription) or Aci-jel which you can obtain from your chemist. If the discharge is troublesome, the pessary may need to be removed for a short period of time.

Please contact your doctor if there is vaginal bleeding. The pessary may then need to be removed for a short period of time.

There is no risk of the pessary becoming lost in the vagina.

Care of your pessary.

Some women are able to remove and replace their pessary themselves. Please discuss this with your doctor if you are interested. This will depend on the type of pessary you have and if you are able to perform this activity.

If you have been taught to remove and replace the pessary, then this can be done daily to weekly, depending on your wishes. Simply wash the pessary in warm soapy water and leave out to dry. Try leaving the pessary out overnight at least once a week.

To replace the pessary, warm it up with some warm water to soften and use a very small amount of lubricant (such as KY Jelly or Sylk) to replace as you were taught.

You do not need to remove the pessary if you are not comfortable doing so, but this may increase the amount of discharge you experience.