



# Conservative Treatment for POP

# PESSARY

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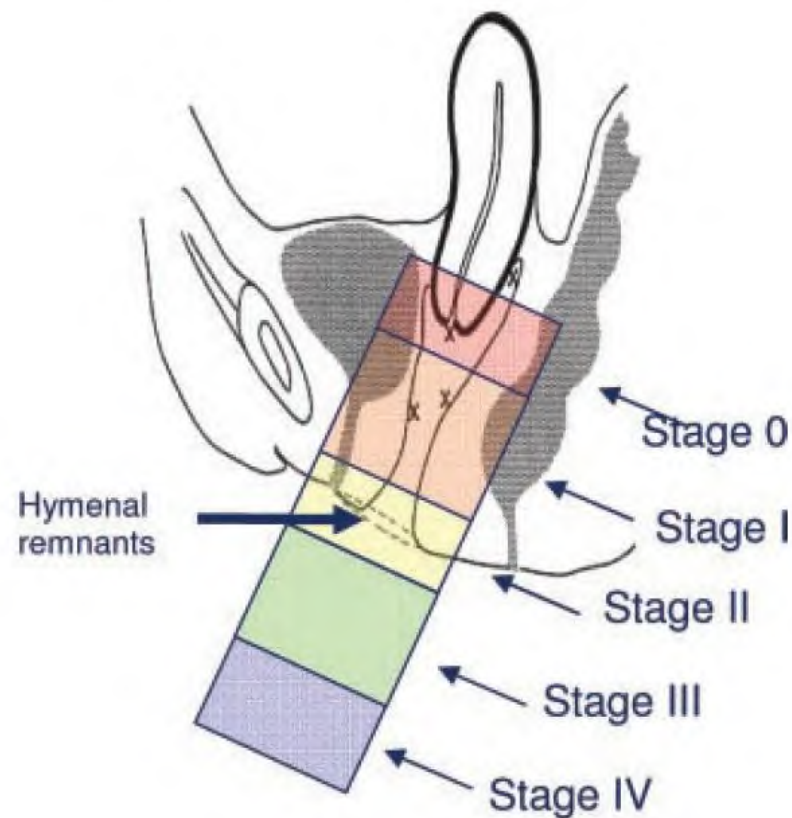
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# Pelvic Organ Prolapse (POP)

- The descent of one or more of the anterior vaginal wall, posterior vaginal wall, the uterus (cervix), or the apex of the vagina (vaginal vault or cuff scar after hysterectomy)





# Conservative Treatments of Pelvic Organ Prolapse

**Lifestyle modification**

**Pelvic floor muscle training**

**Vaginal pessary**



# Vaginal Pessary

A pessary is defined as a device that is inserted into the vagina to provide structural support to one or more of descending vaginal compartments

Hippocrates

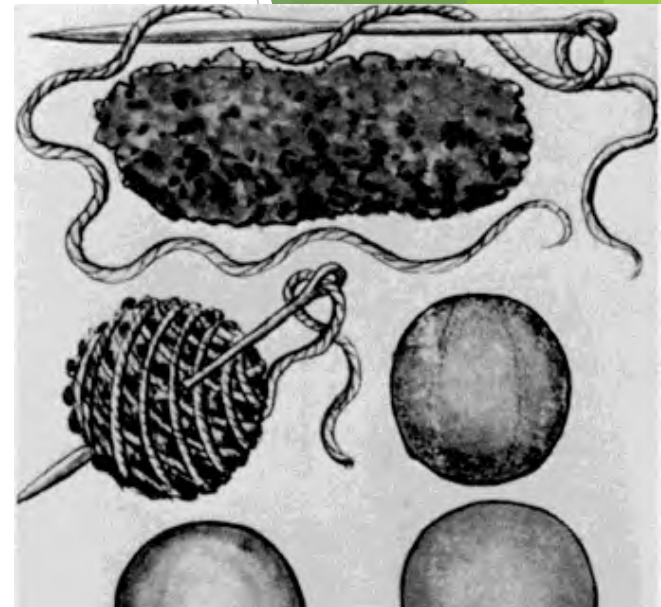


Around AD1050

## Pessary in Ancient History



Late in the 16th century

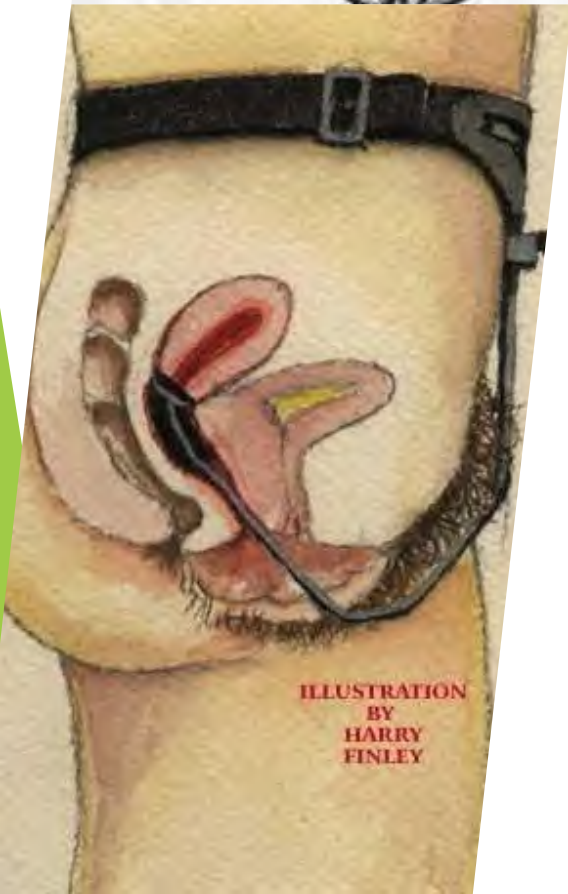




# Present!!!

## Which Material?

- ▶ Silicone : most popular
- ▶ Soft and flexible
- ▶ No reported allergenic case
- ▶ Last for many years
- ▶ Not absorb odors
- ▶ Durable for cleaning





# Vaginal Pessary

## Indications

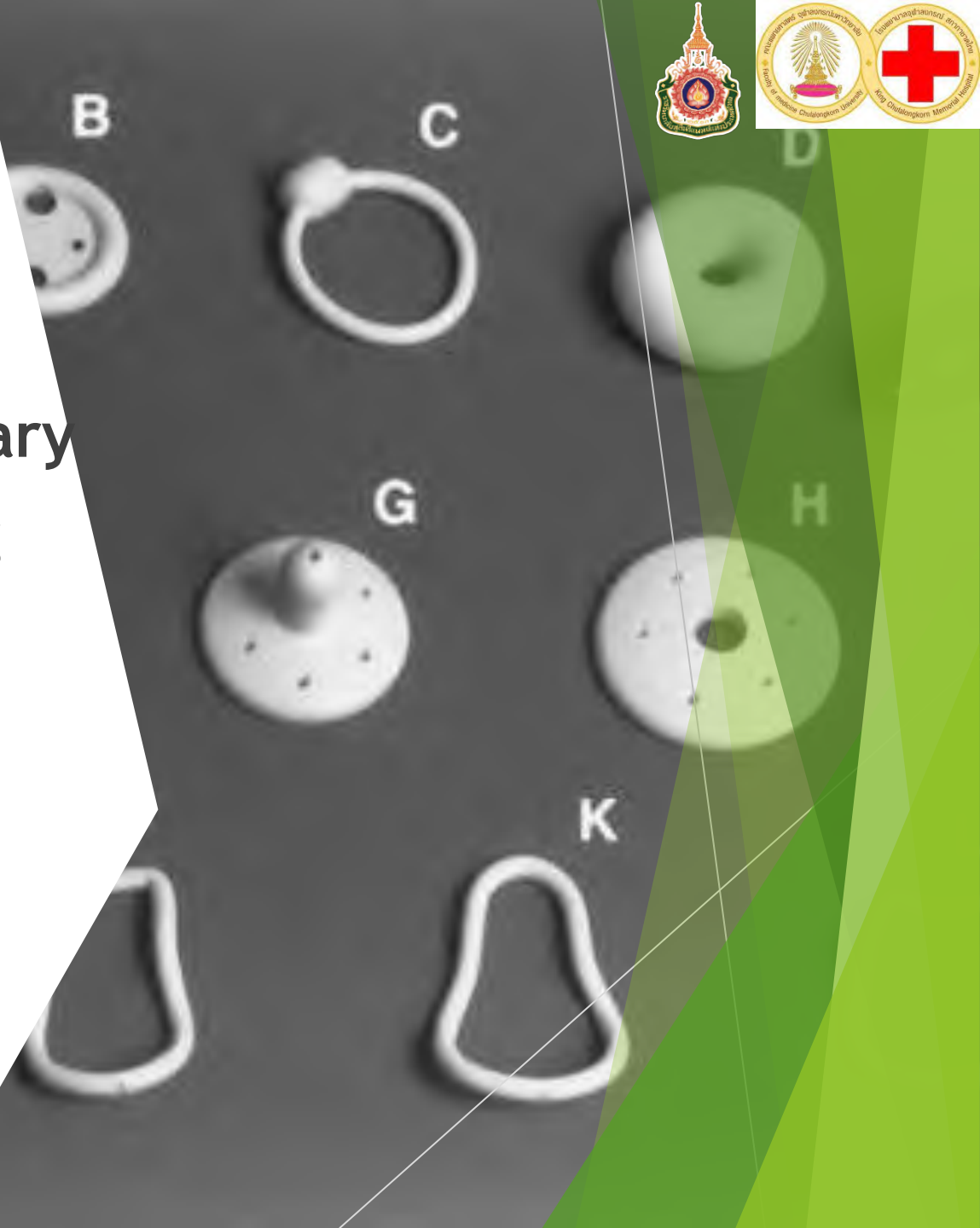
- Unfit for surgery
- Relieve symptom before surgery
- Unsuccessful previous surgery
- Childbearing required
- POP during pregnancy
- Diagnosis of occult SUI
- Treatment of SUI

## Contraindications

- Unable to follow up
- Medical or social conditions that can cause **“PESSARY NEGLECT”**

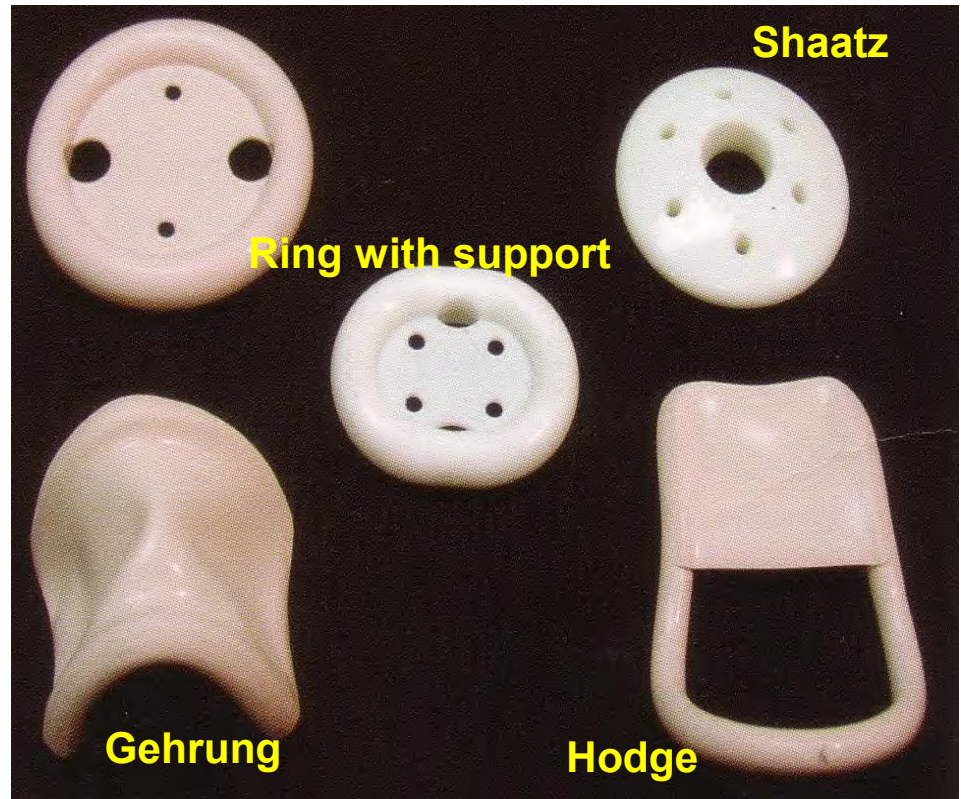
# Types of Vaginal Pessary

1. Supportive pessary
2. Space occupying pessary
3. Incontinence pessary



# 1.Supportive Pessary

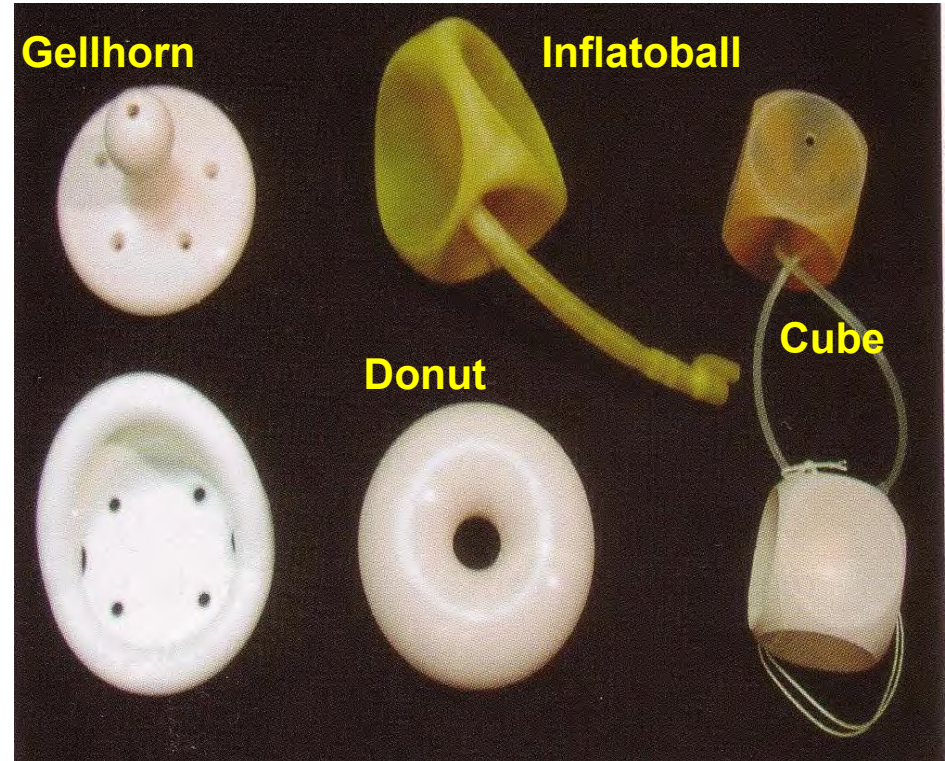
- ▶ Intact perineal support
- ▶ Stage II and early stage III



- ▶ Ease to use
- ▶ More popular
- ▶ Sexual activity is possible

## 2.Space Occupying Pessary

- ▶ Less perineal support
- ▶ Wide genital hiatus
- ▶ Advanced prolapse



- ▶ Have vacuum effect (gellhorn, cube)
- ▶ **Difficult for removal**
- ▶ Cannot have sexual intercourse
- ▶ Cube has higher incidence of erosion

# 3.Incontinence Pessary





# How to use pessary in patients?

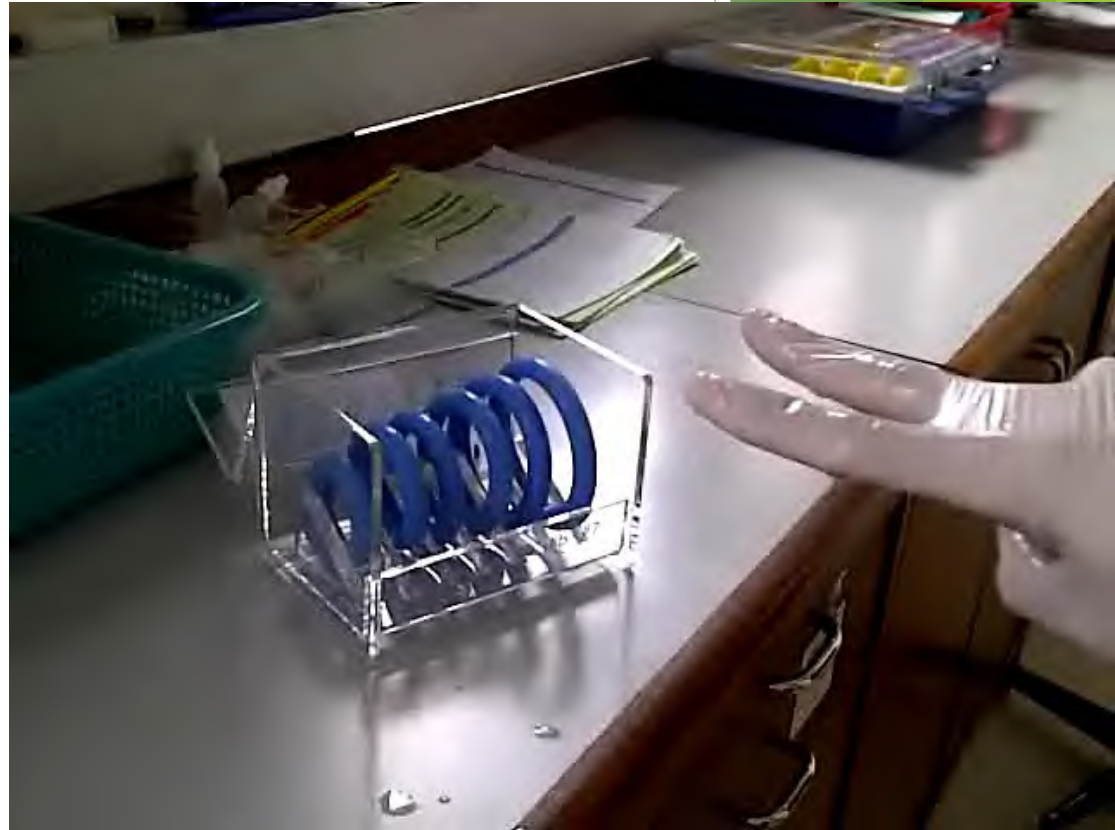
- ▶ Thorough discussion about all treatment options
- ▶ Active participant in treatment decision
- ▶ Able to care the pessary either alone or assistance of a caregiver
- ▶ Available for follow-up

**Measure the  
width and  
length of  
vagina**





**Choose  
appropriate  
type and  
size**





Fit the  
**RING**  
pessary into  
vagina



Choose the largest size that  
patient wear comfortably



Fit the  
**GELLHORN**  
pessary into  
vagina



Choose the largest size that  
patient wear comfortably



# Fit the Pessary into Vagina

- ▶ One end in posterior fornix and another end behind symphysis pubis
- ▶ Fill vagina from side to side with finger able to pass between pessary and pelvic sidewall
- ▶ We should see the pessary at introitus but not descend past the hymen
- ▶ Have patients walk around and then try to urinate or defecate
- ▶ Change more proper size or type





# How to follow up?

- ▶ Follow up at **2 weeks**
- ▶ Ask for the discomfort, bowel and bladder difficulties
- ▶ PV → look for the discharge and erosion
- ▶ Then appoint for **every 3-6 months** if patients can manage pessary care by themselves
- ▶ **Annual follow-up** is recommended for patients who are able to maintain pessary hygiene on their own



# Complications?

## ▶ Minor

- ▶ Vaginal discharge
- ▶ Erosion
- ▶ Bleeding
- ▶ Pain
- ▶ De novo SUI

## ▶ Major

- ▶ Neglected pessary
- ▶ Fistula
- ▶ Peritonitis



## How about the success rate?

- ▶ A vaginal pessary is an effective nonsurgical treatment for women with POP, and up to **70-92% of women can be fitted successfully** with a pessary
- ▶ It can improve bulging, urinary and bowel symptoms
- ▶ High rate of retention: 90% at 3 months and **56-78% at 1 year**
- ▶ More than 80-90% of patients were satisfied

Cundiff GW, Amundsen CL, Bent AE, Coates KW, Schaffer JI, Strohbehn K, et al. Am J Obstet Gynecol 2007; 196:Ding J, Chen C, Song XC, Zhang L, Deng M, Zhu L. Int Urogynecol J. 2015;26(10):1517-23. 405.e1-8  
Ding J, Chen C, Song XC, Zhang L, Deng M, Zhu L. Urology. 2016;87:70-5.  
Clemon JL, et al. Am J Obstet Gynecol 2004; 190: 1025-9.



# Pessary



☐ Pessary is a viable option for women who complain of symptomatic prolapse

☐ Women considering treatment of POP should be offered a vaginal pessary as an alternative to surgery



