

THE UROLOGY GROUP

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PESSARY

What is a pessary?

A piece of silicon plastic used to hold a bulge in the vaginal area (prolapse) in place behind the pelvic bone. A pessary can be used to help hold the bladder, uterus or rectum in place. It is temporary and be taken out at any time.

What are reasons for having a pessary?

- Relief of prolapse symptoms
- To prevent prolapse from getting worse
- Way to manage prolapse without surgery
- Tool to determine if surgery will help
- Tool to determine if urinary leakage will occur with surgery
- Way to manage prolapse until scheduling surgery is convenient

Symptoms that may be improved with a pessary

- Vaginal bulge symptoms
- Need to get to the bathroom right away (urinary urgency)
- Frequent urination or overactive bladder
- Incomplete bladder emptying
- Recurrent urinary tract infections
- Lower back pain

What are the risks of a pessary?

- Infection, irritation and increase in vaginal discharge
- Pain in pelvic area or increased fullness after pessary is fitted. This is often a sign that the pessary is too large
- Making a hole in nearby organs (erosion) if the pessary is left in place too long

What to expect after a pessary is inserted

- Vaginal discharge may increase especially after initial insertion. Discharge can be brown or clear.
- Leakage of urine with cough, sneeze, position change (stress incontinence)

Vaginal lubricants may be recommended

- Trimo san cream - apply in vagina two nights per week
- Estrogen cream - apply in vagina three nights per week
- Replens cream - apply in vagina as needed for vaginal dryness
- Luvena - apply in vagina as needed for vaginal dryness

How often does the pessary need to be taken out?

- Follow up two weeks after the initial fitting to recheck position of pessary and assess the vaginal tissue
- Follow up every two to three months for pessary cleaning if cleaning done at the office
- Some people clean the pessary themselves at home. If managing pessary at home, take pessary out weekly and wash with warm soap and water.
 - Take pessary out prior to sexual intercourse and wash pessary with warm soap and water.
 - Some patients find comfort in taking the pessary out every night and reinserting in the morning.

When to call the office or come to the emergency room

- Fever > 101.5 F, burning with urination, increased frequency or urgency of urination or blood in your urine
- Increased vaginal odor, difficulty urinating or relieving bowels
- Pain with walking, sitting or activity