Assessment & Pessary Management of Women with POP in Primary Care

Pessaries are a conservative management option for all women with POP [L: III-3, IV, Opinion]

Stage I & II POP [L: *]

Assess suitability for pessary [L: I, III-1, III-2, Opinion]

Assess contraindications [L: III-3, IV, Opinion]

Prior to fitting [L: Opinion]

Selection of pessary type [L: III-2, III-3, Opinion]

Selection of pessary size [L: Opinion]

Fitting procedure [L: Opinion]

Stage III & IV POP [L: *]

Insert pessary as per guideline and refer to specialist [L: *]

Specialist review required if on Warfarin or with mesh implants [L: *]

Manufacturer’s instructions or institution policy will dictate whether pessaries can be sterilized and re-used [L: *]

Re-fitting: a new pessary should be fitted when it cannot be cleaned satisfactorily [L: *]
Assess for correct fit
[L: III-2, III-3, IV, Opinion]

A pessary fits if:
- There is no discomfort or pain
- It is retained in supine with cough/Valsalva
- It is retained in standing, walking, bending, squatting & with cough/Valsalva
- There is no occult stress urinary incontinence

Mandatory review to avoid risks & complications:
- Review in 1-2 weeks
- Assess for Risks & Complications and for symptoms of obstructed voiding or defaecation. If present, assess PVR with US or refer for US

Follow up
[L: I, III-3, Opinion]

PVR >100mls to trigger specialist review [L: *]

If for self-care:
Teach removal/re-insertion, to be done weekly and left out overnight. Provide handout/instructions. Review at 4 months, then annually by GP or gynaecologist for speculum exam [L: III-2, III-3, Opinion]

If not for self-care:
4-6 monthly follow up for removal/washing of pessary and speculum exam by appropriately trained Health Care Provider. Annual review by GP / gynaecologist. [L: I, III-3, Opinion]

Patients should be alerted to seek help immediately in the event of any symptoms [L: *]

Assessment of side effects
[L: III-2]

- Mild side-effects e.g. 1. mild erosion, vaginal discharge and 2. constipation managed by 1. leaving pessary out/use of topical oestrogen and 2. dietary advice
- Patients should be monitored for serious complications
- Severe, foul-smelling vaginal discharge – take swab or refer for swab

Recording & Communication
[L: *]

- Record type & size of pessary and any side-effects or complications in patient’s medical records and in practice/department database to facilitate follow-up
- Communication with other appropriate Health Care Providers

Key: Where recommendations are evidence based, they appear with the level of evidence according to NHMRC levels of evidence (Merlin 2009). Where recommendations are based on the consensus of the Expert Working Party, they appear with the symbol *.

Assessment tools: Appropriate Patient Reported Outcome Measures are provided in Appendix A of the full Pessary Guidelines

Information in this pathway is based on the Guidelines for the Use of Support Pessaries in the Management of Pelvic Organ Prolapse. 18.7.2012