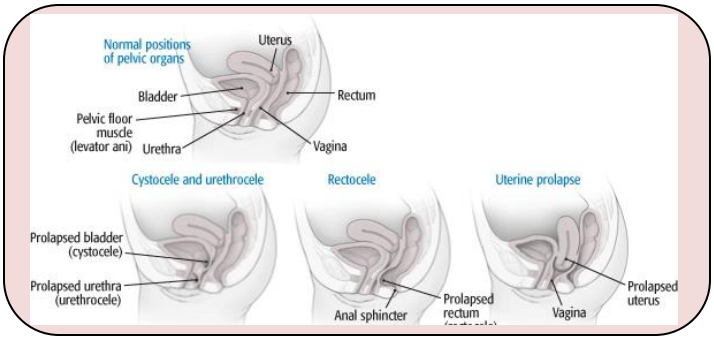
What is a **pessary?**

- Rubber or silicone device that is inserted vaginally to reduce pelvic organ prolapse (POP)

Pessaries recommended for women who…

1) Do not desire surgical intervention
2) Desire future pregnancy
3) Have early stage POP
4) Are too frail for surgery
5) Have mild stress incontinence

Additionally, a pessary is an excellent option for women with pelvic pain, back pain, or pelvic pressure thought to be associated with POP. If symptoms resolve with the pessary in place, the patient may wish to then proceed with surgery.

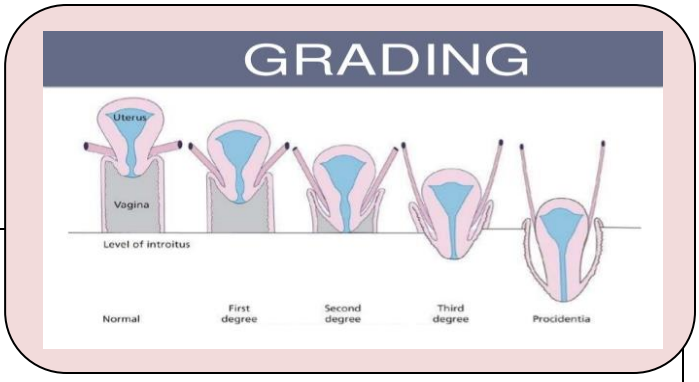


CONTRAINDICATIONS:

- Evidence of active pelvic infection
- Evidence of severe vaginal ulceration
- Allergy to silicone/latex (depends on which devices available)
- Non compliant patients not likely to follow up as recommended

FACTORS THAT MAKE A FITTING MORE CHALLENGING:

- Morbid obesity
- Short vaginal length (<6-7 cm)
- Wide introitus
- Prior surgical vaginal prolapse repair
- Complete prolapse (grade 4)



STEPS FOR PESSARY FITTING:

1) Place patient in the lithotomy position
2) Insert middle finger behind cervix in the posterior fornix and index finger beneath the pubic notch – the distance between the two fingers is a good guide to initial pessary sizing
   - If you are unsure, it's better to start smaller rather than larger
   - Typically recommend starting with a ring pessary, then progress to a gellhorn or cube (donut/gehrung not frequently used)
3) Once the pessary is in place, have patient valsalva first in lithotomy position, then standing, then sitting on toilet/commode
   - It is important to have the patient valsalva in several different positions because sometimes a device will remain in place while laying down, but expel once standing/voiding
   - Consider placing a portable commode in the room if available
   - Recommend placing a plastic "hat" in the toilet to catch the pessary if it falls out (look before flushing!)
4) You will know the pessary is well fitted if…
   - The patient does not complain of any discomfort (okay to have an "awareness" that the pessary is in place, not okay to have pain)
   - You can place a finger between the device and vaginal wall – device should not be too tight against vaginal walls as this may cause erosion/lacerations
   - The device remains in place on valsalva in different positions
5) Follow up every 3-4 months for device removal/cleaning, pelvic exam, and reinsertion of device

BILLING CPT CODES
Pessary fitting: 57160
Pessary (device)
- rubber: A4561
- non-rubber: A4562

How do I know which pessary to choose?

TYPE	WHEN TO USE	PROS	CONS	ADDITIONAL RECOMENDATIONS
Ring without support	Mild POP, grade 1-2, for younger patients with more "oval" shape of vagina, do not require central ring support	Easy to remove Patients can perform self-maintenance and cleaning at home Least invasive, not likely to result in vaginal erosion Easy drainage for vaginal fluids, less infection	Okay to use with grade 3-4 POP, although may not remain in place as well	Can tie string to ring to aid in at-home removal for patients with decreased manual dexterity
Ring with support	Mild POP, grade 1-2, older patients with more vaginal atrophy who need more rigid ring			
Ring with knob *(aka incontinence dish)*	Mild stress urinary incontinence (SUI)	Can alleviate SUI without surgical intervention (make sure knob beneath the urethra)	Occasionally patients unable to void after pessary placement	Have patient demonstrate proper removal technique at time of fitting in case unable to void later on with pessary in place
Gellhorn	Moderate-severe POP, grade 3-4	Suctions well to prolapse, typically remains in place	Difficult to remove, can not perform self-maintenance Can not use if sexually active Occasionally women complain of descent of stem to introitus	For women with shortened vaginal vault, choose a "short-stemmed" device Make sure to "break the suction" prior to tugging on device for removal, use of forceps helpful to grasp device
Cube	Moderate-severe POP, grade 3-4	Suctions well to prolapse, easily remains in place	Can trap vaginal secretions Can not use if sexually active Sometimes difficult to place/remove	When placing the device, ensure the rubber "string" is inferior (should be hanging down into vaginal canal) – if not, removal will be extremely difficult
Donut	Moderate-severe POP	Good for cystocele, rectocele, uterine descent	Difficult to compress, making both placement/removal challenging Can not use if sexually active	If available, can use inflatable donut pessary which facilitates placement/removal
Gehrung	Cystocele, rectocele	Remains in place the majority of the time, rarely expelled	Not flexible, very difficult to remove Can not use if sexually active	Would not recommend for women with narrow introitus since some extra manipulation required to remove

TIP:
Even if a patient is not bothered by prolapse, sometimes reducing POP with a pessary will improve emptying and alleviate urinary retention

TIP:
Sometimes pessaries appear to have a perfect fit in clinic, then fall out at home. Don't be discouraged! Try a larger size and/or try a different type of device next time.

TIP:
Apply lidocaine gel to the introitus before a fitting/ or cleaning

TIP:
Slow and easy removal is not always best. Be gentle, but quick!

Reference List

1. Jones, K, Harmanli, O. Pessary use in pelvic organ prolapse and urinary incontinence. *Reviews in Obstetrics and Gynecology*. 2010;3(1):3–9.
2. Atnip, S, O'Dell, K. Vaginal support pessaries: Indications for use and fitting strategies. *Urologic Nursing.* 2012;32(3), 114-125.
3. Tam, T, Davies, M. Pessaries for vaginal prolapse: Critical factors to a successful fit and continued use. *OBG Management*. 2013;25(12):42-44, 48-52, 59.
4. Anatomy: Pelvic organ prolapse. Pittsburgh Pelvic Health. https://pittsburghpelvichealth.wordpress.com/anatomy-pelvic-organ-prolapse/. Accessed March 18, 2018.
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