Introduction
We have developed this information leaflet to answer some commonly-asked questions about what a vaginal pessary is, how it is fitted and what you need to do afterwards. It is for women who have a prolapse.

What is a prolapse?
The vagina (front passage) is a hollow, muscular tube with the bladder lying in front and the bowel behind it. It is held in place by various support structures including the pelvic floor muscles. If these support structures become weakened and the muscular walls of the vagina become stretched, a prolapse can occur.
What causes a prolapse?
- Pregnancy and childbirth can stretch the ligaments, nerves and muscles around the vagina, making them weaker and less supportive.
- It is more common in older women, particularly after the menopause. This is because a decrease in hormones after menopause can make the ligaments and muscles less stretchy and supportive.
- Being overweight can weaken the pelvic floor muscles and tissues.

Other factors can weaken the pelvic floor area include persistent coughing, constipation and heavy lifting.

Often it is a combination of these factors that causes a prolapse.

What problems does it cause?
- You may feel a lump in your vagina or a feeling of something coming down. This may feel worse if you have been standing for a long time.
- You may have blood-stained discharge or a discharge that looks or smells unusual, from your vagina.
- Sex may be uncomfortable.
- Your bladder may prolapse into your vagina and this can cause:
  - The need to pass urine more frequently
  - Difficulty in passing urine, or the feeling that your bladder is not completely empty
  - Urine to leak when you cough, sneeze, laugh or lift heavy things
  - Frequent urinary tract infections such as cystitis
- Your bowel may be affected and this can cause:
  - Difficulty in passing stools
  - The feeling that your bowel is not emptying fully
  - The sudden need to pass stools
  - Low back pain
What is a vaginal pessary?
Vaginal pessaries are devices that are inserted into the vagina to hold a prolapse back. They work by holding the walls of the vagina in place. They are made of latex (rubber), silicone or plastic and come in different shapes and sizes.

We use two types of pessary:

a) Ring pessaries
b) Shelf pessaries

After discussion with you, and taking into account your medical condition and wishes, your consultant will recommend the pessary they feel will be most suitable for you.

What are the benefits?
Pessaries may be of benefit for women who:

- are not medically fit enough for surgery
- prefer not to undergo surgery
- want to control their symptoms while they are deciding about having surgery

What risks are associated with pessaries?

- Infection. If you experience any increased discharge, or discharge which looks or smells unusual, tell your GP.

- Bleeding. Any abnormal bleeding should be investigated so if this occurs, see your GP.

- Ulceration (sores) of the vagina. These will cause bleeding and discharge. If you have ulcers, the pessary can be removed and left out for a short period.

What are the alternatives?
A vaginal prolapse can be repaired by surgery.
What happens when the pessary is fitted?
The pessary will be fitted by a gynaecologist or a specialist nurse. A gynaecologist is a specialist trained in treating conditions of the female reproductive system.

It is important that the correct size of pessary is used. Therefore, the nurse may need to try a few different sizes of pessaries before the best fit is found. If it is too small, it may fall out soon after it is put in. If it is too big, it may feel uncomfortable or you may have problems passing urine.

When the pessary is fitted or changed, you may experience some discomfort but this should only last for a short time. If the pain continues, it may mean that the pessary is the wrong size or not in the right place. In this case, or if you are having any other problems, please contact us as follows:

Gynaecology Outpatients Team on 01384 244584 or
Gynaecology Nurse Specialist on 01384 456111 ext. 2814
(9am to 5pm, Monday to Friday)

What happens after the fitting?
You may experience some light bleeding when the pessary is inserted or when it is changed. This should only be light and should not last more than a few days. However, if it becomes heavy and/or continues for more than a few days, contact as follows:

Gynaecology Outpatients Team on 01384 244584 or
Gynaecology Nurse Specialist on 01384 456111 ext. 2814
(9am to 5pm, Monday to Friday)

Can I have sex while I have a pessary?
If you have a ring pessary, you should be able to have sex as normal. If you have a shelf pessary, sex will not be possible due to the shape of it. This means that shelf pessaries are not suitable if you are still sexually active.
Do I need to tell anyone about the pessary?
Your GP will be aware that you have had a pessary inserted because we will write to them after each appointment. If you attend hospital, or need any operations in the future, it is important you tell the doctors treating you that you have a pessary.

How often will the pessary need to be changed?
Your pessary will need to be changed every three to six months. It is very important that you have it changed regularly to prevent possible problems, such as an infection.

Your next appointment is

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If you have any queries or concerns about your pessary, please contact:
Gynaecology Outpatients Team on 01384 244584 or
Gynaecology Nurse Specialist on 01384 456111 ext. 2814
(9am to 5pm, Monday to Friday)
Russells Hall Hospital switchboard number: 01384 456111

This be downloaded or printed from:
http://dudleygroup.nhs.uk/services-and-wards/obstetrics-and-gynaecology/

If you have any feedback on this patient information leaflet, please email patient.information@dgh.nhs.uk
This leaflet can be made available in large print, audio version and in other languages, please call 0800 073 0510.

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