

Patient information

Having a pessary for vaginal prolapse

This leaflet will explain the benefits, risks and alternatives to having a pessary fitted for vaginal prolapse. Please ask your doctor, nurse or women's health physiotherapist if you have any further questions.

What is a vaginal prolapse?

Vaginal prolapse is a common condition where the walls of the vagina and sometimes the womb are no longer supported. They bulge down within and sometimes out of the vagina. A vaginal prolapse is not harmful, but treatment should help ease your symptoms.

Common symptoms of a prolapse include:

- The feeling of a lump in your vagina
- Not being able to empty your bladder or bowel fully
- Difficulty with sexual intercourse
- Lower backache

A prolapse is usually caused by a combination of different things, such as:

- Pregnancy and childbirth
- Chronic constipation
- Lots of heavy lifting
- Being overweight
- Chronic coughing
- Getting older

What are the treatments for vaginal prolapse?

The treatments for vaginal prolapse are:

- Pelvic floor exercises and lifestyle modifications
- A pessary and pelvic floor exercises
- Surgery

Pelvic floor exercises help to strengthen the muscles that hold your vagina in place. If these exercises don't improve your prolapse, and you want to avoid surgery, a vaginal pessary may be a suitable option. Your doctor, nurse or women's health physiotherapist will talk through the options with you.

What is a vaginal pessary?

A pessary is a plastic or silicone device which is inserted into your vagina to hold a prolapsed womb or vaginal wall in place. You will be fitted with either a ring, shelf, or Gelhorn pessary depending upon the type of prolapse that you have.

What are the risks?

There are a few side effects and risks. Your doctor, nurse or women's health physiotherapist will tell you about these.

- You may notice that you have more vaginal discharge than normal and on occasion this can smell
- You may have vaginal irritation. If you feel sore, and have been through the menopause, you may benefit from using a very small dose of vaginal oestrogen cream or tablets in the vagina
- Long term used may cause ulcers (sores) inside the vagina, or infection. You can avoid this by using vaginal oestrogen and by having your pessary changed every four to six months.

How is the pessary fitted?

The doctor will examine you to see what size/type of pessary you need. This is done by internal examination of the vagina.

The pessary is then inserted and positioned. You may be asked to walk around to check that you are comfortable. You may also be asked to go to the toilet and pass urine to check that the pessary is secure. It may take more than one fitting to find the correct size for you. If it is uncomfortable or falls out, you may need a different size of pessary.

How often should my pessary be changed?

The pessary needs to be changed regularly. This is usually every four to six months either in the gynaecology clinic or with your GP surgery depending on the type of pessary inserted. They will remove the pessary and check for any problems such as bleeding, ulcers or infection in the vagina before replacing it with another one.

Sexual activity

It is possible to have sexual intercourse with the ring pessary, although you or your partner may feel the pessary and it may not be comfortable.

If you have a shelf or Gelhorn pessary it is not possible to have sexual intercourse, this is because of the shape of the pessary.

You should not remove your pessary to have sexual intercourse unless you have a ring pessary and have been taught how to do this. Speak to your doctor/nurse or women's health physiotherapist if this is something that you would like to consider.

Follow-up care

If you experience any pain or an offensive discharge, you should contact your GP. Pessaries sometimes fall out; if this happens you should phone the urogynaecology secretary who will then book an appointment for you to come back to clinic.

Secretaries phone numbers

Mr Harris and Miss Vellas Secretary

01284 713469

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