Pessary Management of Vaginal Prolapse in Primary Care

Information Booklet

April 2023

Contact details and credentialing

For credentialed clinicians: 0800-1700 Monday to Friday

Direct contact with secondary care consultants for credentialed GPs will be available through the On-Call Gynaecology Senior Medical Officer (SMO) via switchboard on **09 276 0000.** Written advice is also available via the "Specialist Advice" option on e-referrals.

Pessary fitting training and credentialing

Please see the flow charts on page 3 and fill out the application form in Appendix A.

Training is **optional.** To arrange training at Manukau Health Park please contact:

Chrissie Sygrove (Charge Nurse Manager Module 10) Christine.Sygrove@middlemore.co.nz

Or

Katherine Sowden (O&G Consultant) Katherine.sowden@middlemore.co.nz

Training Video

How to insert a ring pessary is available on You tube:
https://www.youtube.com/watch?v=cI72q16nswg

GP Liaison

Dr Sue Tutty, General Practitioner Liaison (GPL) Women's Health, 021 875 002 or email sue.tutty@middlemore.co.nz

For Administrative Queries

Lydia Gillan, Project Manager (Women's Health Portfolio)– Primary Care and Health of Older People

Email: womenshealth.pc@middlemore.co.nz

Sharon Ranson, Service Manager Gynaecology, 021 518 238 or email sharon.ranson@middlemore.co.nz

Other Contact Details

Supplier name: Hallmark Surgical

Email: operate@hallmarksurgical.com

Phone: 0800 67 37 28

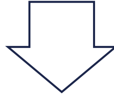
Supplier name: Obex Medical Limited

Email: info@obex.co.nz

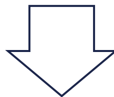
Phone: 0800 656 239 or 09 630 3456

Te Whatu Ora Counties Manukau
Sign-off process for pessary fitting for vaginal prolapse

Read the Te Whatu Ora Counties Manukau information booklet for Pessary Management of Vaginal Prolapse in Primary Care



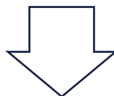
Ring Pessaries HealthPathway



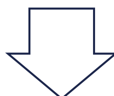
Optional training at Manukau Health Park

Contact Chrissie Sygrove christine.sygrove@middlemore.co.nz or

Katherine Sowden katherine.sowden@middlemore.co.nz



When finished please send completed assessment form to womenshealth.pc@middlemore.co.nz



The team will email POAC to advise that you have been signed off and you will be added to the POAC list. You can begin to claim for these procedures.

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PART A - Clinical Information

When to use a ring pessary

Background

When pelvic organs, such as the uterus, bladder, or bowel, protrude into the vagina because of weakness in the tissues that normally support them, this is pelvic organ prolapse. About 40% of women will experience prolapse in their lifetime and this is likely to increase with the aging population. Women report a wide variety of symptoms that affects their quality of life, sexual functioning, and daily activities.

The symptoms of prolapse include:

- Vaginal - Sensation of fullness, pressure, or bulge. Something "coming down". Difficulty with intercourse.
- Urinary - Frequency, urgency, incontinence, difficulty with stream, feeling of incomplete bladder emptying.
- Bowel - Constipation, urgency, incontinence, incomplete emptying.

Prolapses are graded (with a cough or valsalva) as follows:

- Grade 1. Palpated up to halfway down the vagina
- Grade 2. Visible at the introitus but does not extend below the hymenal ring
- Grade 3. Extends to the introitus and may partially protrude beyond the introitus
- Grade 4. Procidentia - fully outside the introitus

Each grade can apply to:

- anterior vaginal wall, cystocoele or urethrocoele.
- posterior vaginal wall, rectocoele or enterocoele.
- cervix or vaginal vault.

Causes of prolapse

- Pregnancy and childbirth especially prolonged labour, large babies or multiparity
- Obesity
- Genetics
- Hormonal changes after menopause
- Constipation

- Prolonged coughing e.g., COPD
- Raised intra-abdominal pressure such as recurrent heavy lifting

Treatments for pelvic floor prolapse include:

1. Lifestyle change: weight loss/ avoid heavy lifting / treat constipation
2. Pelvic floor muscle training +/- physiotherapy referral
3. Oestrogen cream if signs of vaginal atrophy
4. Pessary
5. Surgery: discussion of surgical options can be complicated and should be left to the surgical team involved

Treatment options depend on:

1. The patient's preferences
2. Site and degree of prolapse
3. Lifestyle factors
4. Comorbidities, including cognitive or physical impairments
5. Age
6. Desire for childbearing
7. Previous abdominal or pelvic floor surgery
8. Benefits and risks of individual procedures
9. Availability
10. Timeliness: a pessary may be inserted while waiting for surgery
11. Review: if no improvement in symptoms after 6 months consider referral to secondary care

Vaginal pessaries are one treatment option for prolapse that is commonly used to restore the prolapsed organs to their normal position and hence relieve symptoms. **A vaginal pessary can be used to treat all four prolapse stages,** although in grade 4 prolapse it may just be a temporary measure and is less likely to offer long term symptom relief. .

Procedure

<u>History and examination</u>

- take a history to include symptoms of prolapse, urinary, bowel and sexual function
- do an examination to rule out a pelvic mass or other pathology
- document the presence of prolapse

- assess and record the degree of prolapse of the anterior, central and posterior vaginal compartments of the pelvic floor
- assess the activity of the pelvic floor muscles
- assess for vaginal atrophy

Other considerations

- Do not routinely perform imaging to document the presence of vaginal prolapse if a prolapse is detected by physical examination
- If the woman has symptoms of prolapse that are not explained by findings from a physical examination, consider repeating the examination with the woman standing or squatting, or at a different time
- Discuss the woman's treatment preferences with her, and refer if needed
- Consider investigating the following symptoms in women with pelvic organ prolapse:
    - urinary symptoms that are bothersome and for which surgical intervention is an option
    - symptoms of obstructed defaecation or faecal incontinence
    - pain
    - symptoms that are not explained by examination findings

Prior to inserting a Pessary

- Consider using a pessary in conjunction with supervised pelvic floor muscle training
- treat vaginal atrophy with topical oestrogen unless there are contraindications. Women with a history of breast cancer should seek secondary care advice prior to using topical oestrogen. Women with a history of endometrial cancer should not use oestrogen cream.
- explain that more than 1 pessary fitting may be needed to find a suitable pessary
- schedule a review 4-6 weeks after the initial insertion
- explain that sometimes inserting a pessary may make it more difficult to void urine or exacerbate incontinence.
- discuss the effect of different types of pessary on sexual intercourse
- describe complications including vaginal discharge, bleeding, difficulty removing pessary and pessary expulsion
- explain that the pessary should be removed at least once every 6 months to prevent serious pessary complications
- review women using pessaries every 6 months if they are unable to manage their ongoing pessary care

Fitting the pessary

Equipment required: a set of fitting rings, gloves (which do not have to be sterile), lubricant, and an autoclave.

If your practice requires a fitting kit get in contact with the Women's Health Team and they may be able to provide one through womenshealth.pc@middlemore.co.nz.

If her menses have ended, start oestrogen therapy prior to the visit.

Pessaries are fitted by trial and error.

Order a set of fitting rings from the manufacturer, which are autoclaved between patients.

- Insert your middle finger behind the cervix in the posterior fornix and place your index finger against the pubic notch. The distance between your 2 fingers is used as a starting point in pessary sizing. Choose the fitting ring whose diameter best approximates this distance.
- Fold the fitting ring in half, lightly lubricate the entering end, and insert it so that part of the ring is behind the cervix and the opposite side is behind the pubic notch, aiming for the largest size that fits comfortably. Sweep your finger around the perimeter of the ring to check for pressure points. If the ring does not fit properly, try a smaller or larger size.
- The average pessary size is 4 or 5, the range being from 2 to 7.
- Ask the patient to get up from the bed, to lightly jump and to sit on the toilet and try to pass urine before determining if it is the right size.
- Remove the fitting ring and order the appropriate size pessary.

The cost of a pessary including delivery is approximately $90 and is funded by this Te Whatu Ora Counties Manukau.

Usually, a pessary lasts for about 5 years.

Table 1: Pessary manufacturers

Manufacturer	*Product*	*NZ phone number*	*Email address*
Obex Medical Limited	Milex range	0800 656 239	info@obex.co.nz
Hallmark Surgicals	Solo range	0800 67 37 28	operate@hallmarksurgical.com

Different types of pessary

Vaginal pessaries are passive mechanical devices that are worn internally and designed to support the vaginal walls and apex. Pessaries are made of PVC, latex or silicone

Two main groups of pessaries are used:

1. support pessaries (e.g. ring pessary or ring pessary with support)
    - positioned between the pubic bone and posterior vaginal fornix
    - Most commonly used pessaries in practice
    - provide support to descending organs
    - allow vaginal intercourse
    - easier to remove and replace
    - recommended for 1st and 2nd degree prolapse

2. space filling pessaries (e.g. Donut, Gellhorn or cube)
    - provide support by filling the vaginal space to prevent prolapse descent
    - may be required in 3rd of 4th degree prolapse
    - Cube creates a suction effect around the pessary increasing the likelihood of retention
    - prohibits vaginal intercourse
    - more difficult to remove and replace

Choosing the correct pessary

- cystocele can be treated with a ring with support (filled-in centre)
- uterine prolapse can be treated with a ring without support (hollow)
- stress incontinence may be helped using a ring with a knob.
- Various elements can be combined into one pessary if necessary e.g., a woman with stress incontinence and cystocele would benefit most from a ring with support and a knob, as shown below

For advice on checking or changing a ring pessary see:

Auckland Regional HealthPathways: Ring Pessaries

Post insertion management

- Teach patients how to remove and insert pessaries themselves if possible.
- All patients should be checked within 4-6 weeks after a new pessary insertion.
- Pessaries can be removed daily, weekly, or monthly, at patients' discretion, for washing with regular soap and water.
- Ring pessaries can be removed or left in place for intercourse.
- Patients can also insert their pessaries as needed (eg, to address stress incontinence with exercise).
- If patients are unable to care for the devices on their own, they will require health care providers to remove, wash, and re-insert them every 3 to 6 months.
- To prevent ulceration, infections and odours oestrogen should be applied vaginally 2 or 3 times weekly, unless clinically contraindicated.
- All women wearing pessaries should be examined by health care professionals every 6-12 months to check for complications.
- If the woman loses or gains more than 22kg the pessary will need to be refitted.
- If significant erosions are present pessaries should be removed and left out and the women seen again in 4-6 weeks when the pessary can be reinserted.
- Warn your patient to contact you if:
    - The pessary falls out
    - There is bleeding
    - The patient has difficulty passing urine or a bowel movement
    - There is ongoing pain
- If the woman develops post-menopausal bleeding, she will need an ultrasound scan.

The Pathway of Care

Background

The model of care incorporates a credentialing module for General Practitioners (GPs) and Nurse Practitioners (NPs) to diagnose and provide non-surgical management for patients presenting in primary care with symptoms of prolapse.

This is an extension to the scope of practice for primary care.

Training, credentialing and over-sight to maintain quality of service delivery and care will be provided by secondary care Gynaecologists in partnership with primary care.

The intent of the new model is that this service will be offered by a selection of GPs and NPs who will accept referrals from other GPs and NPs to provide a timely and convenient service for women in the community.

After taking a history and performing an examination the credentialed GP will be able to explain the diagnosis to the patient and where appropriate provide non-surgical treatment.

The project manger for Women's Health projects will be responsible for keeping a register of GPs and NPs trained in the technique and will regularly send it to POAC to update on their website.

Sign-off for General Practitioners and Nurse Practitioners

Aims

- To provide symptomatic relief for women with prolapse closer to home and in a timely manner
- To identify women requiring more intensive management and facilitate their referral.
- To reduce the pressure on gynaecology outpatients and facilitate those patients requiring secondary care input to access the services they require.

Knowledge requirements

- Identification of the problem
- Perform an appropriate history and vaginal examination
- Identification of the level of prolapse
- Appropriate counselling around management options
- Indications and contra-indications for pessary fitting
- Select and fit the appropriate pessary
- Regular review and change of pessary
- Review and refer where appropriate

Sign-off

The assessment will be in the form of self-assessment completed after referring to the Auckland Regional HealthPathway and reading this booklet.

Experience in inserting ring pessaries is available by attending a pessary clinic at Manukau Health Park – see the contact details at the beginning of this booklet.

It is anticipated that a 'sign off' will be possible when the GP/NP is confident at fitting pessaries, is able to select the appropriate pessary for the women and refer on when symptoms persist, or the pessary is not beneficial.

This credentialing process is a Royal New Zealand College of General Practitioners (RNZGP) endorsed activity and attracts Continuing Medical Education (CME) points.

The form is attached as Appendix 1. Please sign the form and email it to the Women's health project manager so funding can be made available and equipment supplied.

Contact: womenshealth.pc@middlemore.co.nz

Funding Primary Care

The patient will expect to pay for their initial visit with prolapse symptoms. However, any subsequent visits need to be covered under this funding.

1. Funding Assumptions

As many general practitioners and nurse practitioners as possible will be trained and credentialed for pessary insertions.

Each clinician will see his/her own enrolled patients and can consent to have their name available to see other clinicians patients.

Some clinicians may prefer only to replace pessaries and not fit them

2. Funding

The objective of the new model of care is to manage patients who would have previously been referred to secondary care for the treatment and management of vaginal prolapse.

Therefore following the initial consultation which the woman has now, and which attracts a normal consultation fee, patients are not required to contribute further to the cost of their care in the primary sector.

a. Patients requiring fitting with a pessary

Patients requiring a pessary fitting will be considered an extended visit and be funded at $150 a visit. It is essential the woman tries to pass urine with the pessary in place prior to removing the fitting pessary, ordering her ongoing pessary and her leaving the surgery.

Once the ordered pessary arrives at the practice, she will need a quick visit to insert the pessary paid for at $75. She will then need a comprehensive follow-up visit in 4-6 weeks to check on her progress with the pessary in place; costed at $75 if that pessary is satisfactory and $150 if a new pessary needs to be fitted.

Table 1: Funding Primary Care: For the Patient with a ring pessary already fitted

Consultation	Cost
Initial GP Consultation: Patient to Pay	Normal Fee
Fitting of ring pessary	$150
Insertion of new pessary	$75
Review post insertion 4-6 weeks *	$75 or $150 if a new pessary needs to be fitted
Ongoing review every 6 months	$75.00
Cost of pessary	Actual cost - up to $90 per pessary

*If the woman requires a change of pessary at this appointment a further review is indicated in 4-6 weeks.

b. The replacement of an existing ring pessary

People with existing pessaries will no longer need to be seen routinely at Manukau Health Park. These visits for ring pessary changes are now funded to occur in primary care. They should occur every 6 months if the woman is not removing the pessary herself but can be extended to yearly if the woman is doing her own removals and insertions.

New pessaries need to be ordered every five years. Prior to that the existing pessary can be washed and returned to the vagina providing the woman is asymptomatic.

These visits will be funded at $75.00 a visit.

The patient will be discharged from the Gynaecology Service at the Manukau Superclinic to be followed up by her GP. The GP will be paid for the follow up visit.

Table 2: Funding Primary Care: For the Women who needs her pessary reviewed and possibly replaced.

Change of ring pessary	**$75.00**
Cost of new pessary (every 5 years)	Actual cost - up to $90 per pessary
Follow up by GP	**$75.00**

Co-ordination and Support for New Model of Care

1. Financial Transactions

Counties Manukau Health will be supported by Clinical Assessments Limited (CAL) to coordinate and manage all financial transactions. This will be seamless to the GP and the patient. It is CAL who currently manages the Primary Options for Acute Care (POAC) programme.

Please note however, this project is a separate initiative to POAC.

2. Fitting kits

Te Whatu Ora Counties Manukau will provide fitting kits direct to practices. Please contact womenshealth.pc@middlemore.co.nz if you would like a fitting kit.

3. Claiming Process

- Claiming process will be through the claims management system as per process outlined in the Information Package
- Supporting clinical notes are to be included with the GP claim in order to be accepted
- Claims must meet the specific criteria as outlined in the Information Package

References

Auckland Regional HealthPathways: Prolapse and Ring Pessaries

Bordman R, Telner D. Practice tips. Pessary insertion: choosing appropriate patients. Can Fam Physician. 2007;53(3):424-425

Bugge C, Adams EJ, Gopinath D, Reid F. Pessaries (mechanical devices) for pelvic organ prolapse in women. Cochrane Database of Systematic Reviews 2013, Issue 2. Art. No.: CD004010. DOI: 10.1002/14651858.CD004010.pub3. Accessed 03 January 2021.

NICE 2019. Urinary incontinence and pelvic organ prolapse in women: management. Available from: www.nice.org.uk/guidance/NG123.

APPENDIX A – Credentialing Assessment Form

Self-assessment form for pessary insertion in Primary Care

Name of GP	
Read the instruction manual	☐
Investigated the Ring Pessaries HealthPathway	☐
Attended the pessary clinic (optional)	☐

Knowledge requirements	**Tick when competent**
• Causes of prolapse	☐
• Classification of the prolapse	☐
• Counselling around treatment options	☐
• Types of pessaries and their indications and contraindications	☐
• Post insertion counselling	☐

Post Training	
GP signature	
Practice	
Email address	
Willing to accept referrals from other GPs?	
Willing to have name available on a public site for referrals from the general public?	
Tick which procedures you are confident to complete independently	Changing ☐ Fitting ☐

Please email the completed form to the Women's Health project team
womenshealth.pc@middlemore.co.nz

APPENDIX B – Reference Guides

Click to download:

Milex Pessary In-Service Training Booklet

SOLO™ Pessary Range available via Hallmark Surgical

SOLO™ Pessary Fitting Kit brochure available via Hallmark Surgical

MILEX™ Pessary In-Service Training

HOW YOU AND YOUR PATIENTS WILL BENEFIT FROM THE USE OF PESSARIES

APPENDIX C – Pessary Patient Fact Sheet

COUNTIES MANUKAU DISTRICT HEALTH BOARD
A Community Partnership

PESSARY
Patient Fact Sheet

What is a pessary and what is it used for?

A pessary is a device that fits into your vagina (birth canal) to help support a pelvic organ prolapse (or bulge from the vagina). Pelvic organ prolapse is a condition in which the natural support of muscles and ligaments has failed causing a droop, bulge, or falling out of some or all of the organs of the pelvis. These organs include the uterus (womb), vagina (birth canal), bladder (where the urine is stored), urethra (tube the urine passes through) and rectum (the lower part of the large intestines where bowel movements are stored). The natural support can be weakened by childbirth, pelvic surgery, obesity, chronic constipation, chronic coughing and repeated heavy lifting. Additionally, some pessaries can help with urine leakage problems (called incontinence).

What kind of pessary is available?

There are over a dozen different shapes of pessaries and each shape of pessary has multiple sizes. Your nurse will decide which type and size of pessary is best for you. Pessary choice is made based on the type and degree of prolapse or bulge you have. The fit of the pessary has to be just right and there are no tools that can tell which pessary is perfect for you. Finding the correct pessary is often done by trial and error and several tries to get the right one for you may be necessary. Prior to leaving the clinic after your pessary fitting, your nurse may ask you to walk around for a few minutes and ask you to empty your bladder. You will need to return to the clinic periodically to have the pessary checked.

How do I care for my pessary?

That depends on the shape of pessary and your ability to take care of the pessary yourself. At your follow-up visit, you may be taught self-care of the pessary. This will include self-removal, cleaning techniques and self-insertion. Most pessaries can be worn for many days to weeks at a time before they have to be taken out and cleaned with ordinary soap and water. If you are unable to take care of the pessary yourself, you will be instructed to return to the clinic at scheduled intervals for nurse care.

Please contact us on (09) 277 1660 to schedule an appointment if:

- **You have pain or discomfort**
- **You have a smelly or bleeding vaginal discharge**
- **Your pessary falls out**

November 2010
Module 10, Manukau Superclinic, CMDHB
Version 2

Can a pessary get lost or fall out?

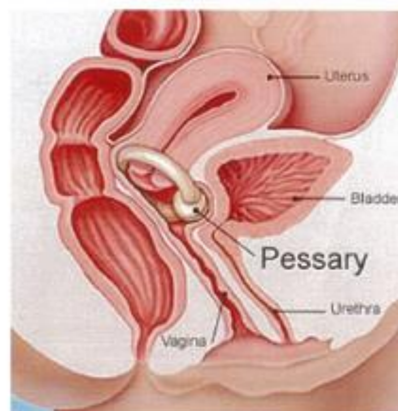
Your vagina is a closed tube; therefore, it cannot go anywhere else in your body. It is possible for the pessary to fall out or shift in your vagina. This can mean that the pessary is not the correct size and may need to be refitted.

Are there any side effects that can occur with pessary use?

You may notice more vaginal discharge; this is normal. The vaginal discharge may develop an odour; this can be treated with various vaginal medications. Vaginal irritation is another possible side effect; menopausal women may be prescribed vaginal estrogen to decrease vaginal irritation. Rarely, the pessary can cause difficulties in emptying your bladder or having adequate bowel movements.

What else should I know about a pessary?

Some pessaries can be worn during vaginal intercourse – your nurse can advise you on this. Many women find that the pessary "fits differently" (too small – feels loose or too big – feels tight) during different times in their cycle. Self-care patients can alleviate this by having a smaller or bigger pessary on hand to use. It is recommended if you lose or gain more than 22kgs and you experience problems with your pessary, you be refitted. Most important, contact your nurse if you have any discomfort related to the pessary, if you have trouble urinating or having a bowel movement and if you have any vaginal bleeding. Finally, keep your scheduled appointments with your nurse. This will ensure the best outcomes for you.



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