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]

Assess suitability for pessary [L: I, III-1, III-2, Opinion]
- Objective: POP stage or POPQ
- Subjective: Validated questionnaires

Assess contraindications [L: III-3, IV, Opinion]
- Preference for conservative management
- Willingness for self-management
- Willingness to attend regular follow up
- Intact cognition
- Adequate physical mobility & dexterity
- Need for topical oestrogen

Prior to fitting [L: Opinion]
- Active vaginal infection
- PID
- Undiagnosed vaginal bleeding
- When follow-up is not assured

Stage III & IV POP [L: *]
- Insert pessary as per guideline and refer to specialist [L:*]
- Referral to GP or gynaecologist for topical oestrogen if indicated
- Refer to oncologist if past history of breast cancer [L:*]
- Specialist review required if on Warfarin or with mesh implants [L:*]

Selection of pessary type [L: III-2, III-3, Opinion]
- There are no factors absolutely predicting type/size. Fitting is based on trial & error & experience. Several trials may be needed to fit a pessary successfully.
- Stage I & II POP – try ring first
- Stage III & IV POP – try ring then Gellhorn
- Trial of other types e.g. cube, donut if these fail

Selection of pessary size [L: Opinion]
- Assess vaginal dimensions:
  - width of upper vagina
  - length from posterior fornix to pubic symphysis
  - visually compare with available pessaries for size

Fitting procedure [L: Opinion]
- Wash new pessary in soap and water
- Apply water-based gel to leading edge of pessary
- Separate labia, asking woman to relax her pelvic floor muscles
- Slide pessary into position in upper vagina

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]

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

Assessment of side effects
[L: III-2]

Recording & Communication
[L: *]

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

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: *]

Risks & Complications [L: 1]
Common complications:
- mild vaginal discharge
- constipation
- erosion
- vaginal bleeding
- denovo or worsening urinary incontinence

More serious & less common complications:
- severe vaginal discharge associated with infection e.g. bacterial vaginosis
- urological complications
- cervical incarceration
- septicaemia
- impacted/embedded pessaries, causing fistulae
- vaginal or cervical cancer

Patients should be monitored for serious complications

- Severe, foul-smelling vaginal discharge – take swab or refer for swab

GP review of mild complications
[L: III-2]
Specialist review of severe complications / side effects
[L: *]

- 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

- 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