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Gynaecology

Prolapse and Vaginal Pessary

What is prolapse?

Sometimes a woman's pelvic floor muscles and ligaments become weak or damaged and no longer support the pelvic organs; this is called a pelvic organ prolapse. The uterus (womb) can prolapse into the vagina or out past the vaginal entrance. The front and back vaginal walls can also prolapse, allowing the bladder and bowel to push against the vaginal walls. Prolapse of the vaginal walls and womb are common as women get older. Giving birth, the aging process and menopause can weaken the pelvic floor and result in a vaginal prolapse

A vaginal prolapse is described according to the parts of the vagina and/or uterus that are involved.

- If the front wall of the vagina (below the bladder) is prolapsing it is called a **cystocele.**
- If the back wall of the vagina (in front of the bowel) is prolapsing it is called a **rectocele.**
- If the cervix (neck of the womb) is all the way out beyond the entrance of the vagina it is called a **procidentia**.

Sometimes a woman will only have part of the vagina involved in her prolapse or it may be a combination of the vagina and uterus.

What kind of problems can a prolapse cause?

Some women do not have problems at all and only discover the prolapse on internal examination. Most women, who do have symptoms, describe it as "something coming down", or a bulge.

- **A cystocele** may be associated with frequency of passing urine, a

feeling of not completely emptying the bladder or there may be leaking urine.

- **A rectocele** may be associated with difficulty opening the bowels.
- **A prolapse** may cause difficulties with sexual intercourse and/or a feeling of heaviness/discomfort.

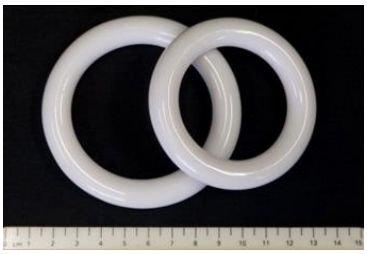
Treatment of prolapse

A physiotherapist may help with special exercises, techniques and equipment aimed at stimulating and strengthening the pelvic floor muscles. This may help to improve symptoms of prolapse but may not reduce the size of the prolapse. Often surgery or a pessary will become necessary to manage the prolapse.

What is a pessary?

A vaginal pessary is a device, which is inserted into the vagina to hold a prolapsed uterus or vaginal wall in place. Pessaries are made of latex, silicone or vinyl. There are a variety of types but the three different types of pessary we most commonly use are ring, shelf and gellhorn pessaries. Vaginal pessaries are used by women who prefer; non-surgical treatment, are awaiting surgery, or when childbearing is not complete and/or where surgery may not be a safe option due to health problems.

- **Ring pessary –** a **ring pessary** is round in shape and comes in different sizes. Your care provider will assess the size you need. They are used for patients who have a prolapse where the womb is coming down the vagina or even out of the vagina.



Ring Pessary

- **Shelf pessary** – a **shelf pessary** is a hard plastic device used for patients who need to have extra support for their womb/vagina or those for whom the ring pessary does not stay in.

- **POPY pessary**- These are similar in shape to the Shelf pessaries but softer material.

Shelf Pessary

- **Gellhorn pessary -** a **Gellhorn pessary** is designed to support areas of pelvic organ prolapse and can be used in cases of prolapse of the uterus, bladder, rectum, and small bowel, as well as vaginal vault prolapse.

Gellhorn Pessary

Fitting of the pessary

Following discussion about the best treatment for your vaginal prolapse, a pessary may be advised, which will be fitted at this consultation. Ring pessaries may not be suitable for everyone, as every prolapse is different and vaginas vary in size and shape. Pessaries are fitted by estimating the size required and either increasing or decreasing the size if it is uncomfortable or falls out. In this case a shelf pessary may be needed or another option of treatment discussed.

What will happen during follow up appointments?

The nurse specialist will ask you some questions about how satisfied you are with the pessary since the previous appointment. She will ask you if you have had any problems with:

- Bleeding;
- Discharge;
- Urinary problems;
- Bowel problems;
- Discomfort.

She will ask if you have any new symptoms from the prolapse. With your consent the pessary inserted at the previous appointment will be gently removed by the nurse inserting a well-lubricated finger into your vagina and asking you to cough as the pessary is removed. A speculum will then be inserted into the vagina so that the vaginal walls can be examined for any abnormalities, such as infection or ulceration. If there are no problems a new pessary will be inserted using a lubricant or oestrogen cream.

Does the procedure hurt?

You may feel some discomfort on removal or insertion of the pessary but it should not be painful.

What are the risks?

- **Ulceration:** This often requires leaving the pessary out for 6-8 weeks to allow the ulcerated area to heal. Local oestrogen cream may be prescribed. A further appointment will be made in eight weeks.
- **Infection:** if there is vaginal discharge, a vaginal swab will be taken and the results will be reviewed once available. If treatment is required both you and your GP will be contacted so that treatment can be started. A pessary will not be replaced, unless requested by you, until the results are available and appropriate treatment given if necessary. A further appointment will be made in eight weeks.
- **Bleeding:** if you report any vaginal bleeding the pessary will not be replaced and an appointment will be made for you to have a pelvic ultrasound. Your pessary will be replaced on the advice of your consultant depending on the results.
- **The pessary falls out:** pessaries are fitted by gauging the size required. If the pessary is too small it may fall out on passing urine or opening your bowels. There is nothing to worry about; it just means fitting a different size. If the pessary is too big it may be uncomfortable. If the pessary continues to fall out or be uncomfortable, an appointment will be made for you to see the consultant.

What happens after fitting a pessary?

Once the pessary is inserted and placed appropriately in the vagina, it needs to be changed every three to six months depending on the type. It is important to attend your next appointment to prevent complications occurring. You will be asked to move around, sit down and pass urine before you leave the department to ensure that the pessary is comfortable.

It is possible to have sexual intercourse with a ring pessary in place, although your partner may feel the pessary this should not be uncomfortable for him or you. If you have a shelf/gellhorn pessary it is not possible to have sexual intercourse, this is because of the shape of the pessary.

If you experience any pain or discharge, you should contact your GP or the nurse in clinic. You may be advised to use vaginal oestrogen treatment twice a week to alleviate vaginal dryness and help the process of changing the pessary.

Further Information

If you have any further queries, you can contact the Urogynaecology Nurse Specialists Kirsty Cottrell or Sharon Hegarty via the gynaecology clinic reception on Telephone 024 7696 7350 during office hours.

In emergencies/out of hours you can contact the Emergency Gynaecology Unit on Telephone 024 7696 7000.

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact 024 7696 7000 we will do our best to meet your needs.

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Document History	
Department:	Gynaecology
Contact:	27350
Updated:	January 2022
Review:	January 2024
Version:	4
Reference:	HIC/LFT/2062/16