Pelvic Organ Prolapse and Pessary Fitting

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Outline

Pelvic Organ Prolapse (POP)
- definition, prevalence
- history, physical, investigations
- treatment options

Case: Mrs. Jones

Pessary
- description, indications
- hands-on fitting
Pelvic Floor Defects

- Cystocele and Urethrocele
- Rectocele and Enterocele
  - Tears or defects in the rectovaginal septum
- Uterine and Vaginal Prolapse
  - Vaginal vault prolapse may also occur after hysterectomy
Pelvic Organ Prolapse

Normal female pelvic anatomy

Cystocele

Bladder prolapse

Uterus, Rectum, Bladder, Urethra, Vagina
Risk Factors for POP

- Childbirth
- Constipation
- Age
- Chronic cough
- Obesity
- Previous pelvic surgery
Stats on POP

- Prevalence rates 25%- 65%
- Under-reported
- Patients usually have symptoms for up to 10 years before brought to attention of an MD
- When symptomatic, immense impact on daily QoL
Case Mrs. Jones

- 62 year old widow
- AHE
  - Smoker, hypertension (ramipril 10 mg)
  - G2P2 (vaginal, 9,10 lbs)
- ROS: positive for urinary symptoms
- What would you ask?
History

- Urinary frequency
- Bulge in vagina
- Pelvic pressure
- Incontinence urine/stool
- Constipation
- Dyspareunia
- Need to digitate to evacuate
- Urinary retention
**MJ: Urinary Symptoms**

- Urinates every 1-2 hours
- Leaks a bit if waits too long
  - Also if coughs/sneezes
- Doesn’t feel she’s emptying completely
- Nocturia X 3
- No bleeding
  - Occasional spotting blood after intercourse

What do you do for physical exam?
Physical Exam

- Observe
- Valsalva (bearing down)
  - Beware of incontinence !!!
- Speculum (Remove one blade)
  - Examine anterior area for cystocele (with Valsalva)
  - Examine posterior area for rectocele (with Valsalva)
- Digital exam with Valsalva for uterine prolapse
- Reduce cystocele to rule out stress incontinence
- Have patient stand if not obvious
**Grades of Pelvic Organ Prolapse**

- **Grade I**
  - Mild descent of uterus/cystocele/rectocele, asymptomatic

- **Grade II**
  - Descent of uterus/cystocele/rectocele above introitus, usually asymptomatic

- **Grade III**
  - Descent of uterus/cystocele/rectocele to introitus

- **Grade IV**
  - Descent of uterus/cysto/recto beyond introitus
Palpate lower abdomen
Visualize the perineum
Separate the speculum and check for
- Cystocele
- Stress incontinence
- Other forms prolapse
- Vaginal atrophy

What investigations do you want?
MJ: Investigations

- Urine R+M, C+S
- Pelvic ultrasound/pre-post void
- Urodynamics

All tests come back normal
What to do know?
Treatment Options

- Nothing/ lifestyle (wt loss, d/c smoking)
- Exercise (kegel, pelvic physio, vaginal cones)
- Estrogen trial
- Pessary
  - patient prefers nonsurgical
  - poor surgical candidate
  - desire for future child-bearing (surgical repair will be challenged again)
- Surgery
MJ wants to try a pessary…

The ins and outs of Pessaries
Pessary

- Intra-vaginal silicone (latex free) device
- Different types for cystocele, stress incontinence, uterine prolapse, rectocele
- Fit by trial and error with a set of fitting rings
- Vaginal dryness: pre-medicate with vaginal estrogen for 1-2 months before chronic usage
Pessary in place
Contra-indications?

Very few!

- local infection - treat first
- non-compliance with follow up
Types of pessaries

Various types of pessaries: (A) Ring, (B) Shaatz, (C) Gellhorn, (D) Gellhorn, (E) **Ring with support**, (F) Gellhorn, (G) Risser, (H) Smith, (I) Tandem cube, (J) Cube, (K) Hodge with knob, (L) Hodge, (M) Gehrung, (N) Incontinence dish with support, (O) Donut, (P) Incontinence ring, (Q) Incontinence dish, (R) Hodge with support, (S) Inflatoball (latex).
**Support pessaries**

**Ring pessary**
- First and second degree uterovaginal prolapses
- The most common pessary, and the easiest to use

**Gehrung pessary**
- Cystoceles and rectoceles, with or without uterine collapse
- Can be manually moulded. It rests along the anterior vaginal wall to straddle the bladder, and the lateral bars straddle the rectum, providing support via the ligator sling

**Hodge pessary**
- Mild cystoceles in women with a narrow pubic arch, and for correcting a retroverted uterus

**Space occupying pessaries**

**Cube pessary**
- Third degree uterovaginal prolapse
- Maintains its position by creating suction between itself and the vaginal wall. Has no area for drainage and has to be removed nightly

**Donut pessary**
- Third degree uterovaginal prolapse
- Remains in place by having a larger diameter than the genital hiatus. Usually latex, but an inflatable version allows for easy insertion and removal and an individualised fitting

**Gellhorn pessary**
- Third degree uterovaginal prolapse with decreased perineal support
- Concave surface fits against the cervix or vaginal cuff. Stem should be positioned just behind the introitus, so perineum must be intact
Ring Pessaries

- Solves 80% of prolapse problems
  - Handles grade I-II

- Ring:
  - Uterine prolapse

- Ring with knob
  - Stress incontinence

- Ring with support:
  - Cystocele + uterine prolapse
**Pessary Care**

- Need to remove weekly/monthly for cleaning with soap and water
- Need to insert Trimosan or estrogen cream 2-3 x per week
- Vaginal examination by healthcare provider every 3-6 months to check for fit, erosions
Pessary Fitting

Hands on demonstration
Pessary Fitting

- Obtain set of fitting rings
  - Milex 1-800-243-2974 www.coopersurgical.com
  - Superior Medical Ltd. 1-800-268-7944 www.superiormedical.com

- Measure AP diameter with your fingers

- Estimate starting fitting ring size
  - Stop when prolapsed reduced, fits comfortably, sweep one finger all around

- Pt walks around wearing fitting ring
  - At least 1 hour then recheck

- Order the pessary
Pessary Visits

First visit (K013)-are they willing?
  – Education (cost, needs to be cleaned, need estrogen or trimosan PV 2-3X/wk, fitting takes time)
  – Pre-medicate with estrogen if vaginal atrophy

Second visit (A007 + G398-fitting-$61)
  – Fitting, pt walks around, recheck, check stress incontinence, ensure can urinate with pessary in situ
  – Order pessary

Third visit- fit with new pessary

Fourth visit-2-4 wks, teach insertion
Follow up

Mrs. Jones learns to clean her pessary herself and inserts trimosan
   – If she wasn’t able then need to see every month, use estring

You continue to check her q 3-6 months

At 1 year visit you see dark 2 cm elongated ulcerated area in her vagina

She has no pain-What to do?
Potential complications

- Vaginal erosions or ulcers (3-24%)
- Vaginal bleeding
- Vaginal discharge
- Irritative symptoms
- UTI (13%), BV (32%)
Treat vaginal erosions

- Remove pessary and keep it out until healed
- Check your fitting
- Estrogen PV
Take home points

- Ask patients about symptoms of POP
- A thorough exam takes only an extra few minutes after your gyne exam
- Pessaries are a safe and effective option for most women with POP
- Ring with support most common
- Educate patients on care and follow up
Thank you

Questions?