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CooperSurgical is the leading company dedicated to providing medical devices and procedure solutions that improve health care delivery to women regardless of clinical setting. Our company is fostering that position through expansion of its core businesses and introduction of advanced technology-based products which aid clinicians in the management and treatment of commonly seen conditions.

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## Incontinence and Pelvic Organ Prolapse Know Your Options and Take Control!

Incontinence and pelvic organ prolapse are common conditions that are rarely life-threatening. However, these conditions can drastically impact the quality of life of a woman. Approximately 30% of women in the US have been found to have pelvic floor prolapse (although not all are symptomatic) and 10–30% of US women have incontinence. One in eight will undergo surgery for UI and/or POP and 33% will require a second procedure.<sup>1</sup>

<sup>1</sup> "The Vaginal Pessary: Practical Treatment for Pelvic Organ Prolapse and Stress Urinary Incontinence."  
By Martha Rode, CNM and Rebecca G. Rogers, MD - The Female Patient Vol 32 January 2007

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## Urinary Incontinence

Incontinence is defined as an unintentional discharge of bodily fluids or the inability to control urine flow. There are several causes to incontinence which include:

- **Stress Incontinence** - Exert pressure (stress) by coughing, sneezing, laughing, exercising or lifting heavy objects.
- **Urge Incontinence** - Sudden sense to urinate followed by an involuntary loss of urine.
- **Overflow Incontinence** - Frequent or constant dribble of urine resulting in the inability to empty the bladder.
- **Mixed Incontinence** - Experience symptoms of more than one type of incontinence, such as stress incontinence and urge incontinence.
- **Functional Incontinence** - When physical or mental impairment keeps one from making it to the toilet in time.

## Pelvic Organ Prolapse

Prolapse literally means "to fall out of place." Pelvic organ prolapse (POP) is the condition where organs such as the uterus, vagina, bladder and/or rectum slip out of place.

Pelvic organ prolapse is most often linked to strain during childbirth. Normally your pelvic organs are kept in place by the muscles and tissues in your pelvis. With childbirth these muscles can get weak or stretched. If they don't recover, they may not properly support your pelvic organs. Women who have a hysterectomy also may suffer from P.O.P.

### What can cause incontinence and/or pelvic organ prolapse

- Pregnancy and childbirth
- Frequent, heavy lifting
- Constipation
- Chronic cough
- Excessive weight gain

## Symptoms Include

- Feeling pressure from pelvic organs pressing against the vaginal wall
- Feeling full in your lower belly
- Feeling as if something is falling out of your vagina
- Feeling a pull or stretch in your groin area or pain in your lower back
- Releasing urine without meaning to, or needing to urinate a lot

- Having pain in your vagina during sex
- Having problems with your bowels, such as constipation

## Female Athletes and Incontinence

Female athletes who participate in high-impact sports and activities such as ballet, gymnastics, aerobics, volleyball, basketball, tennis and running often experience symptoms of urinary incontinence.

Incontinence during physical stresses is common. The cause is usually due to an imbalance of muscle as many female athletes have a very strong core and abdominal muscles but may have weak pelvic floor muscles. Often during physical exertion, the pressure of the core muscles can overpower the pelvic floor muscles.



## Knowing Your Options!

There are several options to successfully manage incontinence and pelvic organ prolapse. These include:

- Conservative/Non-Invasive Treatment
- Medication
- Surgery

## Conservative/Non-Invasive Treatment

Most physicians will suggest conservative or non-invasive treatments over medication or surgery first, such as pelvic muscle exercise and vaginal support devices known as Pessaries.

## Strength Training - Pelvic Muscle Exercise (Kegels)

Often, incontinence and pelvic organ prolapse results from weakening of the pelvic floor muscles. Kegel exercises strengthen the muscles, thus prevent leakage of urine by contracting and relaxing the muscles that form part of the pelvic floor. Kegel exercises are easy to do and once you know how to do them, can be done anywhere without anyone knowing. Kegel exercises are only effective when done regularly. The more you exercise, the more likely it is that the exercises will help.

## How to do a Kegel exercise

- First, locating the "kegel" muscle – try to contract the muscle you use to stop urinating. If this is difficult for you to locate, insert a finger inside your vagina and try to squeeze the surrounding muscle. You should feel

your vagina tighten and your pelvic muscles squeezing your urethra and anus moving your pelvic floor upward. If your stomach or buttocks muscles tighten, you are not exercising the right muscles.

- Once you have located the right muscle, squeeze for three seconds and then relax for three seconds. When relaxing the muscles, you will feel the pelvic floor return to the starting position.
- Repeat this exercise 10 to 15 times per session. Try to do this at least three times a day. Work up to keeping the muscles contracted for 10 seconds at a time, relaxing for 10 seconds between contractions. Avoid holding your breath. Instead, breathe freely during the exercises.

### **The Vaginal Support Device – The Pessary**

Milex™ Pessaries are used to help patients with pelvic organ prolapse (POP) and urinary incontinence. The pessaries come in a variety of different styles and sizes to fit virtually every patient's anatomy. Made of a soft yet sturdy material, pessaries are flexible devices worn in the vagina for a period of time determined by your healthcare provider or physician. As a conservative solution to incontinence and pelvic organ prolapse, the pessary can restore continence by stabilizing the urethra and repositioning back to its original position.



### **How do I know what type of pessary to use?**

Pessaries come in several different shapes and sizes. The type of pessary used will be determined by your clinician. Your satisfaction and comfort will depend on being fitted correctly. During the pessary fitting trial, do not be discouraged if you need to try several pessaries in order to determine the right one for you.

### **How does the physician fit me for a pessary?**

Measurements of vaginal size, length and prolapse stage are used to select the right pessary size and shape. After the pessary is inserted into the vagina, you will be asked to strain and cough repeatedly while on the examining table. You will then be asked to stand, and try to void as well as strain while sitting on the toilet. This in-office trial will help determine if you are fitted correctly, while still allowing you to void when you return home.

### **How long should I wear a pessary?**

Pessary use depends on each patient's specific symptoms and indications as well as

pessary style. Some may be worn only during certain activities while others may remain in place for a longer period of time. The length of time is determined by your health care provider.

### **How difficult is it to manage the insertion and removal of a pessary?**

This will be determined by your health care provider and will depend upon your individual needs. Most, however are inserted and removed by your physician.

### **Can I remain sexually active once a pessary is inserted?**

There are some pessaries which may be worn during intercourse. There are also pessaries made for easy patient removal. If you are going to be fitted with a pessary, be sure to let your health care professional know if you are sexually active.

### **Will wearing a pessary cause an infection?**

A properly fitted and maintained pessary should not increase the risk of infection. However, the pessary is a foreign body, which is placed in the vagina and therefore can cause vaginal irritation if not precisely fitted and cleaned regularly. Each pessary comes with cleaning instructions. With proper care and maintenance, the risk of an infection is greatly reduced.

### **What happens if the pessary falls out?**

Please know it is not an emergency. You should make an appointment with your physician to refit your pessary as a different size and shape will most likely be more effective.

### **Do I need to use a vaginal gel with my pessary?**

Trimo-San pH-4 vaginal gel is recommended as standard protocol for pessary wearers as it helps lubricate vaginal walls and relieve itching and irritation. Trimo-San pH-4 is not like other vaginal gels in the market place. One of the key features of the Trimo-San pH-4 vaginal gel is that it not only lubricates but restores and maintains vaginal acidity. Trimo-San pH-4 helps prevent the growth of odor-causing bacteria by maintaining vaginal pH and provides relief from vaginal irritations.

### **Follow-up Examinations**

Your physician will want you to schedule follow-up examinations. These appointments can be altered to fit your individual needs; however, keep in mind you should:

- Report any difficulty urinating
- Report any discomfort
- Return within 24 hours for first examination

- Return for second examination within three days
- Return for examination every few months thereafter

### Results from using pessaries

In a study published in AJO, data shows that patients fitted successfully with a pessary showed patient satisfaction and change in incontinence and prolapse. "After 2 months, 92% of women with a successful pessary fitting trial were satisfied. Nearly all prolapse symptoms resolved after 2 months; 50% of urinary symptoms improved..."<sup>2</sup>

<sup>2</sup> Patient satisfaction and changes in prolapse and urinary symptoms in women who were fitted successfully with a pessary for pelvic organ prolapse. *American Journal of Obstetrics & Gynecology* Volume 190, Issue 4, Pages 1025-1029, April 2004



### Surgical procedures used to correct different types of pelvic organ prolapse include:

- Repair of prolapsed bladder (cystocele) or rectum (rectocele)
- Removal of the uterus
- Repair of the vaginal apex or vaginal hernia (enterocele)
- Closure of the vagina

### Improve the quality of your life!

You can have hope and confidence - many treatment options are available! You can take control of your condition and improve your quality of life.

### Treatment Medication

Estrogen is sometimes used to improve the tissue in the vagina and urethra. Other medications are available that reduce the urgency and/or overactive bladder symptoms. These medications do have certain side effects, so you should discuss options thoroughly with your health care provider.

### Surgery

The decision to have surgery must always be based on an accurate diagnosis, consideration of other treatment possibilities, and realistic expectations for the surgery. If you are thinking about surgery, you should know the chances of success as well as the complications that could occur. Ask your physician for further details.

### Some surgery choices for incontinence include:

- Artificial urinary sphincter
- Collagen injection
- Electrical stimulation