



CooperSurgical®

MILEX® GELLHORN Multiple Drain Pessaries

AVAILABLE MODELS



**GELLHORN,
FLEXIBLE**

REF

MXPGE
(Pessary Only)



**GELLHORN,
SHORT STEM**

REF

MXPGSS
(Pessary Only)

CE 2797 Rx Only

MD

**UK
CA
0086**

DESCRIPTION

Milex® Pessaries are silicone devices that are offered in a range of different configurations and sizes which are inserted into the vagina to function as support for the uterus, bladder and rectum.

WARNINGS

- Do not leave pessaries in place for long periods of time as serious complications can occur which may require surgical intervention.
- Do not use these pessaries on a patient with a known silicone allergy.
- In pregnant patients, the physician may need to exercise clinical judgment to detect and guard against preterm labor, premature rupture of membranes, and infection.
- In patients who have undergone prior placement of surgical mesh in the vagina, the physician may need to exercise clinical judgment regarding placement of a pessary and if used, consider more frequent clinical evaluations to detect and guard against potential mesh erosion or displacement.
- Chemicals in various vaginal preparations can interact with the pessary material, resulting in discoloration or deterioration of the pessary.
- In cases of acute inflammation, the physician may need to exercise clinical judgment regarding placement of a pessary and if used, consider more frequent clinical evaluations to detect and guard against exacerbated inflammation.
- In cases of bleeding, other than menstrual bleeding, the physician may need to exercise clinical judgment regarding placement of a pessary and if used, consider more frequent clinical evaluations to detect and guard against exacerbated bleeding.

INTENDED USE

- To provide support to pelvic organs when inserted in the vagina.

INDICATIONS FOR USE

- Gellhorn pessary is indicated for support of third-degree prolapse or procidentia.

PERFORMANCE CHARACTERISTICS

- Pessaries for pelvic organ prolapse generally have two categories: the support pessaries and the space-occupying pessaries.
- Pessaries are available in a range of sizes and shapes. Milex pessaries can be fit in the convenience of your office and are easily managed by patients.
- A properly fitted pessary should not be felt by the patient while in place.
- A pessary can provide immediate relief of pelvic organ prolapse, stress urinary incontinence and defecatory problems.
- Pessaries may be used in the assessment of patient symptoms of prolapse reduction and stress urinary incontinence and assist in determining appropriate surgical options.

INTENDED USER

- Adult female population; at the physician's discretion, the patient can be instructed in the proper removal, cleaning and reinsertion techniques for her own pessary.

TARGET PATIENT POPULATION

- Adult female population suffering from pelvic organ prolapse or urinary stress incontinence.

CLINICAL BENEFIT

Clinical Benefit	Expected Clinical Outcome
These pessaries are solutions for assessing and relieving symptoms of pelvic organ prolapse, stress incontinence, cystocele, rectocele, and nocturia associated with urinary retention.	Diagnosis and relief of symptoms for pelvic organ prolapse, stress incontinence, cystocele, rectocele, and nocturia associated with urinary retention.

CONTRAINDICATIONS

- Patient unable or unwilling to comply with required device care and in-office follow-up.
- The presence of cancer, infection, lacerations, or eroded surgical mesh in the internal pelvic region.
- Severe atrophy of the vaginal tissue.

ADVERSE EFFECTS

The following adverse effects may occur with the use of a Pessary:

- Dysuria
- Pelvic Pain
- Abnormal vaginal discharge or odor
- Vaginal bleeding or spotting
- Mucosal Ulceration
- Allergic reaction

PLEASE NOTE: If a serious incident is suspected from using the Gellhorn pessary, report the details of the incident to CooperSurgical via phone number +1 203-601-5200 Ext 3100 or by email at ProductSurveillance@coopersurgical.com and to the local Health Authority in your country. A serious incident may have caused or contributed to a death, a delay in a procedure which resulted in death or serious injury, or a malfunction.

RECOMMENDED CLEANING INSTRUCTIONS

1. Prepare a cleaning solution by mixing a mild soap) with tap water using the soap manufacturer's recommended concentration. Prepare this solution in a container large enough to fully submerge the device.
2. Soak and Scrub
 - a. Soak the device in the container of prepared soap solution for a minimum of 5 minutes.
 - b. Following the 5-minute soak period, scrub the device for a minimum of 15 seconds with a soft-bristled brush, such as a tooth brush and/or pipe brush. Scrub device below water line to prevent aerosolization of contaminants.
 - c. Following scrub, inspect device for visible soil residue.
3. Rinse
 - a. Remove the device from the soap solution and thoroughly rinse under flowing tap water for a minimum of 30 seconds.
 - b. Allow the device to dry.

DEVICE LIFETIME

The useful life of a pessary is 5 years. Examine frequently e.g., two to three months for signs of deterioration (such as cracks or breaks in the silicone outer surface). A pessary should be replaced if damaged.

Current clinical data indicates typical continuous use of pessary is from successful fitting up to 13 years. Other durations of continuous use should be at the discretion of the healthcare professional based on the individual patient's condition.

DISPOSAL OF DEVICE

This device must be handled and disposed of as healthcare medical waste in accordance with hospital procedures and applicable regulations.

Any device that has been contaminated with potentially infectious substances of human origin (such as bodily fluids) must be handled according to hospital protocol for infectious medical waste.

PATIENT INSTRUCTIONS FOR PESSARY USE

PRECAUTION

COOPERSURGICAL RECOMMENDS PESSARIES BE INSERTED AND REMOVED BY THE PHYSICIAN OR OTHER HEALTHCARE PROFESSIONAL UNLESS OTHERWISE DIRECTED.

- To ensure the desired correction of your condition, your healthcare professional needs your full cooperation.
- It is essential that your healthcare professional inspect your vagina at frequent intervals for evidence of pressure and or allergic reaction.
- A gradual increase in the interval of inspection may be considered at the discretion of the treating practitioner.

REPORT ANY OF THE FOLLOWING SYMPTOMS TO YOUR PHYSICIAN

- Any difficulty in urinating
- Any discomfort
- Any changes in the color or consistency of vaginal discharge
- Any increase in the amount of vaginal discharge or vaginal bleeding
- Any foul odor associated with vaginal discharge
- Vaginal itching
- If the pessary falls out

For medical emergencies and for all medically related advice, consult your healthcare professional.

FOR THE PHYSICIAN / HEALTHCARE PROFESSIONAL

Review these instructions with the patient to establish use regimen.

INSTRUCTIONS

1. Wear dry gloves. When necessary, lubricate only the entering end of the pessary with lubricating vaginal gel. Hold the pessary as shown in Figure 1.
2. Use one finger to depress the perineum.
3. Guide the pessary, inserting it edgewise almost parallel to the introitus (see Figure 1), avoiding the urethral opening while the perineum is strongly pushed downward. Use a corkscrew motion while introducing the GELLHORN into the vagina.

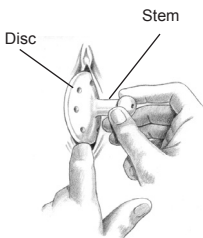


Figure 1

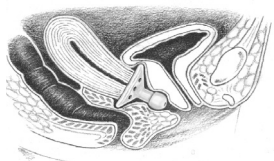


Figure 2

4. Once the large flat disc is past the introitus, push the pessary upward until only the end of the stem shows in the vaginal entrance. The cervix rests behind the flat disc (see Figure 2).
 5. Have the patient sit, stand and bear down. Examine the patient while she is in the standing position to ensure the pessary has not shifted position. The patient should not feel the pessary once it is in position. The pessary should not be too loose as it may turn or be expelled and it should not be too tight as it may cause discomfort.
 6. The healthcare professional should be able to sweep one finger between the pessary and vaginal walls. If there is not enough space to do this, the next smaller size should be tried. If excessive space exists, the pessary will not be effective and may rotate or even be expelled.
 7. It may be necessary to refit the patient with a different size or type of pessary after a period of time. Do not assume that a replacement will always be the same size as the previous one. Check the fitting to ensure continued patient comfort and relief of symptoms.
- Note:** If the patient is unable to urinate with the pessary in position, remove it and fit her with the next smaller size. Repeat as necessary.
8. If the patient can void without difficulty, pessary remains in position upon re-examination, and the patient is comfortable with the pessary in place, this is a good indication that the correct size may have been selected. Patient experience may vary.
 9. Ulcerations and erosions frequently occur in cases of complete prolapse due to irritation of the exteriorized cervix. Whenever possible, reducing the mass and treating the irritation are primary steps before using a pessary. Prolapse reduction may resolve cervical vaginal irritation. Verification of cervical cytology (pap) and or biopsy as clinically indicated.
 10. During each visit, the vagina should be carefully inspected for evidence of pressure or allergic reaction. The patient should be questioned concerning douching, discharge, disturbance of bowel function or urination. It may be necessary to fit another size or an entirely different type of pessary.
 11. At the physician's discretion, the patient can be instructed in the proper removal, cleaning and reinsertion techniques for her own pessary. This process can be performed nightly or even weekly by the patient under ideal circumstances.

TO REMOVE

1. Use one finger to depress the perineum.
2. Use other hand to grasp the "knob," pulling the pessary away from the cervix, turning the pessary so that the disc is almost parallel to the introitus. Using corkscrew motion ease the pessary out. See Figure 3.
3. Removal may be facilitated by passing a finger along the stem and behind the disk and folding in against the stem for removal.



Figure 3

RECOMMENDED FOLLOW-UP

- Have patient return within 24 hours for first examination.
- Have patient return for second examination within 3 days.
- Examine frequently. Have patient return for examination every two to three months for signs of deterioration (such as cracks or breaks in the silicone outer surface).

Note: The above schedule of follow-up examinations may be altered to fit the needs of the individual patient at the discretion of the healthcare provider.

GLOSSARY OF SYMBOLS

Source: ISO 15223-1 and ISO 7000



Catalogue number



Manufacturer



Batch code



Medical device



Country of manufacture ("CC" shall be replaced by either the two letter or three letter country code)



Keep dry



Use-by date



Importer



Non-sterile



Packaging unit



Caution



Single patient multiple use



Do not use if package is damaged and consult instructions for use



The product conforms to the UK Device Medical Regulation 2002, as amended.

The product can be freely marketed in Great Britain (England, Wales and Scotland)

R_x Only

CAUTION: U.S. Federal law restricts this device to sale or on the order of a licensed practitioner



Products meets the General Safety and Performance Requirements (GSPR) of all relevant European Medical Device Regulation



www.coopersurgical.com/ifu

Consult instructions for use or consult electronic instructions for use



Authorized Representative in the European Community/ European Union

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