


How Pessaries Can Help You Resume Your Normal Activities





Pessaries and how they work

- A Pessary is a device inserted in the vagina that offers a low risk option to help treat pelvic organ prolapse or stress urinary incontinence.⁴
- Pessaries help support pelvic organs in your body that fall out of their normal position.¹

Pessaries should feel comfortable in place

- With the pessary in the correct position, you should not feel it.⁴
- Your doctor may try several different sizes or shapes to find the best fit that also helps relieve your symptoms.⁵
- Sometimes a pessary needs to be refitted to find the correct fit for you.⁴

Sex and wearing a pessary

- Let your doctor know if you are sexually active when you go to have a pessary fitting.⁴
- Some pessaries can be worn during sex, while others can be removed on your own at home.⁴



Pessary follow-up appointments and taking care of your health

- You may need to visit your doctor 2-3 weeks after initial pessary placement.¹⁰
- At these office visits, the pessary is removed and cleaned and you will be examined to make sure it's safe to continue using a pessary.⁶
- After the pessary fitting, you will need to visit your doctor every 3-6 months depending on your health needs.⁶
- If you feel pain during urination or a bowel movement, cannot go to the bathroom, or have vaginal discharge or odor, please contact your doctor.⁶

Pessaries provide many benefits

- A pessary may be used prior to or as an alternative to surgery.⁴
- A pessary can provide immediate relief of pelvic organ prolapse, stress urinary incontinence and defecatory problems.¹
- You may be able to return to normal activities with a pessary.⁷



Speak with your doctor if you need an X-ray or MRI

- Check with your doctor before having these tests.⁸
- Some pessaries contain metal and must be removed before you have an MRI or X-ray.⁸

Deciding if a pessary is right for you

- Consider your doctor's advice about how a pessary can help.
- Read the information in this brochure.
- Call your doctor or healthcare professional to schedule an appointment.



Pessaries support pelvic organs that move out of their normal position¹

- When pelvic organs like your bladder or vagina move from their normal position, it's called pelvic organ prolapse.⁴ This may be related to age, pregnancy, childbirth, or other reasons.¹
- If you have this condition, you may feel pressure, you may feel uncomfortable during sex and you may leak urine when you cough, laugh or exercise.²
- Pessaries can help move organs that drop down and put them back into position.¹
- Some pessaries can be removed and cleaned regularly by you at home while others are inserted and removed by a healthcare professional.⁴
- If you wear a pessary, you should be checked by your doctor regularly. They will remove and clean the pessary and make sure it's safe for you to continue using.⁴





FAQs

How do I remove, reinsert and clean my pessary?

Please refer to the Patient Instructions for Use given to you by your healthcare provider.⁹

Should I or will I feel my pessary?

A properly fitted pessary should not be felt once in position. If you do feel your pessary and/or are uncomfortable, please contact your healthcare provider.⁴

1. Pessaries for POP and SU: Your options and guidance on use
OBG Management | December 2020 | Vol. 32 No. 12 Henry M. Lerner, MD
2. Harvard Health Publishing, Harvard Medical School, What to do about Pelvic Organ Prolapse, July 7, 2020
3. Vaginal Pessaries, Teresa Tam and Matthew F. Davies, pg 15
4. AUGS- Vaginal Pessaries Voices for PFD Patient Fact Sheet
5. Vaginal Pessaries, Teresa Tam and Matthew F. Davies, pg 18
6. Vaginal Pessaries, Teresa Tam and Matthew F. Davies, pg 27
7. Vaginal pessary for prolapse: The Royal Women's Hospital Fact Sheet
www.thewomens.org.au
8. Vaginal Pessaries, Teresa Tam and Matthew F. Davies, pg 49
9. Please refer to manufacturer instructions for use found on
www.coopersurgical/milexpessary.com
10. Pessaries for POP and SU: Their fitting, care, and effectiveness in various disorders OBG Manag. 2021 January;33(1):20-27, 51 |
doi: 10.12788/obgm.0057 By Henry M. Lerner, MD

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