

Self-management of vaginal ring pessary for pelvic organ prolapse

Department of Gynaecology

What is self-management of vaginal ring pessary?

Self-management of vaginal ring pessary allows you to remove and replace your ring pessary as and when it suits you. It will reduce the need for you to attend for pessary change at your doctor's surgery or the hospital from twice a year to once every two years.

Why self-management of vaginal ring pessary?

Self-managing the pessary will give you the freedom to remove and replace the pessary when it suits you. You can then keep it in when you like and keep it out when you like.

You may wish to do this for a number of reasons. You might like to have it out during the night or before sexual activity.

This gives you more choice and many women find this empowering. They might feel more comfortable sleeping or more relaxed about sexual activity without the pessary in place.

Do I have to self-manage the ring pessary?

No. You have the choice to remove and replace the pessary yourself and visit your doctor's surgery or the hospital every two years: or have this done at your doctor's surgery or the hospital every six months. For some women, this may not be convenient. If you find it difficult or fear that you may not remember to remove and replace the pessary every six months, feel free to ask for six monthly appointments for the pessary to be replaced at your doctor's surgery or the hospital.

How do I remove the ring pessary?

You need to wash your hands and find a comfortable position. You may prefer to lie down on bed, sit down or stand with one foot placed on a stool / chair or bed.

You need to relax your muscles, which might be easier lying down on your back in bed.

With one hand, you separate the labia, using the index and thumb. Introduce one finger of the other hand into the vagina.

Usually, it is easy to hook one finger in hole in the middle of the ring pessary. You may need to cough or push down.

Once you hook one finger in the ring pessary, you can pull it out. After the ring is removed, it should be washed in warm water and soap. It is then left to dry in room temperature.

How do I insert the ring pessary back inside?

Check that the pessary is clean and not damaged. Get lubrication, like K-Y jelly or oestrogen cream, ready.

You need to wash your hands and find a comfortable position. You may prefer to lie down on bed, sit down or stand with one foot placed on a stool / chair or bed.

You will need to squeeze the pessary or twist into a figure of 8 in one hand.

Smaller size pessaries are harder to squeeze and may not be possible to twist into a figure of 8. Placing them in warm water for a while may

make them softer. You can then cool them down into your hand before insertion.

Place lubrication on the side to be introduced first into the vagina.

Hold the squeezed / twisted pessary against the vagina and separate the labia with the thumb and index of the other hand.

Push the pessary into the vagina, using the hand that was holding the labia to advance it further.

Once the pessary is in the vagina, it tends to find its proper position, with one side behind the bone in the lower tummy.

You might be able to feel the lower end (bow). This is not unexpected. You then wipe any jelly or cream and wash your hands.

How often do I do this?

You need to do this at least every six months. However, most women do it more often, every weekend.

Which lubricant to use?

If you are using local oestrogen cream, you can use it to lubricate the pessary before insertion. If you are using non-hormone cream, like Replens, you can use it as well. Alternatively, a water based lubricant, like K-Y jelly.

Your doctor can prescribe the local oestrogen or non-hormone cream. You can obtain water based lubricant, like K-Y jelly, over the counter or ask your doctor for a prescription.

What about sexual activity?

Most women have no problems having sex with the vaginal ring pessary inside. However, some may prefer to remove it before sexual activity. This is entirely up to you and self-management gives you the freedom to choose.

What are the problems?

It is not uncommon to have a little of bleeding following the removal and replacement. However, if the bleeding persists, you need to contact your doctor or the hospital.

Similarly, if there is any significant discharge, you need to contact your doctor or the hospital.

You would have had a check of the pessary size on first insertion. It is unlikely therefore that you will encounter pain or difficulty passing urine. However, if these problems happen, you need to contact your doctor or the hospital.

It is very rare to find it difficult to remove the pessary. Nonetheless, if this is encountered, do not try to force its removal and contact your doctor or the hospital.

If you find it difficult to re-insert the pessary, do not struggle and contact your doctor or the hospital.

What will happen at the two years review?

This review in general practice or the hospital is to ensure that you are well and there are no problems. It is important to check the vagina for any ulceration and ensure that the pessary remains the correct size. You will have the pessary removed and the vagina checked with a speculum. A new pessary will be used.

Do I have to continue with this?

No. You can opt back to have the pessary replaced in general practice or at the hospital at any time.

What if I opt for surgery?

As with pessary replacement in general practice or at the hospital, you always have the choice of surgery, which can be considered at any time.

Where can I get more information?

References / useful link:

https://www.youtube.com/watch?v=tsQMX8bGEMg

Who can I contact with any concerns or questions?

If you have any problems or questions, you can contact: The Urogynaecology Unit at Lewes Victoria Hospital on 01273 474 153 Ext. 2178

The Gynaecology Ward at the Princess Royal Hospital on 01444 441 881 Ext. 5686

The Gynaecology Ward at the Royal Sussex County Hospital on 01273 696 955 Ext. 4013

The Gynaecology Outpatient Department at the Royal Sussex County Hospital on 01273 696 955 Ext. 7963 (09:00 till 17:00)

If you do not understand this leaflet, we can arrange for an interpreter.

This information leaflet has been produced by Dr. Sharif Ismail, Consultant Subspecialist Urogynaecologist.

This information leaflet has been approved at the Clinical Governance and Safety and Quality Meetings of the Department of Obstetrics and Gynaecology as well as Brighton and Sussex University Hospitals NHS Trust Carer and Patient Information Group (CPIG).

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