

Women with Incontinence can be Helped with a Pessary

By Leslie Hanson

Many health care professionals consider pessaries (support devices for the vagina), as old-fashioned. Today pessaries are made of silicone or clear acrylic, which produce few irritation or allergic reactions (figure 1). Although surgical techniques continue to improve, some women young and old want to consider other options. Pessaries can be used to help stop urine leakage by supporting the bladder neck from inside the vagina much like an under-wire bra supports the sagging breast (Bhatia, Bergman, & Gunning, 1983). Pessaries have been reported to relieve urge incontinence, stress incontinence and mixed incontinence in over 60% of patients and for pelvic organ prolapse pessaries are effective in over 80% of patients (Hanson, Schulz, Flood, Cooley & Tam, 2003).

It is advised that, if possible, the peri-menopausal and post-menopausal women use estrogen applied directly to their vagina before being fit as well as when they are wearing a pessary (Miller, 1992). This vaginal estrogen is often necessary even if the patient is already on estrogen pills or patches.

Pessary fitting is a trial and error process and often more than one visit may be needed for a proper fit. Patients should be taught to report any discomfort right away and should return for follow up in 2 to 4 days, if possible. They should be examined again within 4 weeks. When possible, patients using a pessary should be taught how to remove and reinsert the pessary and how to wash and care for it (Farrell, 1997). If the patient cannot care for the pessary herself, she should be checked by a doctor or specially trained nurse every 3 months (Miller, 1992 & Farrell et al, 1997). If the patient can take the pessary out and clean it weekly then she does not need to be checked as often. Ideally, a pessary should not be left in place for more than 3 months (Miller, 1992). Many patients are able to have sex with the pessary in place, others chose to remove the pessary for intercourse.

Pessaries are not a substitute for pelvic floor repair surgery but can be used instead of the surgery or to help the doctor to decide on the right surgery. A gynecological examination is important before pessary fitting (Miller, 1992). Pessary use is much less costly to the health care system than surgery and much easier on the patient with fewer risks.

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Case:

CC is a 26 yr. old mother of two with severe urinary incontinence, which developed since the birth of her first child. She wears thick pads and has to change them 4-6 times a day. She is unable to run and play with her children. CC is not certain that she is finished having children. She was taught pelvic floor exercises and does them well and faithfully; they helped but have not eliminated the problem. She restricts any caffeine from her diet and has now resorted to restricting fluids. CC was fit with an incontinence dish pessary and is no longer wearing pads at all. She cares for it herself without any difficulty. She has had four minor leaks since her pessary was put in six weeks ago. She wears it for intercourse because she was leaking badly with intercourse as well. This young woman is very pleased to have been offered this option.

References

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Figure 1

