

INFORMATION FOR PATIENTS

Vaginal pessary

This leaflet is intended to be a guide for patients who have, or are considering using, a vaginal pessary.

What is a vaginal pessary?

A vaginal pessary is a mechanical solution to help support vaginal prolapse. A prolapse is when one or more of the pelvic organs are falling down or falling out. There are several different types of pessaries. The one which will be used for you is dependent on your individual situation and this will be discussed with you in clinic. Pessaries are considered a 'non-surgical' option for managing prolapse and can be used long or short term.

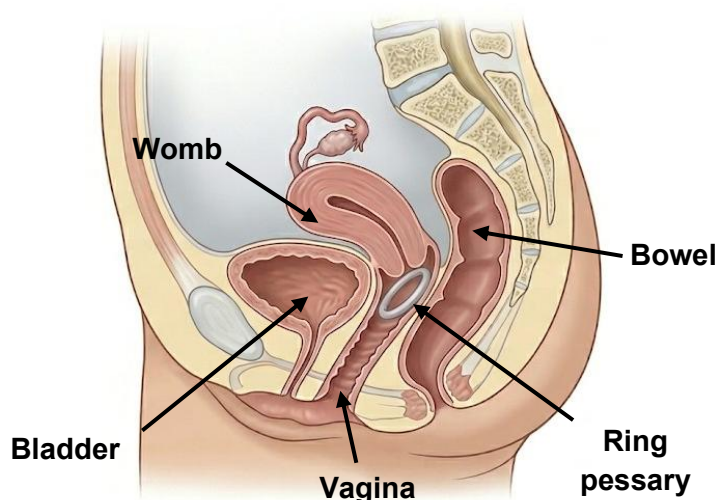
What do pessaries do?

Vaginal pessaries help return prolapsed organs to the correct position. The organs which a vaginal pessary supports are the bladder, bowel, uterus, or if you have had a hysterectomy, the vaginal vault (top of the vagina).

Sometimes, a pessary can be fitted to help with stress incontinence (leakage of urine (wee) when you cough, sneeze or strain). The pessary stops urine leakage from the bladder by supporting the bladder neck so that it does not sag downward and open when you strain.

However, pessaries can sometimes make urinary leakage worse; this should be discussed with your clinician.

Diagram of ring pessary in the vagina



What are the causes of prolapse?

- A weakness of the pelvic floor muscles.
- Repeated heavy lifting.
- A chronic cough.
- Continual straining to empty the bowels.
- Being overweight.
- Getting older.
- Menopausal changes.
- Being pregnant or having a difficult vaginal delivery.

Are there different types of pessaries?

There are several different types of pessaries that come in a range of sizes and materials. The type used will usually depend upon the type of prolapse you have. The clinician fitting the pessary will talk to you about it and come to a decision with you about what pessary is best.

Finding the correct type and fit of pessary can be trial and error, so you must be committed to trying a few different pessaries and be prepared that they may fail on first insertion.

Are there alternatives to pessaries?

Generally, there are three options when deciding what to do about a prolapse, one being a pessary. The other two options are:

- **Lifestyle changes**

Many women do not have any symptoms or discomfort from a minor prolapse so choose not to have any treatment. If you decline treatment try to avoid excess straining or heavy lifting. Also try to avoid gaining weight as this may make the prolapse worse. It is recommended that all women with a prolapse do regular pelvic floor exercises to strengthen the pelvic floor and help prevent further worsening of the prolapse. If you would like support with this, you can ask your GP to refer you to a community physiotherapist or speak to your clinician in clinic.

- **Surgical treatments**

These are usually suggested for women with a bothersome prolapse whose symptoms are not managed effectively with a pessary.

Depending on several factors, a suitable treatment option will be recommended to you. Surgical options are for women who don't want children or have completed their families. An in-depth examination and discussion with a doctor regarding suitability will be required before any surgical options are offered. If you would like to discuss surgical options, please let your clinician know.

How is a pessary fitted?

The pessary will be fitted by a trained doctor or nurse. They will talk to you about your symptoms and decide with you, which type of pessary is best for you.

You will be asked to remove the clothing on your lower half and lie down.

A chaperone will be present and if you feel too uncomfortable throughout the examination or insertion, the procedure will be stopped.

A vaginal examination will be carried out to estimate the size of pessary needed. It may take a few tries to get the right one. The pessary will be placed into your vagina and moved into place. It will take about a minute to put it in and get it in the right place. You may feel some discomfort when it is inserted, and depending on the type of pessary used, insertion could even be painful.

After the pessary has been inserted and is in the correct position, you should not feel uncomfortable or in pain. You will be asked to walk around for about 15 minutes. This is to make sure the pessary does not fall out and that you can wee with the pessary in. We may fit a different sized pessary if it falls out or you can't wee with it in. Once you feel comfortable with your pessary you can go home.

How often does the pessary need changing?

A pessary normally needs reviewing every six months unless you are told otherwise. Most pessaries can be washed and reinserted; some do have to be thrown away after six months. Some pessaries can be changed by the GP; we will let you know if you need to have changes in hospital.

Side effects of pessaries:

- **Vaginal discharge**

An odourless white discharge is normal.

- **Vaginal erosion**

This may be caused by a friction rub from the pessary. You may be prescribed a hormone cream or a hormone pessary to stop this happening.

- **Vaginal bleeding**

This will be bright red blood loss. If you have any abnormal bleeding, please tell your GP or report this to the urogynaecology team immediately.

- **Vaginal discomfort**

This happens when the pessary has fallen or is not fitting properly. If you are uncomfortable the pessary will be removed and other options discussed with you.

- **Urinary incontinence**

Sometimes when you use the pessary you may start to leak urine (also called unmasked incontinence).

- **Urinary retention**

This is when you cannot wee.

- **Vaginal fistula**

This is a very rare complication when the pessary has eroded through the vaginal wall. This normally occurs only if the pessary is not changed regularly.

What happens if it becomes dislodged or falls out?

This can sometimes happen especially after having a poo. Do not panic if it does become dislodged or falls out. Please contact the patient pathway coordinators, the urogynaecology clinical nurse specialist (contact details on the next page) or your GP for advice.

Can I have sexual intercourse with a pessary?

Please discuss this with the healthcare professional fitting the pessary. Some pessaries are compatible with sex and others must be removed. If you are sexually active this will be considered when the healthcare professional fits your pessary.

Will I be able to wee and poo with a pessary fitted?

Yes, you will. If you have any problems, contact the consultant's secretary, the urogynaecology clinical nurse specialist or your GP for advice.

How successful are pessaries?

Pessaries do not cure pelvic organ prolapse. They help manage the symptoms of prolapse by holding the organs up into place. Symptoms improve in many women who use a pessary and for some women symptoms go away.

Important information about having an MRI, x-ray, or ultrasound scan.

Some pessaries contain metal and must be removed before an MRI scan. Please inform the person doing the MRI scan if you have a pessary in so that they can check it does not contain metal. Also, pessaries can sometimes obscure the view of an x-ray or transvaginal ultrasound scan.

Contact details

All information in this leaflet should be discussed with you at your clinic appointment, however if you do have any questions after reading this leaflet, please contact the team:

- **Holly West** (Urogynaecology Clinical Nurse Specialist): 07770835302
- **Urogynaecology patient pathway coordinator**: 01623 622515, extension 3520 (for Mr Habeeb) or extension 3514 (for Mr Morgan, Miss Gupta, and Mr Samuels).

If you feel you need urgent advice, please call ward 14 on 01623 622515, extension 2314.

Support and guidance



Scan the QR code to view help with pelvic floor exercises.

Further sources of information

NHS Choices: www.nhs.uk/conditions

Our website: www.sfh-tr.nhs.uk

Patient Experience Team (PET)

PET is available to help with any of your compliments, concerns, or complaints, and will ensure a prompt and efficient service.

King's Mill Hospital: 01623 672222

Newark Hospital: 01636 685692

Email: sfh-tr.PET@nhs.net

If you would like this information in an alternative format, for example large print or easy read, or if you need help with communicating with us, for example because you use British Sign Language, please let us know. You can call the Patient Experience Team on 01623 672222 or email sfh-tr.PET@nhs.net.

This document is intended for information purposes only and should not replace advice that your relevant health professional would give you.

External websites may be referred to in specific cases. Any external websites are provided for your information and convenience. We cannot accept responsibility for the information found on them.

If you require a full list of references for this leaflet (if relevant) please email sfh-tr.patientinformation@nhs.net or telephone 01623 622515, extension 6927.

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