



York Teaching Hospital
NHS Foundation Trust

Vaginal Pessary for Prolapse

Information for patients, relatives and carers

Obstetrics and Gynaecology

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① For more information, please contact us via one of the numbers provided in Useful Contacts Details, page 9

Caring with pride

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In this leaflet we try to answer common questions about the use of a Vaginal Pessary for treating vaginal prolapse symptoms.

Remember that everyone is different and you are encouraged to ask your own questions of the doctors and nurses.

What is a vaginal prolapse?

Vaginal Prolapse is a common condition in women. This is when the walls of the vagina weaken and collapse inwards. It usually occurs when the pelvic floor collapses as a result of childbirth. It can cause symptoms such as a sensation of a vaginal lump, difficulty emptying the bowel or bladder or problems with sexual intercourse.

A prolapse is treated according to the symptoms. If your vaginal prolapse is causing problems or discomfort for you, it will be treated accordingly.

What is a vaginal pessary?

One of the most common ways to treat vaginal prolapse is through the use of a Vaginal Pessary. Vaginal Pessaries are soft or rigid plastic devices which sit in the vagina. They support the vaginal tissues and help them back into their correct position.

Pessaries have been used for hundreds of years and many women find them to be a good option for controlling their vaginal prolapse symptoms.

How is the pessary inserted?

The pessary is easy to insert and can be fitted during a routine vaginal examination. Your doctor can insert the pessary at your visit to the outpatient department. No anaesthetic is required.

Sometimes a number of sizes or different types of pessary may be tried in order to find the right one for you.

A fitted vaginal pessary should be comfortable. If it is working well you may not even notice it at all. However, it is possible for pessaries to sometimes slip and become uncomfortable or to fall out completely. If this occurs, you may dispose of the pessary and contact your GP or the hospital for an appointment to discuss your options.

Are there any risks?

The insertion and use of a vaginal pessary usually causes very few problems. Most women find them a very acceptable method of treating their vaginal prolapse.

You may notice a vaginal discharge after your pessary is inserted.

Very rarely the pessary may scratch and graze (erode) the soft tissue in the vagina. This can cause some spotting of blood. Please tell your doctor if you notice any unusual bleeding.

There is no risk of the pessary being lost inside the vagina. However it may be difficult to remove if it is not changed regularly. It is important that you see your doctor every four to six months so that they can check your vagina's condition and to change your pessary.

Your doctor may ask you to use some oestrogen cream in your vagina. This will keep your vagina healthy while the pessary is in place.

Occasionally you may notice that you leak urine more when coughing, sneezing or exercising while you are wearing your pessary. You can contact your GP or hospital doctor and ask to have the pessary removed if it is too uncomfortable or if there is an unacceptable amount of urine leakage.

What else do I need to know?

If you have agreed to have a vaginal pessary fitted, your doctor will tell you the type and size of the pessary that you are wearing. They are also there to do their best to answer any questions that you might have so do not be afraid to ask.

Does vagina pessary affect sex?

Most vagina pessaries do not interfere with sex. However, some do. Your doctor will discuss this in more detail.

Which vaginal pessary am I wearing?

Your doctor should write the name and size of your pessary in the space below.

Type of vaginal pessary: _____

Size of vaginal pessary: _____

Other information: _____

Remember that you will need to see your doctor every four to six months to have your pessary changed.

What alternatives are there to having a vaginal pessary?

Other therapies for vaginal prolapse such as physiotherapy and surgery will be discussed with you together with the option of no treatment.

Useful contact details

Gynaecology secretary telephone numbers - York

Miss Dean, Miss Oxby, Miss Ghosh: 01904 721682

Mr Jibodu: 01904 725111

Mr Adekanmi and Mr Dwyer: 01904 725549

Mr Evans and Dr E Falconer: 01904 726553

Miss Sanaullah and Miss Fahel: 01904 725617

Mr Brewer: 01904 725545

Waiting List Office: 01904 725132

Family Planning Clinic Monkgate: 01904 725432

Gynaecology secretary telephone numbers - Scarborough

Mrs Ramaswamy and Dr Pandey: 01723 342083

Miss Hayes, Mr Ajayi, Mr Freites,
and Mr Patel: 01723 385248

Miss Verma and Mr Ahmidat: 01723 342515

SR Sue Thompson: 01723 342083

Waiting List Clerk: 01723 342249

Tell us what you think of this leaflet

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact:

Mr O A Adekanmi, Consultant Gynaecologist and Obstetrician, The York Hospital, Wigginton Road, York, YO31 8HE or telephone 01904 725549 or

Mr O A Ajayi, Consultant Gynaecologist and Obstetrician, Scarborough General Hospital, Woodlands Drive, Scarborough, YO12 6QL, telephone 01723 385248.

Teaching, Training and Research

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

Patient Advice and Liaison Service (PALS)

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email pals@york.nhs.uk.

An answer phone is available out of hours.

Providing care together in York, Scarborough, Bridlington,
Malton, Selby and Easingwold communities

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