

Acceptance of ring pessary in pelvic organ prolapse

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ABSTRACT

Aims: To evaluate the use of pessaries for women with Pelvic Organ Prolapse irrespective of POP-Q stages.

Methods: This is retrospective study conducted at Paropakar maternity and Women's hospital from mid April to mid December 2018 on 114 women with pelvic organ prolapse.

Result: Total of 114 women with prolapse evaluated. Age of presentation ranged from 36 to 85 years. Twenty cases (17.6%) underwent prolapsed surgery and 71 cases (62.2%) had ring pessary.

Conclusions: Overall acceptance of vaginal ring pessary is very high. It can be used in the majority of women with patient satisfaction and without noteworthy complication.

Keywords: pelvic organ prolapse, pessaries, stages

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INTRODUCTION

Since fifth century BC, pelvic organ prolapse (POP) has been treated by vaginal pessary. Vaginal pessaries are intravaginal support devices which reduces prolapse or incontinence, can be controlled by the patients and are an alternative treatment option for women with these conditions. As it is cheap, safe and non surgical option for management of POP many women continue to use it for life.¹

Approximately 11% women undergo surgery for POP or SUI by age 80. However some women prefer to avoid surgical treatment or may not be a candidate for surgery. Thus, since many decades, pessaries are usually fitted for women unfit for POP surgery due to severe medical disorders, those who refused to have surgery and pregnancy related prolapse.² Moreover, studies show that it can be attempted to all POP cases irrespective of stages.³ Vaginal length <6cm and wide introitus are associated with unsuccessful fitting.²⁻⁴

For the management of POP, two categories of pessaries i.e, support and space filling are used. The

support pessary i.e, ring pessaries are commonly used for POP stage I and II. For stage III and IV-space filling pessaries.^{1,2} Successful fitting of the ring pessary is defined as women still using the ring at 4 weeks.

Vaginal discharge, odour, erosion and failure to retain pessary are minor complications which can be managed easily.²⁻⁵ However, sometimes neglected pessaries can cause major complication like VVF and RVF, small bowel entrapment, hydronephrosis and urosepsis.^{2,6-8}

Prevalence of pelvic organ prolapse (POP) among Nepalese women has been estimated to be as high as 10%. In addition, it is difficult to quantify other associated pelvic floor dysfunctions such as urinary incontinence due to lack of data. The Interim Constitution of Nepal (2008-11) has guaranteed reproductive health services as the Rights of all Nepalese people and prevention and treatment of genital prolapse is placed as a high political agenda. Tremendous effort has been made both from the government and non-government sector to reduce the

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burden of pelvic organ prolapse by organizing mobile surgical camps in periphery besides routine prolapsed surgery at facility level. Such a free medical care and support to women affected by pelvic organ prolapse is remarkable and revolutionary for Nepalese women.

This study is conducted to review the use of ring pessary for management of POP rather than opt for surgery

METHODS

This is a retrospective study conducted at Paropakar Maternity and Women's Hospital (PMWH) for 8 months from mid April to mid December 2018. Data were collected from the medical record of gynaecology OPD. It included 114 women with pelvic organ prolapse of different POP-Q stages. The findings were analyzed according to the age, chief complaints and its duration, POP-Q stage and treatment offered.

RESULT

Out of 114 cases studied, the problem of prolapse is seen at perimenopause and postmenopausal women by more than 90% (Table-1).

Table-1: Distribution of prolapsed cases according to age (N=114)

Age group in years	Frequency	%
≤45	10	8.8
46-54	23	20.2
55-64	31	27.2
65-74	39	34.2
75-84	9	7.8
≥85	2	1.8

One-third of the patients had prolapsed for more than 20 years and another one-third for more than 10 years [Table-2].

By POP-Q staging only 20% of the cases were eligible for non-surgical treatment with stage I condition and around 42% eligible for surgical treatment but only 17.6% underwent surgical intervention. More than 80% had conservative management like pelvic floor exercise and vaginal ring pessary insertion (Silicon type). Among ring pessary users, 19 (26.8%) women were using it for more than 6 months and 52 (73.2%) were new acceptors. Women with POP-Q stage I were taught and advised to do Kegel's exercise. All these women were asked to follow up after three months.

No complication was observed in women using pessary for more than 6 months [Table-3&4].

Table-2: Duration of complaints of prolapsed (n=114)

Duration (Years)	Frequency	%
<1	8	7.0
1-5	12	10.5
6-10	23	20.2
11-15	20	17.6
12-20	13	11.4
21-25	8	7.0
26-30	12	10.5
≥31	18	15.8

Table-3: POP-Q stage (n=114)

POP-Q stage	Frequency	%
I	23	20.2
II	41	36.0
III	42	36.8
IV	8	7.0

Table-4: Treatment modality (n=114)

POP-Q stage	Kegle Exercise (n/%)	Vaginal Ring pessary (n/%)	Surgery (n/%)
I	23 (20.2)	-	-
II	-	39 (34.2)	2 (1.8)
III	-	32 (28.0)	10 (8.8)
IV	-	-	8 (7.0)
Total	23 (20.2)	71 (62.2)	20 (17.6)

DISCUSSION

Pelvic organ prolapse is becoming more common as the population ages, affecting one third of women during their lives.^{9,10} Physiotherapy, vaginal mechanical devices (ring pessary) and pelvic reconstructive surgery are commonly used for symptomatic prolapse.⁵

Studies show that 70% of pessary users are satisfied due to the remission of prolapse related complaints.^{5,8} Additionally, bladder bowel and sexual function may improve significantly.^{6,7}

Survey of 2000 gynaecologists revealed that 86% of gynaecologists prescribed pessaries, most commonly ring. There are many studies on effectiveness of short term pessary use but only few data are available on long term risk of complication.⁶

In this study, age of women with POP ranged from

36-85 years and highest number was observed in age group 71-75 (20.2%). Such findings are also reported by Sarma S, Oliver R and Manonai.^{6,8,10} It can be explained by the fact that menopause and aging are important factors for POP. However, Shrestha S observed that 66.3% POP was found in reproductive age group.¹¹ Such finding was also reported by Gurung G.¹²

All women had complaints of discomfort due to vaginal bulge. Such finding was also reported by Radina N.¹³ This study observed that stage III and II were 36.8% and 36.0% respectively that matches with the Anantwar's¹⁴ report of 50% and 28%. However, the distribution of condition in different stages doesn't match with the study reported by Sarma S⁶, and this could be due to variation in service center, ethnicity and lifestyle including physical activity and the nature of work.

Getting high number of new acceptors for vaginal pessary can be explained by awareness of women regarding recurrence of prolapse following POP surgery, old age, multiple medical problems, and easily availability of silicon pessaries with less complication than previous rubber pessary at low cost.

CONCLUSIONS

Problem of prolapse has been reported by perimenopausal and menopausal women though their problem started earlier in age. Two-third of patients having problem of prolapse for more than 10 years indicates inadequate access or utilization of surgical modality of treatment. The silicon vaginal pessary had increased the acceptance by women with POP as an alternative to surgery.

REFERENCES

1. Jones KA, Harmanli O. Pessary use in pelvic organ prolapse and urinary incontinence. *Reviews in Obstetrics and Gynecology*. 2010;3(1):3-9.
2. Gleason LG, Ritcher HE, Varner RE. Pelvic organ prolapse. In: Jonathan S. Berek, editor. *Berek & Novak's gynecology*. 15th ed. India: Wolters Kluwer; 2017. p.906-936
3. Manchana T. Ring pessary for all pelvic organ prolapse. *Archives of gynecology and obstetrics*. 2011 Aug ;1;284(2):391-5.
4. Robert M, Schulz JA, Harvey MA. Technical update on pessary use. *J Obstet and Gynaecol Canada*. 2013 Jul ;35(7):664-74.
5. Kearny R Brown. Self management of vaginal pessary for pelvic organ prolapse. *BMJ Open Quality* 2014;3:u206180w2533. doi:10.1136/bmjquality.u206180.w2533
6. Sarma S, Ying T, Moore KH. Long term vaginal ring pessary use: discontinuation rates and adverse events. *BJOG*. 2009 Dec 1;116 (13):1715-21.
7. Kang J, Marsh F. Fit a vaginal pessary for pelvic organ prolapse. *Women's health journal*. page 125-127.
8. Tenfelde S, Tell D, Thomas T, Kentone K. Quality of life in women who use pessary for longer than 12 months. *J Female pelvic medicine and reconstructive*. 2015 May-Jun;21(3):146-149
9. Viera Anthony J. Practical use of the pessary. *J Am Fam physician*. 2000 May 1;61(9):2719-2726
10. Jittman M, Sirirat Sumaporn. Vaginal ring use for pelvic organ prolapse. *J R North American Menopause Society*. 2019 June; 26 (6):665-669
11. Shrestha S. Urinary complication following cystocele repair in pelvic organ prolapse. *NJOG*. 2016 Jan-june;2(1):20-23
12. Gurung G, Rana A, Bista KD, Joshi AB, Sayami J. Pelvic organ prolapse in rural Nepalese women of reproductive age group: What makes it so common? *NJOG*. 2007 Nov-Dec;2(2):35-45
13. Radina N et al. Patient satisfaction and symptoms improvement in women using a vaginal ring pessary for the treatment of pelvic organ prolapse. *J Med Life*. 2019 Jul-sept;12(3):271-275
14. Anantwar T, Manonai J, Wattananyingcharoenchai R, Saritapirak S. Impact on vaginal ring pessary on the quality of life in women with pelvic organ prolapse. *J Asian Biomedicine*. 2016 June; 10:249-252