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Friday, August 09, 2019

(Room 4)

16:30 - 17:25 WS #48: Pessaries for Pelvic Organ Prolapse

17:35 - 18:30 WS #58: Pessaries for Pelvic Organ Prolapse (Repeated)

Pessaries for Pelvic Organ Prolapse

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South GP CME General Practice Conference & Medical Exhibition

Objectives

- Evaluate and identify and stage the different types of pelvic organ prolapse (POP)
- Initiate conservative treatment for pelvic organ prolapse
- Describe the types of pessaries commonly in use in New Zealand, and describe benefits and drawbacks of each type
- Identify women requiring specialist referral for evaluation and management

Pelvic Organ Prolapse

- Evaluation
- History- Sensation of pressure, visible bulge, urinary incontinence or retention, constipation, sexual dysfunction, low back pain.

Pelvic Organ Prolapse

- Risk Factors: vaginal deliveries, age, obesity, white ancestry, previous prolapse surgery.

Pelvic Organ Prolapse

- Compartments:
  - Anterior (Cystocele)
  - Posterior (Rectocele)
  - Apical (Cervix or Vaginal Vault)

Pelvic Organ Prolapse

- What is most important to know is the compartment involved and the maximal descent relative to the hymenal remnant.

Pelvic Organ Prolapse

- Exam:
- POP-Q system

IUGA POP-Q Reference Guide

The pelvic organ prolapse quantification (POP-Q) exam is used to quantify, describe, and stage pelvic support.

- There are 6 points measured at the vagina with respect to the hymen.
- Points above the hymen are negative numbers; points below the hymen are positive numbers.
- All measurements except tvl are measured at maximum valsalva.

Point	Description	Range of values
Aa	Anterior vaginal wall 3 cm proximal to the hymen	-3 cm to +3 cm
Ba	Most distal position of the remaining upper anterior vaginal wall	-3 cm to +tvl
C	Most distal edge of cervix or vaginal cuff scar	
D	Posterior fornix (N/A if post-hysterectomy)	
Ap	Posterior vaginal wall 3 cm proximal to the hymen	-3 cm to +3 cm
Bp	Most distal position of the remaining upper posterior vaginal wall	-3 cm to + tvl

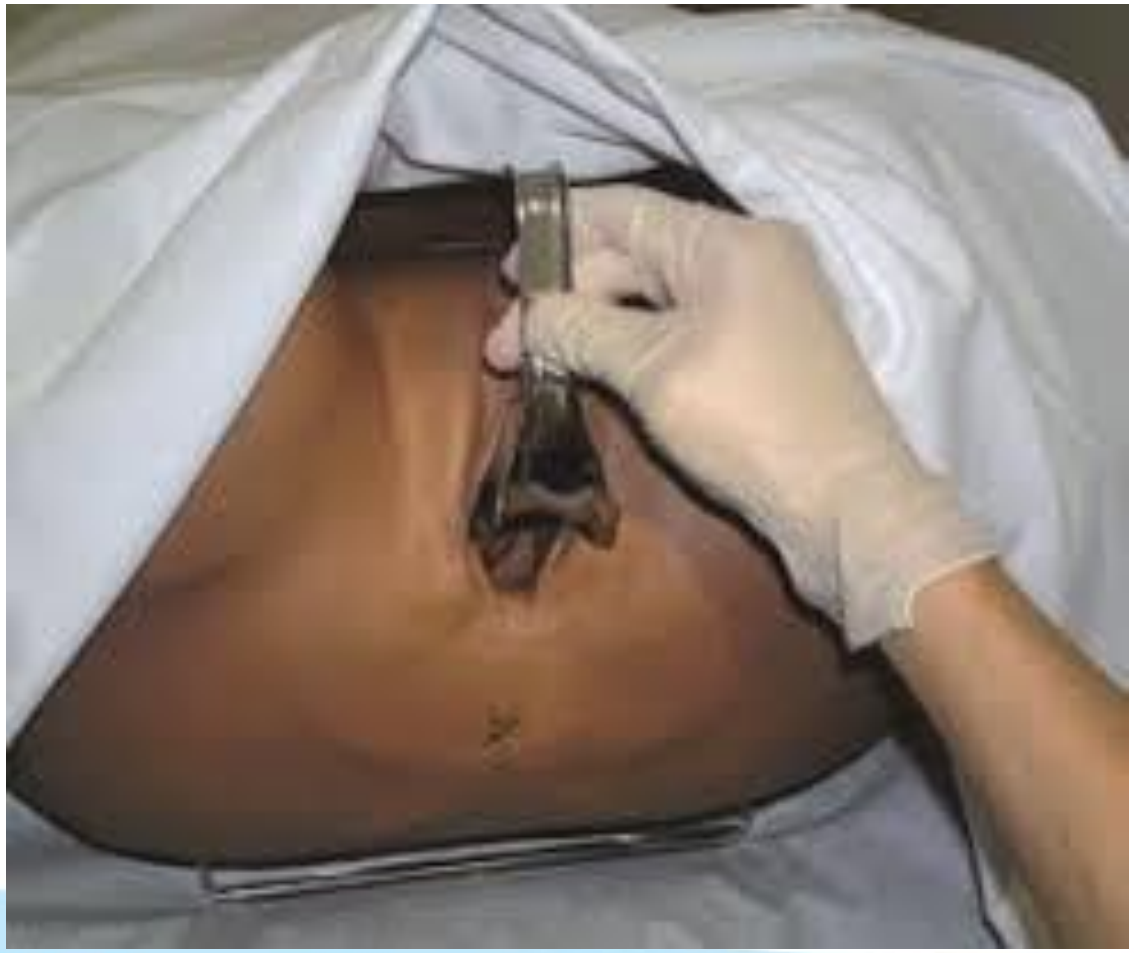
Genital hiatus (gh) – Measured from middle of external urethral meatus to posterior midline hymen
Perineal body (pb) – Measured from posterior margin of gh to middle of anal opening
Total vaginal length (tvl) – Depth of vagina when point D or C is reduced to normal position

POP-Q Staging Criteria	
Stage 0	Aa, Ap, Ba, Bp = -3 cm and C or D ≤ – (tvl – 2) cm
Stage I	Stage 0 criteria not met and leading edge < -1 cm
Stage II	Leading edge ≥ -1 cm but ≤ +1 cm
Stage III	Leading edge > +1 cm but < + (tvl – 2) cm
Stage IV	Leading edge ≥ + (tvl – 2) cm

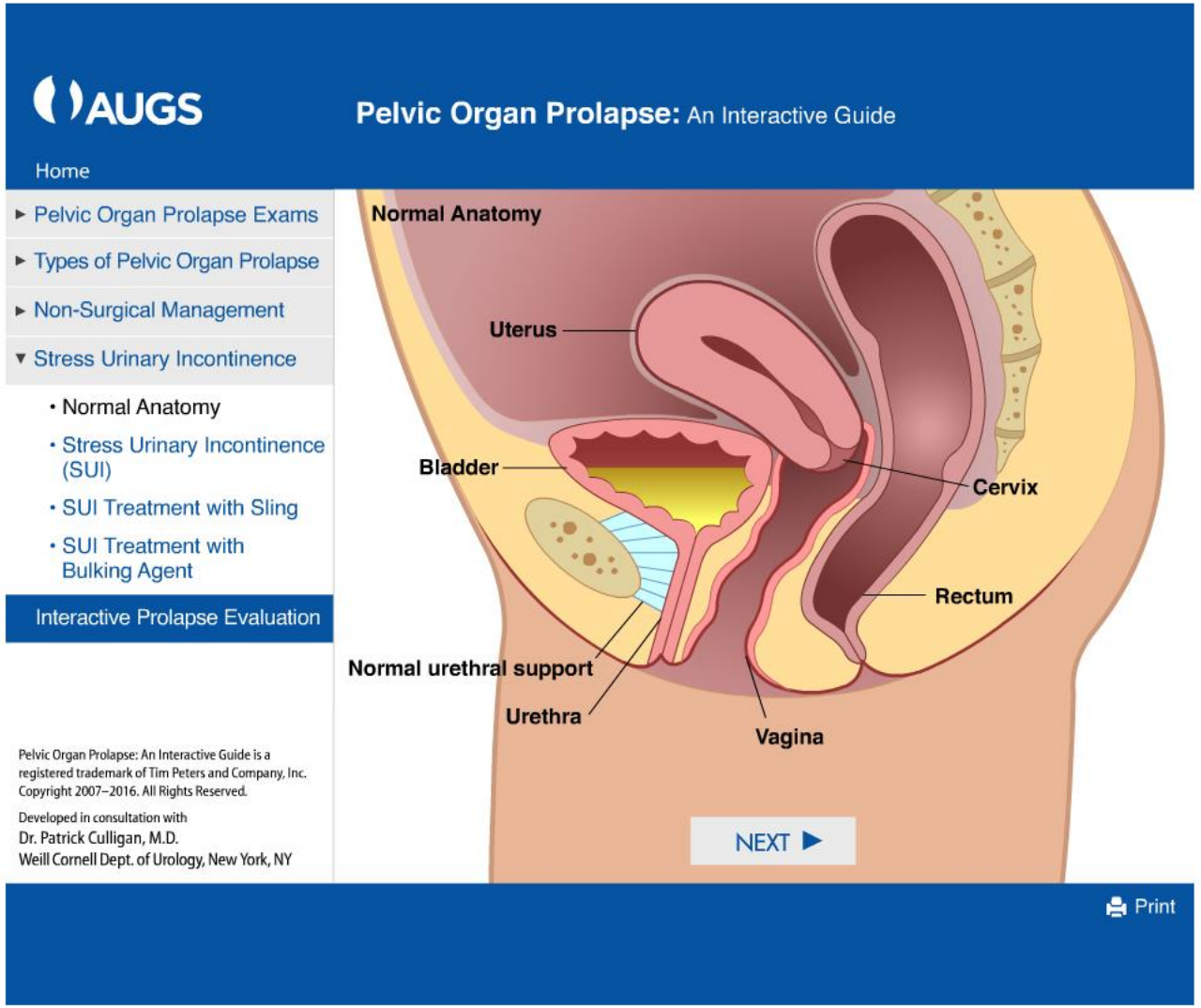
REFERENCE Bump RC, Mattiasson A, Bo K, *et al*. The standardization of terminology of female pelvic organ prolapse and pelvic floor dysfunction. *Am J Obstet Gynecol* 1996;175:10-17.

Visit our website www.iuga.org

Examine with a Sims or a split speculum



J Tessier. Canadian Journal of CME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Pelvic Organ Prolapse-Conservative Management

- Pelvic Floor Physiotherapy
  - Meta-analyses show improvement in POP stage with physiotherapy compared to control.
  - RR 1.7

Pelvic Organ Prolapse-Conservative Management

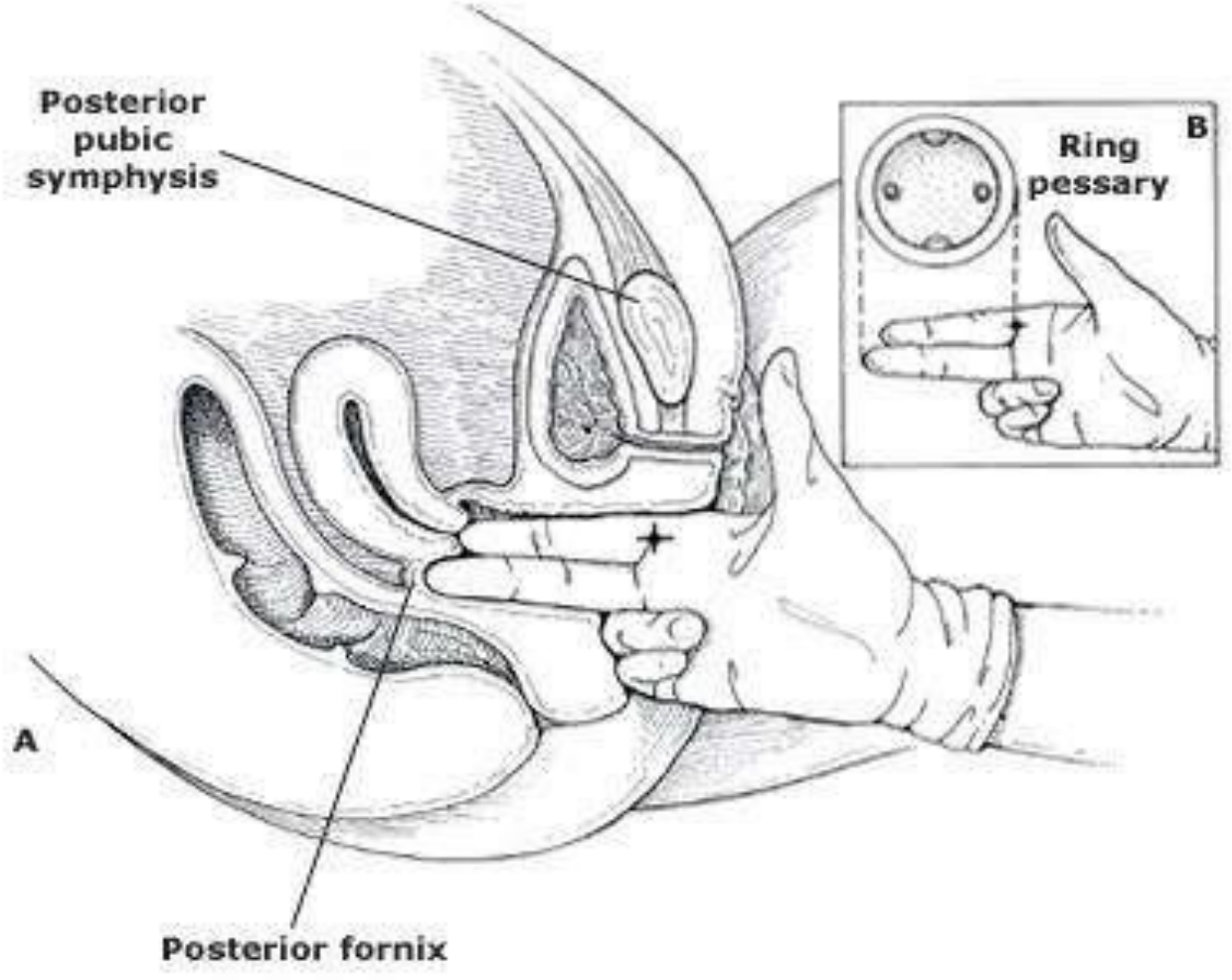
- Pessaries
  - Ring
  - Gellhorn
  - Cube
  - Shelf

Types of Pessaries

Pessary fitting kit

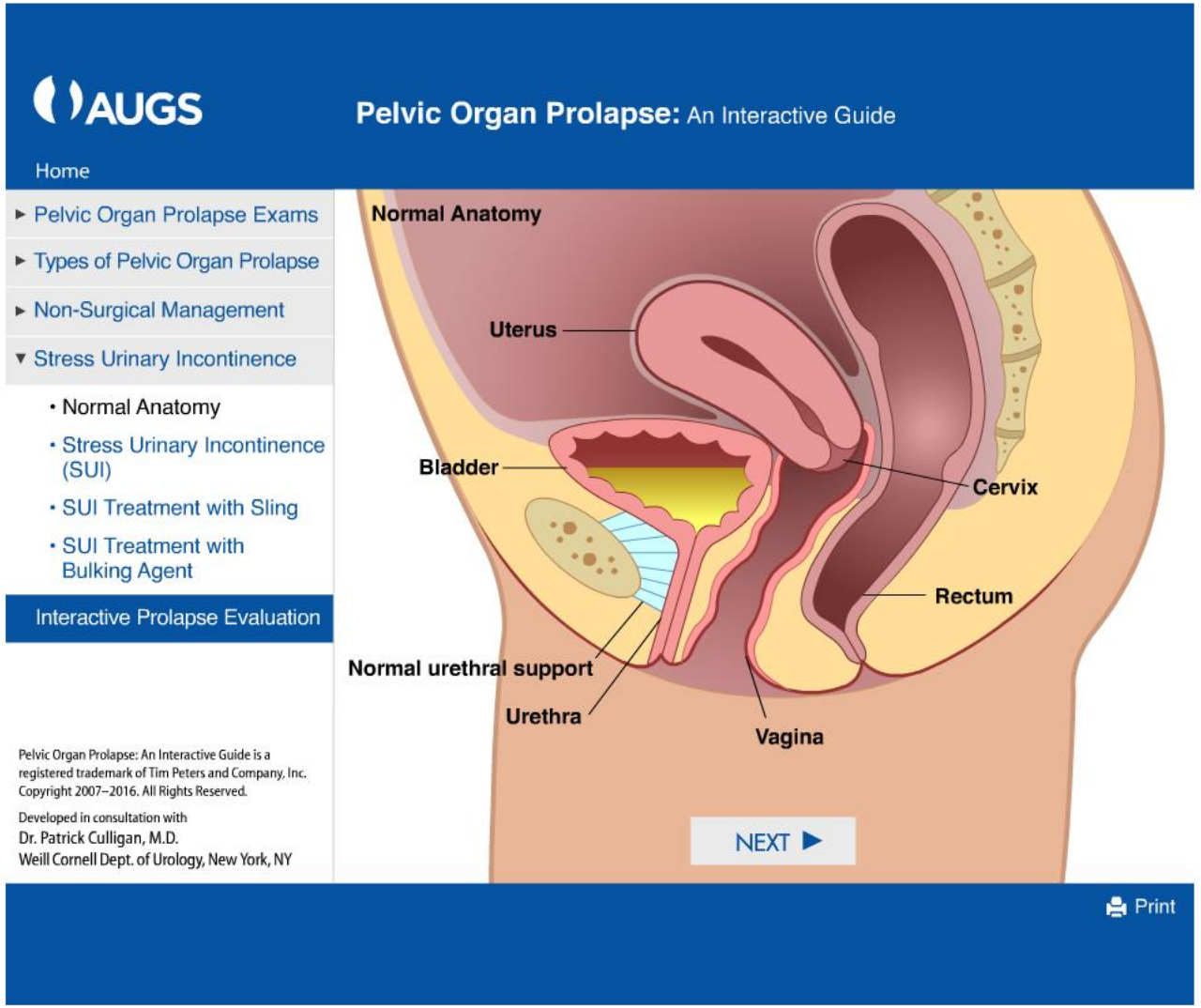
How to estimate sizing

- How to fit



Ring Pessary

- Uses: Cystocele, uterine prolapse
- Less helpful if prior prolapse surgery or hysterectomy have been performed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Ring Pessary

- Ongoing pessary care
  - Ensure can pass urine
  - Initial follow-up in a few weeks' time is ideal
  - If woman can remove and reinsert the pessary, it can be removed and left out overnight for a night every one to two weeks
  - If she cannot remove/reinsert the pessary, she should be seen at 3 months, then 3-6 monthly after that.
  - A new pessary should be used every 6-12 months

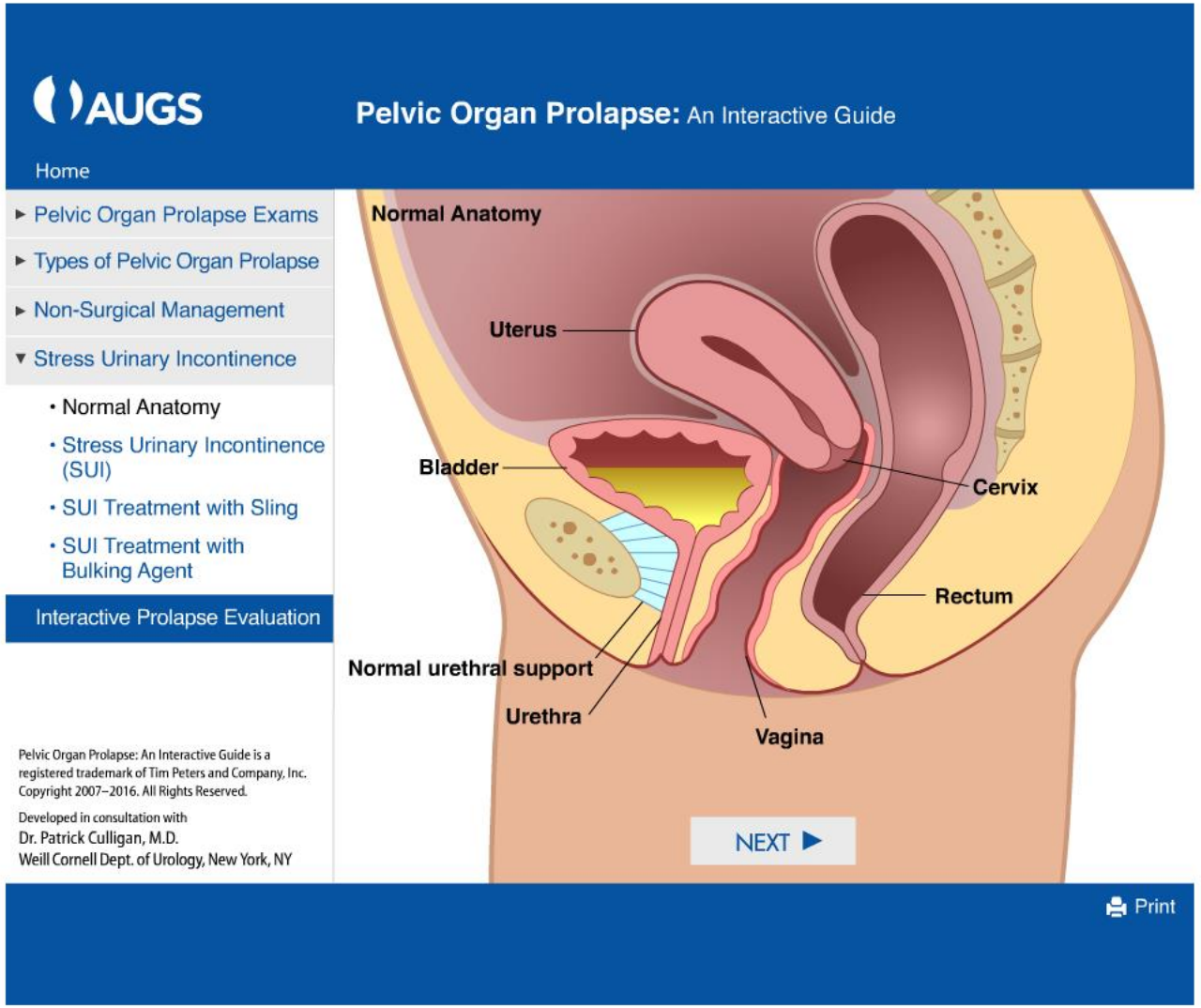
Gellhorn Pessary

- Uses: Cystocele, uterine prolapse, post-hysterectomy vault prolapse
- Helpful when ring pessary cannot be retained

Gellhorn Pessary

- Ongoing care: Usually provided in clinic as most women cannot remove a Gellhorn pessary.

- How to fit: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Specialty Pessaries

- Shelf: rigid pessary useful after hysterectomy

- Donut:

Specialty Pessaries

- Donut pessary: More space occupying than a ring pessary so better retention. More difficult to remove.

Donut Pessary

Specialty pessaries

- Cube: works by suction. Must be removed frequently or erosion risk is high

The stressnomore HEALTH AND WELLBEING Pessary Selection Guide

What are your symptoms?

Pessary	1st/2nd degree prolapse	3rd degree prolapse	Stress Incontinence	Cystocele	Rectocele	Notes
Ring	✓			✓		The most common type
Ring w/Support	✓		✓			
Gellhorn Standard		✓		✓		
Shaatz	✓			✓		
Ring w/Knob			✓			
Cube		✓		✓	✓	For when others failed
Donut		✓		✓		
Dish/Falk	✓					
Dish w/Support	✓		✓	✓		
Hodge				✓		For incompetent cervix
Gehrung		✓		✓	✓	
Gehrung w/Knob		✓	✓	✓	✓	
Inflatoball		✓				
Gellhorn Short		✓		✓		Useful for low cervix
Shelf		✓				For after hysterectomy

Success rates

- Approximately 75% of women with prolapse will have successful fitting of a pessary.
- 70-90% will have resolution of prolapse symptoms
- 40-50% will have resolution of urinary symptoms
- 30-50% will have resolution of bowel symptoms

Success rates

- Realistic expectations are important!

The future of prolapse surgery (in a mesh-free world)

- Less options for women with recurrent prolapse
- Greater utilisation of Pessaries and obliterative surgical procedures
- Future areas of research: use of autologous tissue grafts, laparoscopic or robotic procedures

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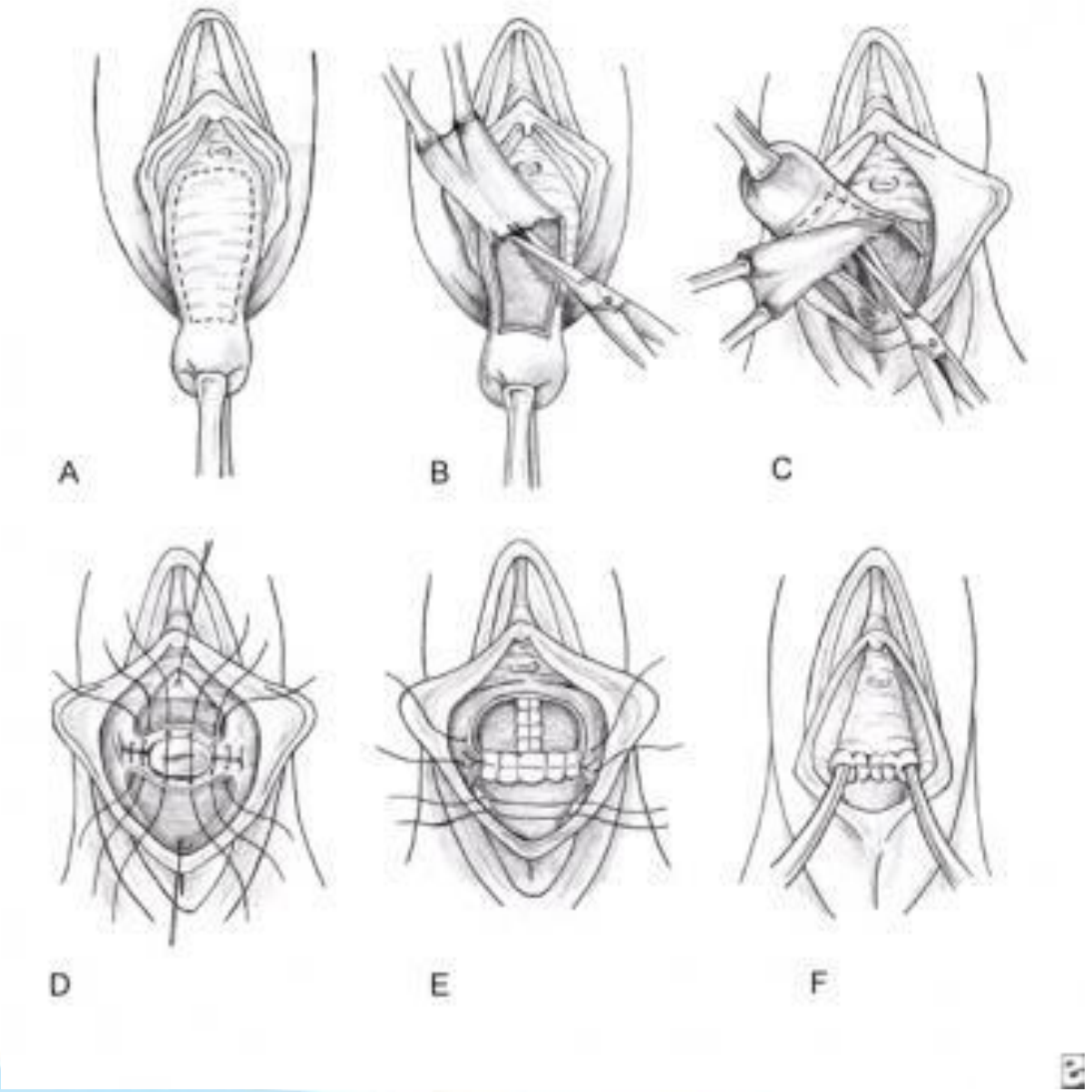

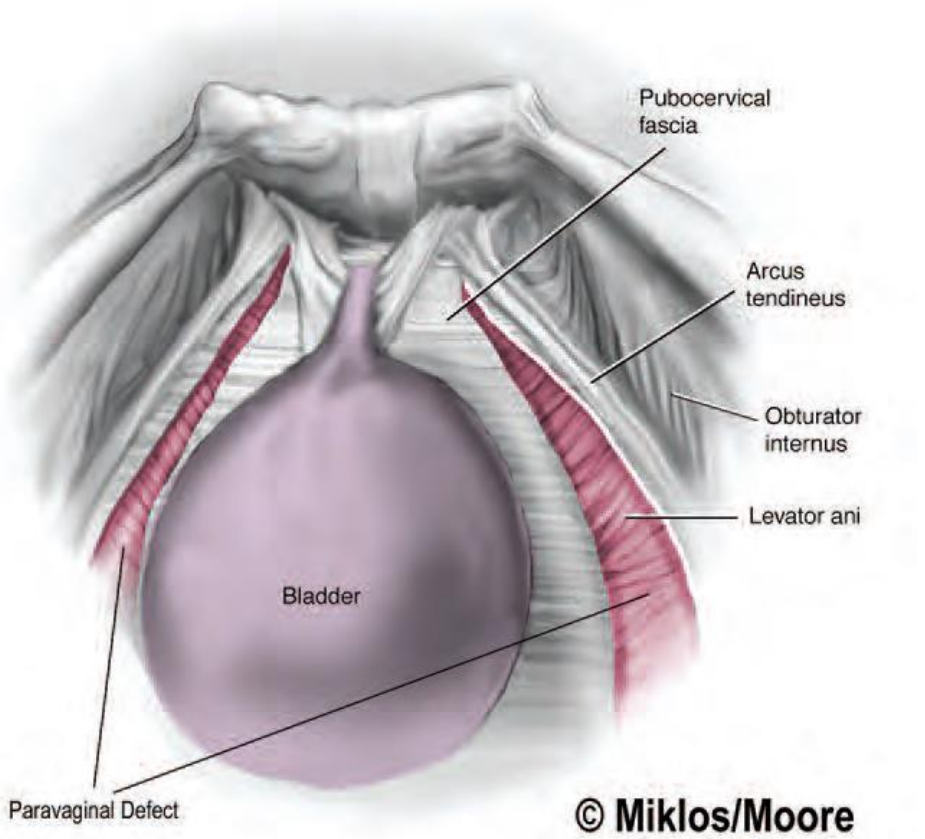
Pubocervical fascia
Arcus tendineus
Obturator internus
Levator ani
Bladder
Paravaginal Defect
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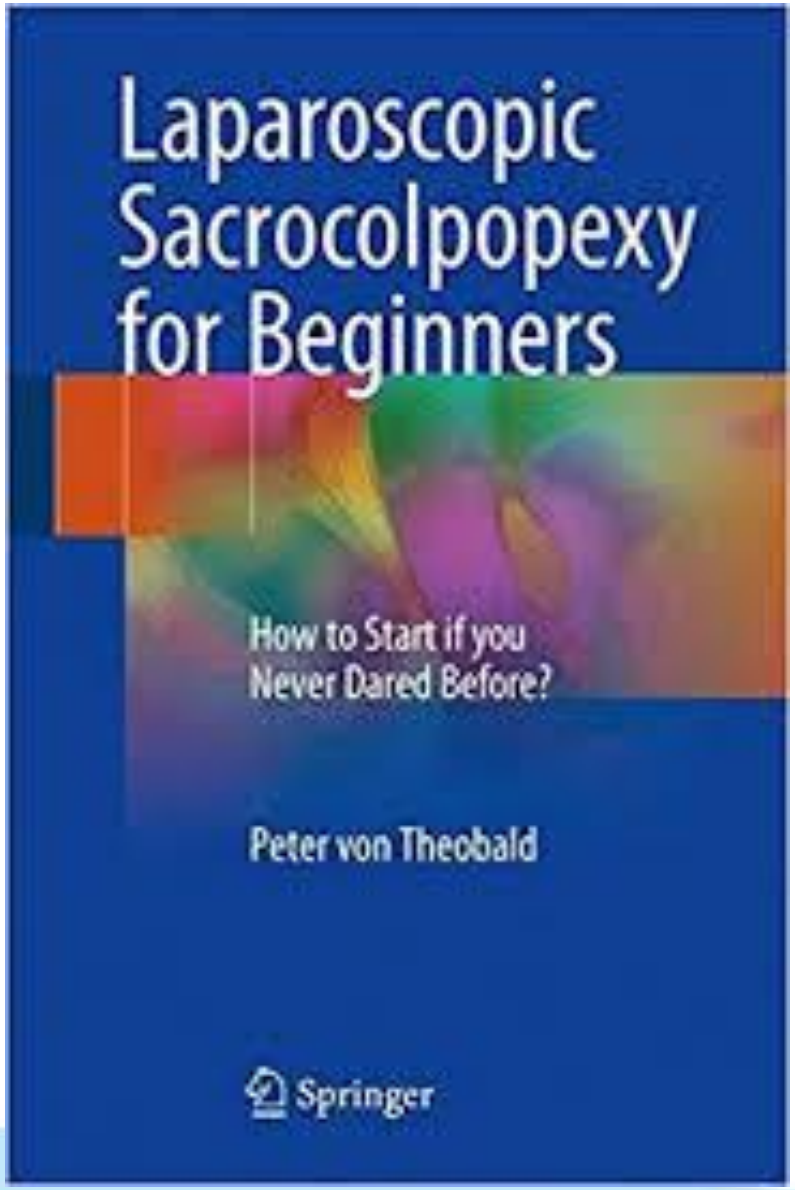
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Questions?