

PESSARYINSTRUCTIONS FOR USE

Gellhorn Cube Oval Ring Dish Donut Ring Gehrung Shaatz Cube Marland Cup

DESCRIPTION

A pessary is a silicone device that fits into the vagina to help support the uterus, vagina, bladder and/or rectum. The pessary is most often used for prolapse of the uterus, cystocele (bladder), or rectocele (rectum) which are types of procidentia. A pessary may also help with stress urinary incontinence (the leaking of urine during coughing, straining or exercising).

INDICATIONS FOR USE:

The flexible silicone pessary is commonly used for a mild first or second-degree uterine prolapse or procidentia. Pessaries are designed for single patient use.

CAUTION: This device restricted for sale to or on the order of a physician.

CONTRAINDICATIONS:

Pessaries are contraindicated in:

- Acute genital tract infections
- Pelvic infections
- · Noncompliant patients.

WARNINGS:

- Do not leave pessaries in place for long periods of time, as serious complications can occur which may require surgical intervention.
- Do not use these pessaries on a patient with a known silicone allergy.
- Gehrung and Hodge Pessaries must be removed prior to x-ray, ultrasound and MRI procedures as these pessary styles contain metal components.

PRECAUTIONS:

- This procedure should only be performed by a trained medical professional.
- Physicians must consider a patient as being under their active care as long as the patient wears a pessary.
- If the patient is not able to remove the pessary on their own for cleaning and inspection, more frequent office visits are required.

INSTRUCTIONS:

Fitting usually requires a trial of various sizes to determine the proper pessary size. Pessary Fitting Set is a valuable aid in selecting the correct pessary. A vaginal lubricant may be required for the patient's comfort before insertion of a pessary.

The physician should determine if the patient requires estrogen therapy before prescribing a pessary.

- Perform a normal pelvic examination prior to the fitting and introduction
 of a pessary. A pelvic exam helps determine the appropriate size. The
 pessary will easily fold across the largest drainage holes to simplify
 insertion and removal. The pessary should be large enough for its
 indication, yet not cause any undue pressure or discomfort.
- Compress the pessary and gently insert the pessary through the introitus.Once the pessary has passed the introitus, release the compressed pessary so that it expands to its normal shape.
- Gently move the pessary to the cervix to support the cystocele or rectocele and the uterus. When in the correct position, the physician should be able to insert an examining finger between the outer edge of

- the pessary and the vaginal wall. This spacing will insure the patient's comfort and reduce the risk of pressure necrosis.
- Once in place, the pessary should not dislodge when standing, sitting, squatting or bearing down. It should not be uncomfortable for the patient during any of these routine activities.
- When fitting a pessary, be sure to instruct the patient on its cleaning, insertion and removal. The patient should perform these tasks before the first follow-up visit.
- 6. Tell the patient to report any discomfort immediately.

REMOVAL, CLEANING AND SUGGESTED FOLLOW-UP

- To remove the pessary, carefully move the pessary forward toward the introitus. When the pessary is within reach, compress the pessary and carefully withdraw.
- The pessary should be removed for cleaning every day or two.The pessary can be cleaned with mild soap and warm water.
- Advise the patient on pessary usage during sexual activity.
 Discuss the importance of following instructions and the expected
- Discuss the importance of following instructions and the expected length of time for pessary use.

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- Within 24 to 48 hours, be sure the patient is not allergic to the pessary. Examine the vagina and ask the patient if there has been any discomfort, irritation, pressure, sensitivity, or unusual vaginal discharge. Also determine if there has been any improvement in her personal symptoms.
- 6. Schedule follow-up visits to fit the needs of the patient.

| PESSARY SELECTION CHART | | | | | | | |
|-----------------------------------|--------------------------|--------------------------|-----------|-----------|------------------------|-----------------------|-----------------------|
| | Prolapse (1-2 degree) | Prolapse (2-3 Degree) | Cystocele | Rectocele | Stress Incontinence | Retro Displacement | Incompetent Cervix |
| Cube | | Х | Х | Х | | | |
| Cup | | х | Х | Х | х | | |
| Dish | | х | Х | Х | х | | |
| Donut | | х | Х | Х | | | |
| Gehrung | | Х | Х | Х | | | |
| Gellhorn (short stem) | | Х | х | Х | | | |
| Gellhorn with standard stem | | х | х | х | | | |
| Hodge | х | | | | | Х | х |
| Marland | | Х | Х | | Х | | |
| Oval | х | | Х | | | | |
| Ring | х | | | | | | |
| Ring with Knob | Х | | | | Х | | |
| Shaatz | Х | | | | | | |

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