

Information Leaflet



Liverpool Women's
NHS Foundation Trust

Vaginal Pessary

What is a Prolapse?

A prolapse means that your uterus, bladder or rectum is bulging or leaning into the vagina, because the muscular walls of the vagina have become weakened. This can sometimes be felt as a lump in the vagina. If the prolapse is large it may also cause difficulty when emptying the bladder or bowel. Up to 50% of women can experience a prolapse and it is possible for a woman to have more than one type of prolapse at the same time.

Patients with a prolapse can have varying symptoms which can include vaginal heaviness & discomfort, feeling a lump in the vagina, difficulty emptying your bladder or bowel and discomfort during sexual intercourse.

What is a Vaginal Pessary?

A pessary is a removable medical device that fits into your vagina to support the weakened vaginal walls or uterus. There are many different types of vaginal pessaries, some that can stay safely inside the vagina for several months and others that need to be removed daily.

Vaginal pessaries can be used to avoid or delay surgery and aim to improve your symptoms of the prolapse.

The type of vaginal pessary that has been chosen for you often depends on the type and severity of prolapse you have.

The success of a vaginal pessary can be measured by the improvement of your symptoms, the comfort of the pessary and that it stays in place.

What are the alternative treatments for prolapse?

Depending on your symptoms and the severity of your prolapse there are alternative treatments to vaginal pessaries, which include physiotherapy, conservative management or surgery.

What will happen after the initial fitting of my pessary?

As soon as the pessary is inserted the clinician will check with you that it feels comfortable before you leave the clinic.

You can carry on your daily activities as usual including exercise. You should avoid straining when having your bowels open as this could affect the position of the pessary inside, and cause the pessary to fall out.

You will be invited to a follow-up appointment by the clinician who has fitted the pessary to discuss if this treatment has worked well for you. If the pessary has not been successful then you can choose to try another type of pessary or one of the alternative treatments.

If you continue with the vaginal pessary you may want to learn how to remove and re-insert it yourself. This option is available to all patients and an appointment with one of the Urogynaecology Nurse Practitioners can be arranged for you.

What are the risks or side effects of a Vaginal Pessary?

Expulsion (Pessary falling out)

In some women a vaginal pessary can come out; however this does tend to be more common following the first insertion. If your pessary falls out then you are advised to wait for your next appointment. However if you do experience difficulty passing urine when your prolapse is down you can contact us to arrange an earlier appointment (Contact numbers at the end of this leaflet)

Try to avoid straining to open your bowels as this force can push the pessary and contribute to it falling out.

Vaginal Discharge

Most women have a small vaginal discharge which can increase with a vaginal pessary. If the discharge becomes discoloured and unpleasant and is associated with feeling unwell, elevated temperature or lower abdominal discomfort it could mean you have an infection or ulceration. A vaginal swab can check for an infection and an examination can look for ulceration, your GP should be able to arrange these.

Pain or Discomfort

When a pessary is fitted, you should not be able to feel it inside. Pain or discomfort could be caused if the pessary is too big, small or has moved inside. You can contact the hospital for advice if you experience this. (Contact numbers at the end of the leaflet)

Bleeding / Ulceration to the vaginal wall

Depending on the size and type of vaginal pessary you have fitted can increase your risk of developing ulceration to the vaginal walls. This happens due to the increased pressure on the walls from the pessary. Ulceration is not dangerous and will heal itself simply by removing the pessary for a short time. Sometimes you may be prescribed a vaginal topical cream to use to reduce the risk if ulceration.

On occasions the skin on the vagina can bleed when a pessary is removed and can be caused from some minor trauma to the skin during the removal. If this happens it will normally settle down by itself. If you continue to bleed after 7 days you can contact the nursing staff for advice. (Contact number at the end of the leaflet)

Are there any restrictions to my daily activity?

No, the pessary should not restrict any of your activities. In fact the pessary is a treatment to allow you to carry on with the normal activities of your life.

Can I have sex with a Vaginal Pessary?

If you have a ring or ring with support, you may still be able to have sex. Please speak to your nurse or consultant for advice if you have any concerns. All other pessaries would have to be removed before you or your partner had sex. You can be taught how to remove and reinsert your vaginal pessary. If this is what you would like to do then speak to your Doctor or Nurse and an appointment can be arranged for you to learn this.

Contact Numbers:-

To make or change an appointment in clinic – 0151 702 4328

For clinical advice from Urogynaecology Nurses -0151 702 4321

We have an answer phone service so please leave your name, hospital number or NHS number, a contact number and a brief message. We aim to answer all queries as soon as possible but sometimes this may not be on the same day that you have phoned.

For Emergencies Only

If you are in severe pain or you cannot pass urine at all then please attend the Gynaecology Emergency Department or call your GP for further advice or assistance.

This leaflet can be changed into different languages and formats using the tools on the website. Please note when translating information into different languages via the website, some information may need clarifying for accuracy with a member of staff. This leaflet can be formally translated on request via our Patient Experience Team, although response times to have information translated can vary. To request formal translation services or if you would like to make any suggestions or comments about the content of this leaflet, please contact the Patient Experience Team on 0151 702 4353 or by email at pals@lwh.nhs.uk

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