

Vaginal pessaries prove effective in treating pelvic organ prolapse long-term

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The aging population combined with increasing obesity rates has resulted in more women experiencing pelvic organ prolapse. Common treatment options include pelvic reconstructive surgery or the use of pessaries to prop up descending organs. A new study evaluated the long-term effectiveness of pessaries, as well as reasons why women discontinued their use. Study results are published online today in *Menopause*, the journal of The North American Menopause Society (NAMS).

Despite the fact that vaginal pessaries have existed in some form for thousands of years to help treat [pelvic organ prolapse](#), few studies have been published regarding their long-term use and effectiveness. Pessaries are devices inserted into the vagina to support prolapsed pelvic structures. Vaginal pessaries offer nonsurgical alternatives to pelvic reconstructive surgery. Two types of pessaries are most commonly used in [clinical practice](#): the ring pessary and the Gellhorn pessary (the second-line choice when the ring pessary fails). The ring pessary is the most popular because it can easily be inserted and removed.

This new study followed up with women with pelvic organ prolapse over a 5-year period to assess their overall satisfaction with pessaries, complication rates, and common reasons for discontinuing use. Of the 312 women originally assessed, 239 mostly [postmenopausal women](#) completed the 5-year study, and 180 women were successful.

On its completion, researchers concluded that vaginal pessaries represented a safe and effective treatment option for women with symptomatic pelvic organ prolapse. Specifically, three-fourths of study participants showed significant symptom improvements and continued pessary use at 5-year follow-up, with only minor complications reported. For those women who did not continue to use pessaries, most requested reconstructive surgery within 2 years.

The most common causes for discontinuing the use of pessaries included a shorter vaginal length (less than 7.5 cm), which resulted in discomfort as a result of inserting the pessaries; poor improvement in urinary symptoms; and an incapability of self-care (meaning that [family members](#) had to assist with the placement of the pessaries).

Results are published in the article "Vaginal pessary treatment in women with symptomatic pelvic organ prolapse: a long-term prospective study."

"This study highlights the efficacy and long-term acceptability of pessaries for [women](#) with symptomatic pelvic organ prolapse, positioning them as a simple and safe solution that may obviate the need for pelvic reconstructive surgery," says Dr. Stephanie Faubion, NAMS medical director.

Provided by The North American Menopause Society

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