Chapter 4
Selection of a Patient for Pessary Care

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4.1 OUTLINE
Most women with symptomatic pelvic organ prolapse are candidates for conservative management using a pessary. A comprehensive medical history and physical examination of the pelvis is sufficient assessment. This chapter discusses the following issues:

1. Factors influencing patient selection for a pessary
2. The evaluation undertaken prior to pessary fitting

4.2 INTRODUCTION
Among healthcare professionals who care for women with pelvic prolapse, there is a lack of consensus on the use of pessaries.1 While most utilize them as a first-line therapy, some believe a pessary should be offered only to individuals who are not candidates for pelvic repair surgery. This bias against the routine use of pessaries is based on the assumption that surgery is preferred by patients2 and that pessaries are associated with significant risk.3,4

Women with pelvic organ prolapse with or without accompanying incontinence should be made aware of the evidence concerning both conservative therapy and surgery. This discussion, if presented in a balanced way, will touch on the long-term effectiveness of pelvic prolapse surgery5 and the potential risks and complications of this surgery.6 Pessaries should be presented as an effective alternative with few risks and complications but requiring an adjustment of lifestyle. Women who are more likely to opt for a pessary include (1) those who are older;7,8 (2) those with greater degrees of pelvic prolapse,7 and (3) those who have no choice because of medical contraindications to surgery.9
4.3 EVALUATION OF THE PATIENT PRIOR TO PESSARY FITTING

The evaluation of the patient should include a complete history of pelvic function (Table 4.1) and a past medical history (Table 4.2). Examination should include a general physical examination and a careful pelvic examination. The latter has as its goals (1) quantification of the extent of pelvic support defects in the anterior (bladder), apical (uterus/vaginal vault), and posterior (rectum) compartments (Figure 4.1); (2) assessment of the

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**TABLE 4.1. History of pelvic function in a patient with pelvic prolapse**

**General pelvic symptoms**
- Pelvic pressure and pain
- Palpable or visible tissue at the introitus
- Dyspareunia
- Interference with mobility and function

**Urinary tract symptoms**
- Obstructive symptoms
  - Frequency
  - Incomplete emptying
  - Urgency/urgency incontinence
- Stress incontinence: Current or prior history

**Gastrointestinal tract**
- Incontinence of flatus or feces
- Difficult rectal evacuation
- Splinting

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**TABLE 4.2. Past medical history of patient with pelvic prolapse**

**General medical health and medications**

**Sexual activity**

**Prior treatment of prolapse**

**Surgical care: Number and type of pelvic surgical procedures**

**Medical care**
- Hormone replacement
- Medical management of urinary tract symptoms

**Pessaries**
- Types and sizes used
- Reason for pessary failure