

# Policy



<b>Policy Title:</b>	Pessary Fitting, Insertion, and Management	
<b>Applies To:</b>	Registered Nurses and Physicians in the Women’s and Newborn Health Program Ambulatory Clinic at IWK Health	
<b>Location Applicability:</b>	IWK Health	
<b>Approved:</b>	<b>Effective:</b>	<b>Next Review:</b>
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<b>Sponsor:</b>	Manager, Women’s Ambulatory, Perioperative and Breast Health	
<b>Approval Authority:</b>	Policy and Practice Committee	
<b>Number:</b> 3050	<b>Manual:</b>	Women’s & Newborn Health Manual

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## PURPOSE

This policy will guide Registered Nurses (RN)s in the provision of safe, competent, and ethical care in the procedure of pessary fitting, insertion and ongoing management. The policy will also provide guidance to the RN in:

- Determining the appropriate size, type and shape of the pessary for the patient.
- Proper insertion of the pessary for maximum effect and minimal discomfort to the patient.
- Educating the patient regarding pessary care and follow up visits to the Women's Ambulatory Clinic.
- The ongoing assessment of the benefit of the pessary and the health of the vaginal tissue at recheck clinic visits.

## GUIDING PRINCIPLES AND VALUES

To passionately pursue a healthy future with women, children, youth and families in all their diversity through excellence in care, research and innovation and applied learning.

## POLICY STATEMENTS

1. All patients must have been previously assessed and referred to the clinic for uncomplicated incontinence or pelvic organ prolapse by a physician, nurse practitioner (NP) or a specialist.
2. Registered nurses orientated and practicing in the Women's and Newborn Program (WNHP), Women's Ambulatory Clinics at IWK Health must perform pessary fitting, insertion and ongoing management according to the following protocol.
3. Pessary fitting, insertion and management is a beyond entry level competency (BELC) which requires initial certification and ongoing recertification. Certification includes successful completion of the self-directed learning package (SDLP): Pessary Fitting, Insertion and Management. RN must also have current certification in Speculum Examination (BELC).
  - 3.1. Demonstration of competency to the RN preceptor for initial certification and ongoing completion of the self-directed learning must occur annually.
4. The most responsible physician (MRP) must be available to collaborate with the RN on a plan of care if required.

## PROCEDURE

### Initial Visit:

#### Assessment:

1. Document the assessment.
2. Explain the fitting procedure to the patient and provide emotional support as required.

#### Pessary Fitting and Size/Type Determination:

1. Assemble required equipment:
  - Lubricant
  - Disposable gloves
  - Speculum
2. Perform hand hygiene (refer to [Hand Hygiene Policy IC 205.2](#)) and put on disposable gloves.
3. Insert index and middle fingers into the vagina and determine width and depth of vaginal barrel.
4. Select a pessary based on patient history and pelvic exam findings. Select appropriate pessary (**\*prior to fitting, evaluate pessary to ensure that it is free from any defects and that sterilization parameters have been met**).

NOTE: See Self-Directed Learning Package (SDLP) and pessary package inserts for specifics regarding inserting the following pessaries:

- Ring pessary with diaphragm
- Ring pessary
- Ring with knob and supportive membrane
- Cube
- Gelhorn

5. Fitting-pessaries are for fitting purposes only. Once proper fitting is completed replace the fitting pessary with a new pessary of the same size.
6. The pessary used to fit the patient will remain in-situ no longer than 10 minutes.
7. If the pessary falls out or feels uncomfortable for the patient, the pessary will be removed and refitted with another size.

8. All pessaries used for fitting will be cleaned and sent to Medical Device Reprocessing (MDR) for re-sterilization (as per Manufacturer's Instructions) and packaging if they have not been in-situ any longer than 10 minutes (if 10 minutes has passed the fitting-pessary shall not be re-sterilized and must be discarded).
9. Should a patient leave the hospital with a pessary in place and later returns it, the pessary shall not be re-sterilized for use on another patient, it must be discarded or returned to the patient.

**Pessary Insertion:**

1. Place a generous amount of lubricant on the vaginal introitus and on the leading edge of the pessary. The hand holding the pessary should be dry.
2. Separate the labia minora at the posterior introitus, in accordance with the procedure outlined in the manufacturer's instructions and in the SDLP. Ensure pressure is maintained in an inferior direction during the introduction of the pessary into the vagina.
3. Determine the proper fit of the pessary by sweeping one finger between the pessary and vaginal walls to determine if the pessary is properly fitted to the vaginal width.
4. Separate the labia and check to see if the pessary is visible. The pessary should be in line with the vaginal axis.
5. While the labia are separated, ask the patient to perform a Valsalva maneuver (see appendix A for definition).
  - 5.1. If the pessary descends to the opening of the vagina or falls out, it is too small, and a larger pessary should be tried.
  - 5.2. It is normal for the pessary to descend somewhat with the Valsalva maneuver, but it should then return to a well-supported place if it is working properly (Srivastav, Jamil, Zeltser, 2022)
6. Request patient to stand and cough to ensure there is little movement of pessary for proper fitting.
7. Request patient void prior to leaving clinic.
  - 7.1. If patient has difficulty voiding, the pessary is probably too large, and a new pessary size should be fitted/inserted.

**Patient Teaching:**

1. Review teaching pamphlets for appropriate pessary with patient.
2. If no printed teaching tools are available, verbal instructions will be provided to the patient.

3. Opportunity will be provided for the patient to verify understanding of the plan of care as well as ask questions as applicable.
4. Patient will be instructed to return to clinic in 2 weeks for a follow-up appointment.
5. Patient will be given contact numbers to clinic should any questions and/or concerns arise prior to follow-up appointment.

### **Follow-Up Visit and Subsequent Visits to the Clinic:**

1. Document the following:
  - problems with bleeding,
  - irritation,
  - pressure,
  - leaking and/or vaginal discharge.
2. Explain speculum exam procedure and purpose to the patient.
3. [Perform hand hygiene](#) and put on disposable gloves.
4. Place a generous amount of lubricant on the vaginal introitus.
5. Remove pessary (refer to the SDLP for details of how to remove a specific type of pessary).
6. Wash pessary with warm water and mild soap, dry with a soft cloth and set aside.
7. Perform a speculum examination.
8. Assess the condition of the vaginal tissues and document findings.
9. If no significant abrasions or erosions exist, re-insert pessary as per the above Pessary Insertion Steps procedure.
10. **If significant abrasions or erosions are found, RN will contact the most MRP to discuss the issue and collaborate on a plan of care.**
11. Discuss any questions and/or concerns patient may have prior to discharge.
12. If patients are not able to perform self-care with their pessary and will need to have in-clinic care of their pessary, a subsequent appointment will be made for 3 months for re-check, and they will be contacted related to the appointment details.
13. Ensure the patient has appropriate contact numbers should any problems and/or concerns arise.
14. The pessary is to be replaced as per manufacturer recommendations unless condition of pessary warrants replacement prior to this date.

## **REFERENCES**

### **Legislative Acts/References**

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Storey, S., Aston, S. M., Price, S., Irving, L., & Hemmens, E. (2009) Women's experiences with vaginal pessary use. Journal of Advanced Nursing, 65(11), 2350-2357.

## **Other**

Self-Directed Learning Package - Pessary Fitting, Insertion and Management

## **RELATED DOCUMENTS**

### **Forms**

Ambulatory Clinic's Nursing Record, Women's & Newborn Health - Form IDIWKNURE ER0000145/12

### **Brochures**

PL-0999 Pessary Care Handbook

### **Appendices**

Appendix A – Definitions

## Appendix A – Definitions

**Pessary:** A non-invasive device to be placed inside the vaginal canal to support the pelvic organs and/or correct a displacement (Harvey, Lemieux, Robert, & Schulz, 2021).

**Valsalva maneuver** (defined as forced expiration with a closed glottis, similar to straining when having a bowel movement, playing a wind instrument or inflating a balloon) and /or cough.

## IWK/NSH Policy Documents Being Replaced

(Please List)

### Version History

(To Be Completed by the Policy Office)

<b>Major Revisions (e.g. Standard 4 year review)</b>	<b>Minor Revisions (e.g. spelling correction, wording changes, etc.)</b>