Person-Centered Care for Patients with Pessaries

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KEYWORDS

• Pessary • Pelvic organ prolapse • Patient-centered care

KEY POINTS

- Pessaries are a safe and effective treatment option for women with pelvic organ prolapse.
- Family and cultural attitudes, beliefs, and perceptions can influence women's decisions for pessary use.
- Managing a patient with a pessary incorporates holistic and person-centered care.

INTRODUCTION

The pelvis of the human woman consists of a complex and intricate system of muscles, ligaments, nerves, and blood vessels. The pelvis houses the uterus and ovaries, stores the bladder and colon, and provides specific functions for sexual reproduction and childbirth. The muscles and ligaments of the pelvic floor support the internal organs of the pelvis by forming a structure similar to a trampoline. When the muscles and ligaments weaken, pelvic organ prolapse (POP) takes place, allowing the bladder, uterus, intestines, and/or support tissues to herniate into the vaginal opening.

To standardize terminology, physical findings, and enhance POP research, the International Urogynecological Association and International Continence Society define prolapse as "the descent of one or more of the anterior vaginal wall, posterior vaginal wall, the uterus (cervix) or the apex of the vagina (vaginal vault or cuff scar after hysterectomy)."[1] Several different types of prolapse occur in women, yet there is no universally accepted system for grading, staging, recording, or describing the support of the pelvic floor (**Table 1**).[2,3] To describe parameters of the pelvis for the appropriate fitting of a pessary, experts advocate for dividing the pelvis into anterior, posterior, middle, and apical compartments for clinical use.[4] Popular systems currently used for grading prolapse are the Baden-Walker and Pelvic Organ Prolapse Quantification System[5] (**Table 2**).

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Box 1
Treatment options

Pelvic floor muscle exercises

Surgery

Pessary

No treatment if emptying bladder and bowel well and no bother to patient. Consider reevaluation at a later date if symptoms develop

EPIDEMIOLOGY OF PELVIC ORGAN PROLAPSE

Prolapse can occur in women of any age, racial, or ethnic group. Women ages 57 to 84 years old are more likely than other age group to present with this condition,[6,7] and the rates are similar regardless of the presence of the uterus (38%) versus no uterus (41%).[8] White women are at greater risk for POP than Black women.[9] The risk of POP with uterine prolapse is highest among Latino women, as opposed to Black women, who have the lowest risk.[8] Black women and white women are equally susceptible to the development of prolapse as a result of childbirth.[9–11]

Other risk factors for POP include body mass index, family history, chronic intra-abdominal pressure, genetic factors,[12] and childbirth history.[13] The number of full-term pregnancies, infant birth weight, and forceps delivery are important predictors.[13] Overweight and obese women are more likely than women with a normal body mass index to have POP.[14] Chronic repetitive straining (dyschezia), heavy lifting, and high-impact activity contribute to weakened muscles, ligaments, and connective tissue, leading to prolapse.[6] Teenagers who engage in strenuous activity have a greater occurrence of POP than middle-aged women who do not routinely engage in such behaviors.[6] Vaginal delivery is considered a risk factor[15–18]; however, elective cesarean section has been shown to be only partially effective in preventing POP.[11] Women with Ehlers-Danlos syndrome or Marfan syndrome have higher rates of pelvic floor disorders, including POP and urinary incontinence[19,20] (**Table 3**).

QUALITY OF LIFE IN WOMEN WITH PELVIC ORGAN PROLAPSE

Symptoms of prolapse are variable. Women report lower abdominal or pelvic pain, pressure, and heaviness[21]; limitations of body strength and mobility[11]; recurrent urinary tract infection; inability to place and retain a tampon; and dyspareunia. With severe prolapse, decubitus ulcer and excoriated tissues caused by the prolapse rubbing against skin, underwear, or protective pads can occur.[22]

Table 1
Types of pelvic organ prolapse

Cystocele	Descent of the bladder base below the ramus of the symphysis pubis, either at rest or with straining
Enterocele	Herniation of the peritoneum and its contents at the level of the vaginal apex.
Rectocele	An intravaginal herniation of the rectum through the rectovaginal septum
Uterine	Descent of the uterus at rest or straining

From Rosenblum N, Eilber KS, Rodriguez LV, et al. Anatomy of Pelvic Support. In: Appell RA, Sand PK, Raz S, editors. Female urology, urogynecology, and voiding dysfunction. Boca Raton (FL): Taylor and Francis; 2005; with permission.