

CHEUNG Yau Kar Rachel, Wan Yee Ki Osanna, Lee Lai Loi, Lee Ka Yan Katherine, Chan Shing Chee Symphorosa
 Dept. of Obstetrics and Gynaecology, The Chinese University of Hong Kong,
 Prince of Wales Hospital, Shatin, New Territories, Hong Kong SAR

Hypothesis / aims of study

Vaginal pessary is commonly used in women with pelvic organ prolapse with high efficacy. However, it requires regular replacement of the pessary every few months. This posed a heavy burden on the current health care systems and personally for the woman. Women are now encouraged and empowered to have self-management of vagina pessary. Unfortunately, the acceptance of the self-management remains low in our locality. The aim of this study is to evaluate their attitude towards self-management of vaginal pessary and the reason of their preference in doing self-replacement.

Study design, materials and methods

Women who attended the urogynaecological clinic in March 2023 with the diagnosis of pelvic organ prolapse (POP) were invited for this survey. Their basic demographics, POPQ staging of prolapse, current status of using pessary and their preference of self-managing the vaginal pessary were enquired. Women were asked if they aware of the option of self-management of vaginal pessary and whether they preferred to have vaginal pessary and self-management. The reasons of their preference were explored. In women who have declined to use vaginal pessary or discontinue the use of vaginal pessary, their reason for not having pessary were also explored. Either the attending gynaecologist or a research assistant helped with the patients to fill in the questionnaires in case they need help.

Table 1. The attitude of 65 women who accepted vaginal pessary towards self-management of vaginal pessary and the

Reasons	Accept self-management N=21	Reasons	Refused self-management N=43
With self autonomy	17	Lacking confidence	30
Reduce number of clinic visit	14	Not want to be done by herself	8
Reduced risk of bleeding	6	Worry of incorrect placement	8
Can rest the pelvic floor muscle	6	Feeling troublesome	6
Can be removed for intercourse	1	Hesitate to touch vagina	5
		Not plan for long term use	3
		Failed to learn	2

*One can have more than one answer.

Table 2.

Reasons of 21 women who refused to use vaginal pessary

Reasons	Never on vaginal pessary N=8	Reasons	Have trial of vaginal pessary N=13
Feeling troublesome	2	Pessary dislodged	11
Do not want a device	1	Feeling discomfort	2
Worry of complication	1	Pessary displaced	1
Not understand vaginal pessary	1	Bleeding	1
Worry the effect on intercourse	1	Not helpful	1
Feeling unnecessary	1	Infection	0
Refuse frequent visit for replacement	0	Worsening of stress incontinence	0

*One can have more than one answer.

Results

Over the study period, total of 85 women were interviewed, with the mean age of 68.8 (SD: 8.0) years old, median parity of 2 (range 1-6). 53 women (62.4%) of them were with stage I/II POP while the other 32 with stage III/IV POP. 55 (64.7%) of them had diagnosed POP for more than 3 years. 71 (83.5%) of them had tried vaginal pessary before and 52 (61.2%) of them have the vaginal pessary in use. 63 (74.1%) of them had been using vaginal pessary for more than 6 months and among them 45 (52.9%) had used for more than 1 year. 32 (37.6%) of them aware of the option of self-management of vaginal pessary. 65 (76.5%) of them would like to use vaginal pessary for their POP but only 21 (24.7%) of them accept to have self-management. The reasons for their preference in self-management are listed in Table 1. 21 (23.5%) of them opted not to use vaginal pessary with 12 of them have tried before. The reasons of not opting for vaginal pessary are listed in Table 2.

Interpretation of results

Majority of women accept vaginal pessary as their treatment for POP. However, over 25% of them would like to have self-management. Their hesitation is mainly they are not confident and not want it to be done on their own. In women who refused to have vaginal pessary, the reason are mainly due to the complication arise from vaginal pessary in women who had tried pessary before.

Concluding message

In our population, most women prefer to have vaginal pessary as their treatment for POP. However, the awareness of the option of self-management and the acceptance of self-management are low. The major reasons for them not to have self-management are lacking confidence and motivation to learn. More effort should be spent in patient education and patient empowerment to promulgate the practice of self-management.

Disclosure None

References

Obstet Gynecol 2016;128 :73-80.
 BMJ 2021;19;372: n310.