

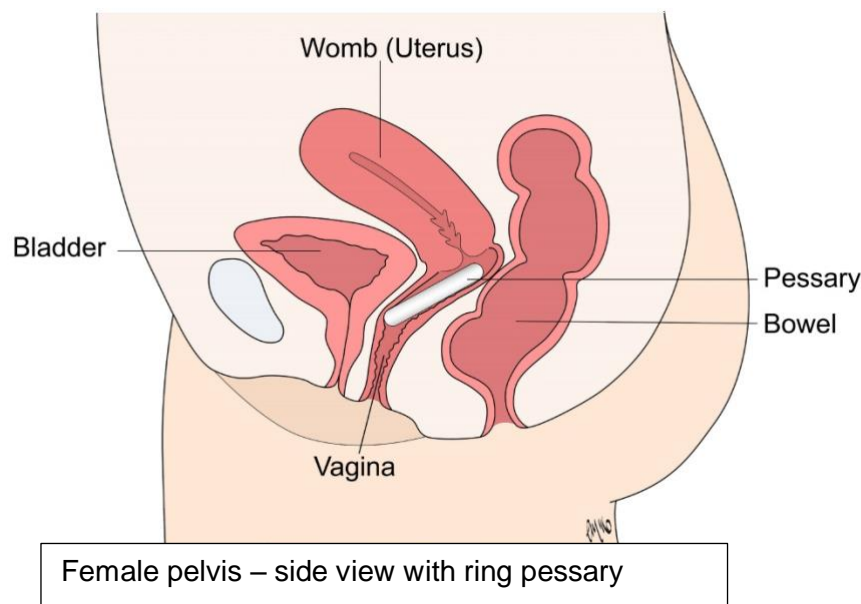
Pessary use for prolapse Final Workshop – terminology information sheet

Pelvic organ prolapse is the downward displacement of a pelvic organ (bladder, bowel or uterus) or vaginal compartment from the normal anatomical position associated with symptoms of vaginal heaviness. Prolapse can be defined by a departure from normal sensation, structure or function experienced by the woman in reference to the position of her pelvic organs. The main symptom is of ‘something coming down’ or vaginal heaviness but there may be bladder, bowel or sexual symptoms such as incomplete emptying or leakage of bladder or bowel or discomfort, significantly impacting on a woman’s quality of life.

Anterior wall prolapse: commonly and previously called a cystocele but correctly refers to the front wall of the vagina which supports the bladder.

Posterior wall prolapse: commonly and previously called a rectocele but correctly refers to the back wall of the vagina which supports the rectum.

Apical prolapse: commonly called a uterine or vault prolapse. It refers to the upper portion of the vagina which will include the uterus if the woman has not had a hysterectomy operation, and will be the vault after a hysterectomy.



A pessary is a mechanical device that is positioned vaginally to provide anatomical correction and alleviate symptoms. Pessaries can be supportive or space-occupying depending on whether they fill the vaginal space. Space-occupying pessaries block the vaginal space and are not suitable for women who want to continue to have sexual intercourse unless the pessary can be removed for intercourse by the woman.

Pessary Types



Gellhorn



Inflatoball



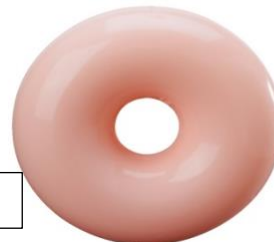
Gehrung



Hodge with support



Ring with support



Donut



Hodge



Tandem cube



Folding ring



Cube



Popy shelf



Ring



Shaatz