

Pessary for Prolapse Priority Setting Partnership (PSP) interim ranking survey

Background:

Prolapse is a very common problem affecting many women. Pessaries are commonly used as a treatment for prolapse. More research is needed about the use of pessaries for the treatment of prolapse and we want to know what **your** priorities are.



Prolapse is a feeling of vaginal heaviness or vaginal bulging which may include bladder and bowel problems of not emptying or leaking. It is very common but many women find it difficult to talk about.

Pessaries are used to provide support to the vaginal walls to help with the heavy feeling and reduce the bulge. They are usually fitted by a doctor but follow up care might be by the women herself or by a nurse at the clinic.

All the questions are important but this survey will ask you to choose the questions which matter most to you about pessary use for prolapse.

Over 600 questions about what research is needed were gathered from women with experience of prolapse and clinicians involved with managing prolapse in the first survey in this PSP. They have been collected and refined down to the following 66 questions.

We are now asking you to choose ten of these questions which are most important to you.

All the information on this form will be stored securely according to data protection rules and deleted at the end of the project.

Thank you for taking part. For more information please contact katharine.lough@gcu.ac.uk or call me on : 0141 331 8063

Look at all the questions. Then choose the 10 that are most important to you by putting the numbers 1 to 10 in the box beside them.

Number 1 is your most important question, and number 10 is your least important:

- Does the use of a pessary during or after pregnancy prevent prolapse?
- Does the use of testosterone improve the outcome of pessary management for prolapse?
- Is it safe to use a pessary during pregnancy?
- Should women using pessaries be offered supervised pelvic floor muscle exercises?
- When is it safe to use a pessary postnatally?
- When should oestrogen cream be used with a pessary?
- What difference does a pessary make when used to treat a prolapse?
- Which pessary should be used for which prolapse?
- Do pessaries have an effect on the psychological wellbeing of women?
- What level of prolapse will improve with the use of a pessary?
- How might a pessary affect sexual activity?
- What should be considered when choosing which type of pessary for the treatment of prolapse?
- What things make a difference to help with long term use of a pessary?

- When is a pessary the right treatment for prolapse?
- Are pessaries effective as a long term treatment for prolapse?
- Which is the best pessary to use first for prolapse?
- Does pessary use in prolapse have a positive impact on physical activity?
- Should a younger woman with a non-bothersome prolapse be encouraged to use a pessary to prevent future problems?
- How does a pessary work?
- When should a pessary be offered in the course of treatment for prolapse?
- Can the education of health care professionals improve patient care in choosing and using pessaries?
- What is important for a pessary self-management programme?
- How does the health care professional's opinions about pessaries influence the options for women?
- Can women be taught to manage their own pessary?
- What factors (feelings/views/experiences) influence women's decisions about pessary use?
- What makes pessary self-management more difficult?
- What do women and carers want to know about pessary use for prolapse?
- Does self-management with pessaries work for the treatment of prolapse?

- Is successful management of advanced pelvic organ prolapse with a pessary improved with a patient education programme?
- What are the risks of pessary self-management?
- How does pessary use affect surgery for prolapse?
- What will it feel like with a pessary in place?
- Do women report a difference in outcomes that matter to them between surgical or pessary treatment for prolapse?
- What is the best way to assess what type and size of pessary to use?
- Can a pessary be used after a prolapse repair operation?
- What makes a pessary fitting successful?
- Are there alternatives to surgery if treatment with a pessary hasn't worked?
- How easy is it to fit a pessary?
- Is a pessary as acceptable as surgery for the treatment of prolapse?
- Is silicon the best available material for pessaries?
- Can a pessary be used after a hysterectomy operation?
- What matters in pessary design?
- What is the ideal timing and frequency of pessary use?
- Who should fit a pessary?

- Can all women use pessaries?
- Who should manage pessary care?
- Where should pessary care be provided?
- What is the role of physiotherapy as part of pessary management for prolapse?
- How often should pessary care be provided?
- Can a GP fit a pessary?
- What should a pessary follow up appointment include?
- What is the ideal training to be a 'qualified' pessary practitioner?
- Can a pessary be sterilised and reused?
- What is the correct advice about the position of the pessary?
- Are pessaries effective in the treatment of prolapse?
- How should a pessary which is stuck be managed?
- How long can a single pessary be used for?
- What makes a pessary fitting unsuccessful?
- How safe are pessaries?
- Should all women with a pessary have it clearly recorded in their medical records?

- What are the risks and complications of pessary use for prolapse?
- Should NHS data be collected on each type of pessary provided for women?
- Do the risks and complications of pessaries increase with long term use?
- When should a pessary definitely not be used?
- What is the best way to minimise and treat vaginal discharge caused by pessaries?
- Is there a risk of endometrial cancer with the use of oestrogen as part of pessary management?

ABOUT YOU:

Please answer the next few questions which will help us know that our survey has reached:

- women of all ages
- all types of healthcare professionals
- women with different experiences of prolapse and pessary use
- women and healthcare professionals across the UK

Tick whichever boxes apply to you.

I am a.....

- woman with personal experience of prolapse
- healthcare professional - **doctor**
- healthcare professional - **physiotherapist**
- healthcare professional - **nurse**
- woman with personal experience of prolapse **AND** a health professional
- partner or carer of someone affected by prolapse
- none of the above

As a healthcare professional I have experience of

- treating women affected by prolapse
- fitting and managing pessaries for prolapse
- none of the above

As a women with personal experience of prolapse I

- have experience of using a pessary now or in the past
- have turned down the offer of or decided not to use a pessary
- none of the above

My age is.....

- 18 - 30 years
- 31 - 59 years
- 60 - 80 years
- Over 80 years

I live in....

- England
- Scotland
- Wales
- Northern Ireland
- Other

I would like to help further with this project by.....

- Being available to attend the final workshop on Friday 8th September in London
- Being sent the results of the Priority Setting Partnership Top Ten priorities
- Being involved with further research in this area

And I would be happy for you to contact me by:

email:

phone:

address:

We do not contact details unless you want us to be in touch.

Thank you for taking the time to complete this survey. We are very grateful for your time



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