W39: Pessaries for Pelvic Organ Prolapse: Shared care for pessary self-management. What does it take?

Workshop Chair: Patricia Neumann, Australia

Start	End	Topic	Speakers
		Introduction to speakers	Patricia Neumann
		Patient Interviews	J. Oliver Daly
		Anatomy & pathophysiology of pelvic organ prolapse (POP), symptoms, diagnosis, exclusion of pathology. Assessment with POP-Q & POP staging. AUGS App	J. Oliver Daly
		Evidence for pessaries (Cochrane SR 2020) Evidence for oestrogen and its clinical application. Risks and complications. How to manage complications from a UG perspective	Rohna Kearney
		Predictors of success and failure, what pessary to choose when? How to manage complications – physio perspective	Kate Lough
		How to prevent complications – database/follow up, patient education, written patient info, what patient should look out for, what is serious, what to do/when to escalating care. How to manage complications – nursing perspective.	Angie Rantell
		Care pathways - Shared-care: what does it look like in different countries? The role of the GP.	J. Oliver Daly
		Self-management, what makes a patient suitable? What's the evidence? TOPSY study	Rohna Kearney
		Clinical Practice Guidelines (UK 2021), pessary choice algorithm Pessaries through the life-stages	Kate Lough
		Training and competency standards – why do we need them? Physio care in private practice and public hospitals Shared care – the role of the GP I am starting out and want to fit pessaries. What do I need to do?	Patricia Neumann
		Self-management in COVID. Consideration of sexual function in pessary choice. Nursing roles in different levels of care	Angie Rantell
		Tips and techniques. Case studies, practical tips	Patricia Neumann J. Oliver Daly Rohna Kearney Angie Rantell Kate Lough

Aims of Workshop

This workshop aims to:

1. provide attendees with the opportunity to understand the options for using pessaries to manage women with POP within varied multi-disciplinary teams from primary to tertiary care
2. provide an opportunity to understand the current evidence for pessary self-management, the barriers and enablers, indications and limitations
3. understand the current recommendations on training requirements for health practitioners
4. provide an opportunity to practice hands-on pessary insertion and removal of various pessary types in small groups, using non-human vaginal models to enable intensive participant involvement.

Learning Objectives

Participants will understand how to promote and enable pessary self-management in a variety of clinical settings, understanding the benefits, barriers, and risks.

Target Audience

Conservative Management

Advanced/Basic

Intermediate

Suggested Learning before Workshop Attendance

Miceli, A., Fernández-Sánchez, M., Polo-Padillo, J. and Dueñas-Díez, J.L., 2020. Is it safe and effective to maintain the vaginal pessary without removing it for 2 consecutive years?. International Urogynecology Journal, pp.1-8.

The UK Clinical Guideline for Best Practice in the use of Vaginal pessaries for Pelvic Organ Prolapse (due for launch March 2020)

J. Oliver Daly, Urogynaecologist, Australia

Fundamental to developing competence in the practice of using pessaries for the management of pelvic organ prolapse (POP) (1) and stress urinary incontinence (SUI), is a knowledge of the anatomy of pelvic floor support and its assessment. This assists the clinician with considering the suitability, type of pessary, factors for successful fitting and symptom management, and communicating the benefits, risks and value of a pessary with the woman.

Anatomically there are three levels of connective tissue support for the pelvic organs and vagina, as defined by DeLancey et al (2), along with levator muscular support. The uterosacral ligaments and other level 1 structures support the uterus and upper vagina. The pubocervical and rectovaginal fascia attached to the bony pelvis by the arcus tendineus fascia pelvis support the mid-vagina and adjacent pelvic organs. The perineal body forms part of the level 3 support of the lower third of the vagina. Determining the integrity of these structures may inform the type of pessary and likely success.

A systematic assessment consists of a history of pelvic floor symptoms and functional impact; obstetric, gynaecological, medical and surgical history; and lifestyle issues. This is followed by a pelvic examination, specifically assessing the grade of prolapse using a standardised system such as the Pelvic Organ Prolapse Quantification (POP-Q) System (3), pelvic floor muscle tone and function, and bladder function. Tools such as the American Urogynecologic Society POP-Q App (4), may be used to learn use of the POP-Q, document and visualise the type of prolapse with women.

One of the challenges of managing women with a pessary, is providing support for the initial shock and impact of POP and SUI, and then introducing the concept of inserting and managing a pessary. We share the experiences of two women who have successfully self-managed their symptoms with a range of pessaries over time.

The knowledge, technical skill development, clinical reasoning to provide safe and effective pessary management can be developed by clinicians from a range of disciplines, including nursing, physiotherapy, and general practice. While scope of practice may differ by discipline, competence can be achieved using credentialing pathways supported by pessary management guidelines e.g. Continence Foundation of Australia (5) and the United Kingdom Continence Society (6), mentoring and a multi-disciplinary team. Three key credentialing requirements are the fitting of a pessary with minimal risk, competence to perform a speculum examination, and the recognition of complications with referrals pathways to facilitate assessment and management. Expanding the range of clinicians competent to safely provide pessary management can facilitate greater and earlier access to pessary management for women with POP and SUI.

1. Neumann PB, Radi N, Gerdis TL, Tonkin C, Wright C, Chalmers KJ, Nurkic I. Development of a multinational, multidisciplinary competency framework for physiotherapy training in pessary management: an E-Delphi study. International Urogynecology Journal. 2021 Jun 5:1-3.
2. DeLancey JO. Anatomie aspects of vaginal eversion after hysterectomy. American Journal of Obstetrics and Gynecology. Jun 1, 1992;166(6):1717-1728
3. Bump RC, Mattiasson A, Bø K, Brubaker LP, DeLancey JOL, Klarskov P, Shull BL, Smith ARB (1996) The standardisation of terminology of female pelvic organ prolapse and pelvic floor dysfunction. Am J Obstet Gynecol 175:10–17
4. AUGS POP-Q Tool. American Urogynecologic Society, 2017. Available from: https://www.augs.org/patient-services/pop-q-tool/, [Accessed 14 July 2021].
5. Guidelines for use of support pessaries for women with pelvic organ prolapse. NHMRC Guideline, 2012. Available from: https://www.continence.org.au/resource/pessary-guidelines, [Accessed 14 July 2021].
6. UK Clinical Guideline for best practice in the use of vaginal pessaries for pelvic organ prolapse. United Kingdom Continence Society, 2021. Available from: https://www.ukcs.uk.net/UK-Pessary-Guideline-2021, [Accessed 14 July 2021].

Patricia Neumann, Physiotherapist, Australia

Recent studies from the UK[1] have highlighted the variability in training that health professionals receive in pessary management and the lack of guidelines in relationship to pessary training.

The UK CPG (2021) for the first time, outlines 8 standards and training competencies for health professionals, including the requirement for assessment of competencies.

Australian registration board requires physiotherapists to be competent when moving into a new area of practice such as pessary management and the steps required to attain competence are described[2].

The Australian state of Victoria's ring pessary competencies for Advanced Physiotherapy Practice provide guidance for physiotherapists working in the public sector in this state but there are no national or international guidelines governing pessary training, leading to a situation where there is great variability in the standard of care that women receive, increasing their risk of adverse events and poor outcomes.

A recent E-Delphi study[3] is described, which provides a multi-disciplinary and international consensus on training requirements for Australian physiotherapists, with likely international relevance.

References:

1. Dwyer L, Kearney R, Lavender T (2019) A review of pessary for prolapse practitioner training. Br J Nurs 28 (9):S18-S24.
2. Frawley H, Neumann P, Delany C (2019) An argument for competency-based training in pelvic floor physiotherapy practice. Physiother Theory Pract 35 (12):1117-1130.
3. Neumann P, Radi N, Gerdis TL, Tonkin C, Wright C, Chalmers KJ, Nurkic I (2021) Development of a multinational, multidisciplinary competency framework for physiotherapy training in pessary management: an E-Delphi study. Int Urogyn J. Accepted May 2021.

Kate Lough
Predictors of success and failure, what pessary to choose when? How to manage complications – physio perspective

Pessaries are becoming a major part of the non surgical management of prolapse particularly in the aftermath of the problems with the use of mesh for surgical management.
The choice of which type of pessary is considerable for many countries although not all; the ring pessary is the most widely available type, and the research to date has primarily included the ring and the Gellhorn pessary above other types.
Where a pessary is indicated and desired, the choice relates to personal, pelvic and pessary specific factors. The 2021 UK Guideline includes an algorithm to assist clinical decision making taking in to consideration the evidence for the short and long term factors for pessary failure which are presented. However, the limitations of the evidence include a lack of knowledge of detailed interventions, uncertainty about the transferability to a real-life clinical population and overall few prospective studies with long-term follow up.
An interview with a long term pessary user helps to illustrate the very personal and individual considerations that need to be built in to optimal clinical practice. Studies to date indicate that with the right teaching, back up and support, pessaries can be a long term option for any woman choosing this treatment for prolapse.
The UK Clinical Guideline for best practice in the use of vaginal pessaries for pelvic organ prolapse was launched in March 2021. The key component of this Guideline process which began in 2019, was the inclusion throughout of pessary users to advise on the patient information section, the choice of new graphics, terminology and the clinical algorithm. The training framework available as a download to assist practitioner training was a key aspect of the Guideline to optimise the ongoing consolidation of MDT training and help to develop consistency in pessary provision and practice.
The use of pessaries at different life stages are discussed indicating where short and long term goals and complications may change depending on the age of the woman.
Information is provided on what a woman seeking pessaries on the internet might find herself presented with and guidance about the limitations of checks on safety and risks through online providers is highlighted.
The use of pessaries as part of a wider non surgical management in pelvic floor muscle retraining is considered with reference to the sections of the Guideline that help women navigate complications and better understand prolapse.
Reference:
1. UK Clinical Guideline. Available from https://www.ukcs.uk.net

Angie Rantell, Nurse, UK
As with all medical interventions, the risks and potential complications of that intervention need to be considered against the potential benefits / symptoms improvement expected from the treatment. The session details potential complications associated with pessary use, how these can be identified and managed by varying health care professionals. It describes the pathway as set out in the UK Clinical Guideline1 for best practice in managing complications. Suggestion for managing and reducing risks associated with pessary use and appropriate patient counselling will also be discussed.
Many women considering pessaries may have concerns regarding sexual activity and the impact that the pessary may have on this for both them and their partner. The presentations will describe how sexual activity (SA) and sexual function (SF) needs to be considered as part of the pessary selection discussion, and common concerns expressed by women2.
Finally the presentation will consider the impact of Covid on pessary care and services and discuss how services and National / International guidelines have adapted in line with service restrictions3, 4.

1. UK Clinical Guideline. Available from https://www.ukcs.uk.net
2. Rantell A. Vaginal pessaries for pelvic organ prolapse and their impact on sexual function. Sexual medicine reviews. 2019 Oct 1;7(4):597-603.
3. BSUG . BSUG guidance on management of urogynaecological conditons and vaginal pessary use during the Covid 19 pandemic, https://bsug.org.uk/budcms/includes/kcfinder/upload/files/BSUG-Guidance-on-management-of-pessaries_v3.pdf
4. Guidance for the management of urogynecological conditions during the Coronavirus (COVID-19) pandemic
5. Information for healthcare professionals. https://www.iuga.org/publications/covid-19-guidance-for-urogynecological-conditions