

INTRODUCTION

- Vaginal pessaries have been long been used for the symptomatic treatment of pelvic organ prolapse (POP) and/or urinary incontinence in women [1]
- Mainstay of non-surgical management [2,3].
- Common reported complications: vaginal erosions/ ulcerations, vaginal bleeding, and vaginal infections [4, 5].
- 2021 ‘UK Clinical Guideline for best practice in the use of vaginal pessaries for pelvic organ prolapse’ [6], advise 3-6 monthly reviews for most pessaries.

RCOG + BSUG Joint guidance

COVID-19
ADVICE

3.5.1 Pessary review (routine)

All routine ring pessary changes may be delayed for 3 months in the first instance and up to a maximum of 6 months from when the last change was due. For Shaatz, Gellhorn, shelf or double pessaries review/delay should not be beyond the 3 months from when the change was due. When left in situ for longer than 6 months the risk of ulceration and incarceration increases.^{1,2} This usually presents with symptoms such as discharge and bleeding.³ Women should be given a contact number should they develop problems while they are waiting for a review or a change of their pessary.

Empiric estrogen use should be considered and discussed with the woman to reduce the risk of vaginal erosions owing to the increased gap between changes, and for those women who are capable of removing and reinserting pessaries, they should be encouraged to do so.

Women with pessary problems who are COVID-19 positive can be advised to remove their pessary where feasible, until they are able to attend for clinical review. For those women where the prolapse is too advanced to allow safe removal or those who are unable to remove their own pessary, in-person review will need to take place after the period of self-isolation.

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AIM

To explore what happened to complication rates with delaying routine pessary reviews (as per RCOG and BSUG) during the covid-19 pandemic.

VARIABLES

- age
- care provider
- pessary type
- length of pessary usage
- date of pessary review
- date of previous pessary review
- bleeding/ulceration/ infection (classed as infection if being investigated as such)
- other complication
- removal issues
- further pessary inserted and outcome

METHOD

Study design: retrospective comparative cohort study

Setting: prior to covid-19 pandemic, NHS Tayside performed routine pessary reviews at 6-monthly intervals. Cube pessaries, in which women self-managed, were seen at yearly routine reviews

Information, Analyst, Health & Business Intelligence provided us with the patient data of pessary reviews in the Trust from 2019-2021.

Exclusion criteria: Patients with no pessary insitu at review, reviews at </=4 months and >8 months (pre-pandemic) and reviews at </=8 months (pandemic group).

Sample size: An initial sample of 100 patients was used for the covid-19 pandemic (study) group and 50 for the pre-pandemic (comparison) group – this was extended to 150 for each group.

ORIGINAL RESULTS – not statistically significant

Pre-pandemic (n = 50)

Mean age: 76

Mean pessary usage: 5.3 years

Average review time (months)	
Cube	12.2
Ring	6.1
Other	6.5

Covid-19 pandemic (n=100)

Mean age: 78

Mean pessary usage: 7.0 years

Average review time (months)	
Cube	13.6
Ring	10.6
Other	11.3

Percentage complication rate - pre-pandemic vs covid-19

RESULTS (using larger sample sizes)

Mean age: 76

Mean pessary usage: 5.5 years

Average review time (months)	
Cube	10.1
Ring	6.2
Other	6.2

Mean age: 79

Mean pessary usage: 7.3 years

Average review time (months)	
Cube	14.7
Ring	10.8
Other	11.4

PRE-COVID VS COVID

PRE-COVID VS COVID: OTHER PESSARY COMPLICATIONS

Statistically significant increase in overall bleeding/ ulceration/ infection rates in the study covid-19 pandemic group as compared with the pre-pandemic group (RR 2.3; p = 0.01)

When sub-divided into pessary types; the ring pessary was the only pessary to have a significantly increased complication rate. There was both a significant increase in bleeding/ ulceration/ infection (p = 0.02) and in subsequently not being replaced (p = 0.046)

On looking at subdivisions of overall complications only mild-moderate bleeding/ ulceration significantly increased (RR 6.8; p=0.03)

PRE-PANDEMIC (N - 106)

COVID-19 PANDEMIC (N - 125)

DISCUSSION

Despite asking women to telephone should they experience concerns such as pain or bleeding, a significantly increased number of women in the study group had complications of bleeding, ulceration or infection when seen at their extended routine review.

When sub-divided mild/moderate bleeding/ulceration was significant – moderate/ severe was not, however, had reviews been delayed further some of these milder cases may have become more significant.

18 of the 27 women with bleeding/ ulceration did not have their pessary re-inserted, they were given oestrogen cream and pessary breaks –this is a quality of life consideration.

Reasons as to why women did not seek urgent reviews – e.g. fear of attending hospital in a pandemic, however cannot be full explanation.

Thankfully, none of the women in our study were found to have more serious complications such as that of fistula, although it may be that if our study size or study period increased, we may come across like women.

RINGS

- The most common pessary
- Average review time extension: 6.2 → 10.8 months resulting in a significant increase in bleeding/ ulceration/ infection
- Recommend: routine ring pessaries should not be extended

CUBES

- 18 cubes across both groups – only 1 reported complication
- Short self-imposed breaks may be protective against complications

GELLHORNS

- Second most common pessary
- Highest rates of complications in both groups; however, no statistically significant increase time extension
- Recommend: ?consider 3 monthly reviews

OTHER PESSARIES

- Increased complication rates
- No donuts in pre-group
- Groups too small to demonstrate statistical significance

CONCLUSION

During the covid-19 pandemic, routine pessary reviews were advised to be delayed by 3-6 months to optimise resources at a time of national medical emergency.

Overall complication rates of bleeding, ulceration or infection, at the new review date, increased significantly as a result.

When individual pessary types were considered – this only remained true for rings (the largest pessary type in the study).

As such we would recommend that routine ring pessary reviews should not be extended beyond 6 months or risk bleeding/ ulceration/ infection and subsequent need for a pessary break.

Gellhorns have the highest complication rates at routine review, regardless of extension, and may warrant them being seen more regularly than 6 months.

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