

Extended pessary reviews during Covid-19 pandemic

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Background

- All gynaecology activity at Nottingham University Hospitals NHS Trust (except gynaecology oncology) was cancelled in the early stages of the Covid-19 pandemic.
- A decision was made locally to extend the duration between pessary reviews to reduce transmission of Covid-19, especially in the older age group who form the majority of pessary users.
- The duration for pessary changes was increased from 6 months to 1 year for ring pessaries and from 4 months to 8 months for occlusive pessaries.
- This was similar to BSUG guidance published April 2020¹.

Aims

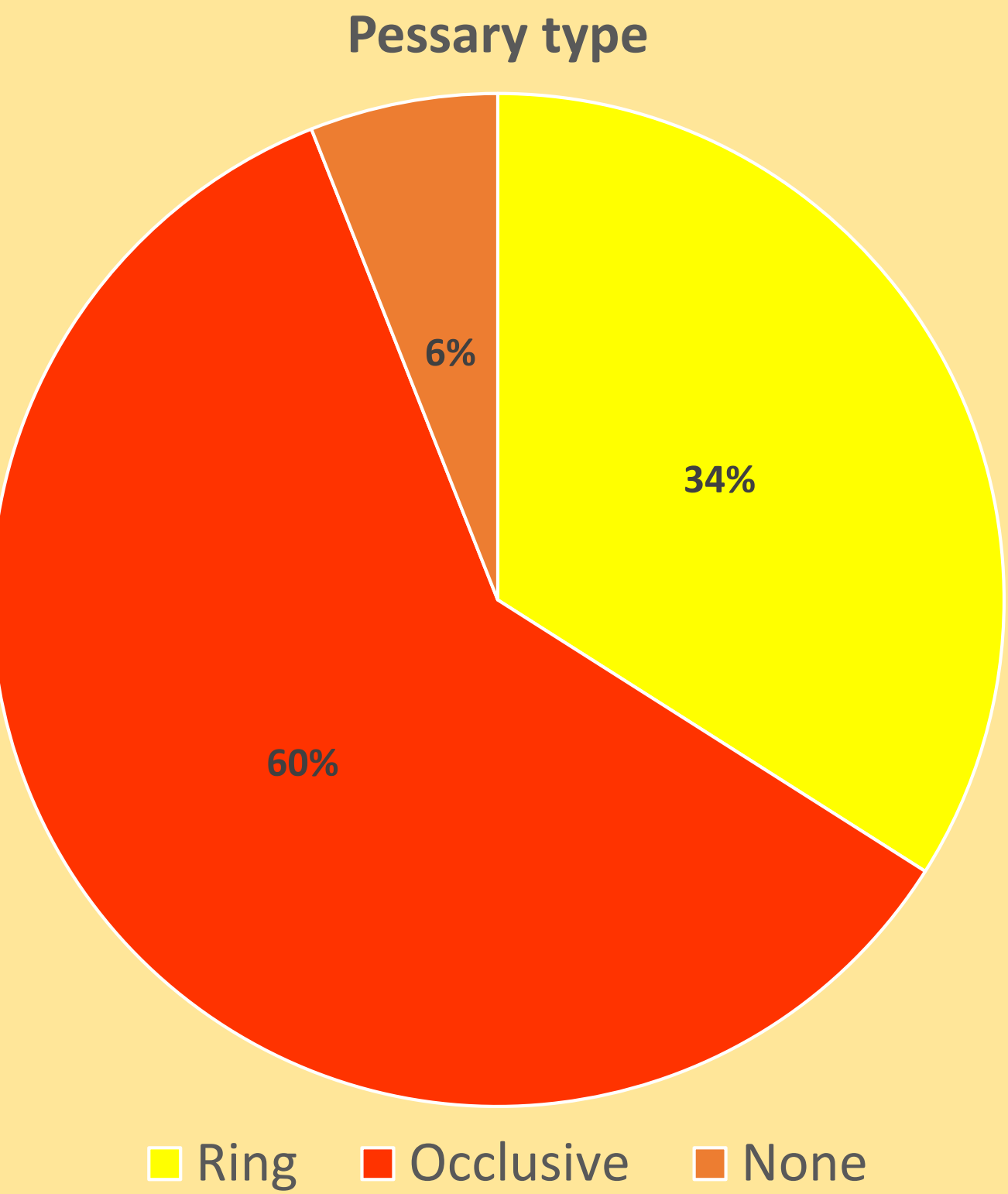
- To investigate the impact of extended pessary reviews on women.
- To see if pessary type affected risk of problems.
- To see if topical estrogen use reduced risk of problems.

Methodology

- A retrospective audit was carried out for women attending pessary clinics between April to July 2020.
- Inclusion criteria:
 - Women attending these clinics who presented with extended duration of pessary changes.
- Exclusion criteria:
 - Women attending for pessary changes at pre-pandemic durations.
 - Women attending for other reasons.
- Data analysis was performed with Microsoft Excel.

Findings

- 80 women attended pessary clinics from April to July 2020.
- 50 women were included in data analysis:
 - 26 women were not extended duration pessary changes.
 - 4 were not pessary changes.



On E2	Not on E2
16	14

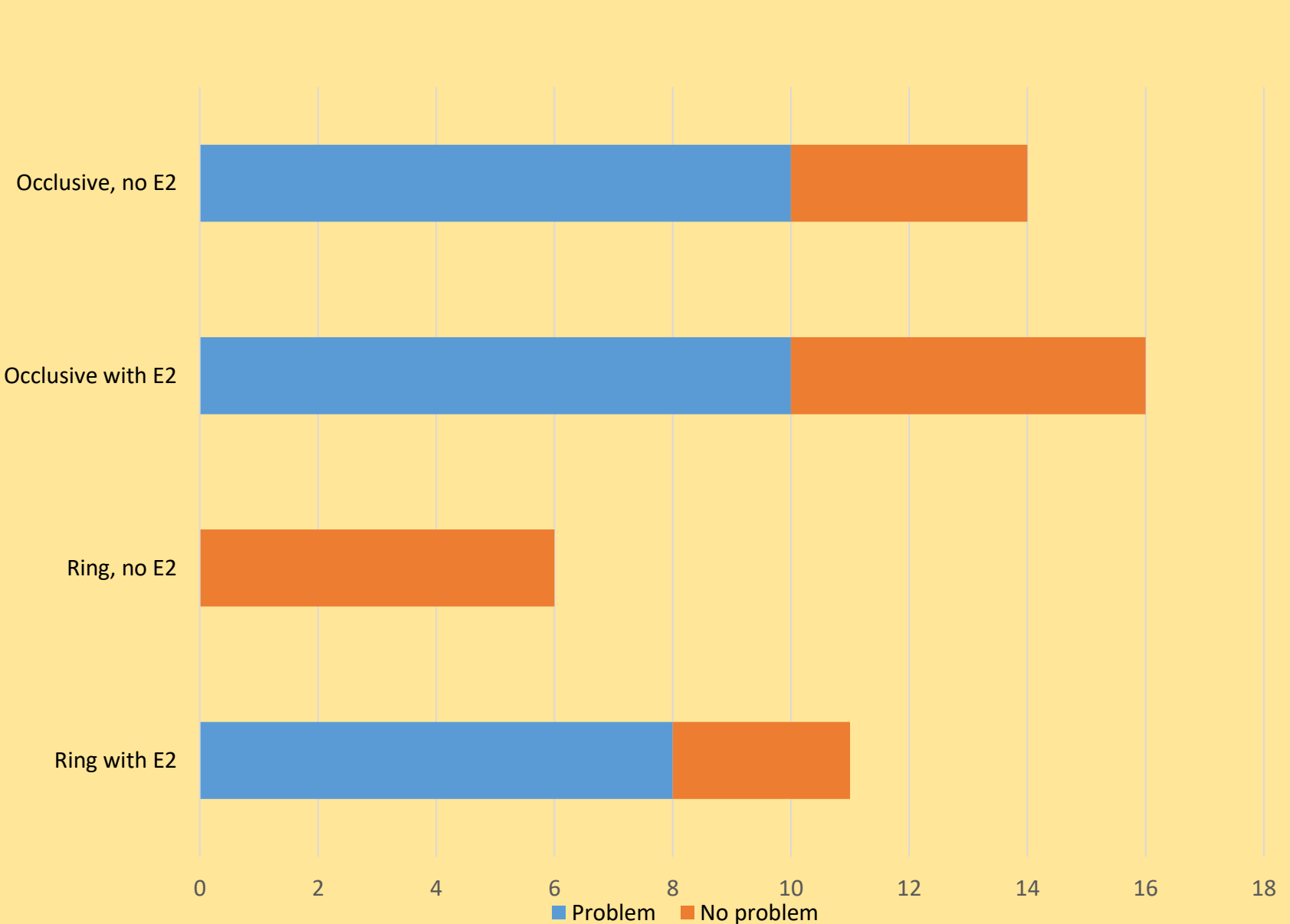
Types of problems

	E2	No E2
Bleeding	10	2
Ulceration	7	0
Tissue overgrowth	5	3
Bladder/bowel problems	0	4
Malposition	2	0
Fallen out	2	2

*Some patients had multiple problems

60% of women presented with problems at pessary review

Problems according to pessary and E2 use



Duration of change between pessaries

	Average duration (months)
Ring; problems	8.8
Ring; no problems	9.5
Occlusive; problems	6.8
Occlusive; no problems	9.5

Conclusions

- The majority of women who attended for pessary changes with extended duration presented with problems.
- Occlusive pessaries tend to cause problems more than ring pessaries.
- Topical estrogen use did not seem to reduce risk of problems.
- The risk of problems did not appear to be affected by duration of change.

Recommendations

- The audit needs to be extended to compare data with usual duration of change for pessaries to investigate whether extended duration increased the background risk of problems.

Discussion points

- Is there a bias – are women with previous problems the ones who are more likely to be prescribed topical estrogen?
- Is compliance with estrogen use a factor? This was not evident based on information gathered from notes. A prospective audit would be useful.
- Does the type of estrogen use/applicator usage influence risk? Again, this was not evident from patients' notes, and a prospective audit would help.
- Two studies based in the United States have shown conflicting outcomes. A retrospective study by Halani et al² showed no association between duration of time and adverse outcomes whilst another by Mendelson et al³ showed 3 cases of rectovaginal fistula in elderly women.

References

- BSUG Guidance on management of Urogynaecological Conditions and Vaginal Pessary use during the Covid-19 pandemic.
- Adapting to challenging circumstances: Pessary care in a racially diverse urban population within a U.S. epicenter of the COVID-19 pandemic. Halani PK, Gelman E, Duchain Y, Roselli N, Leegant A. Female Pelvic Med Reconstr Surg. 2022 Feb 1;28(2):121-125.
- Pessaries and rectovaginal fistulae: consequences of delayed clinical follow-up in the Covid-9 pandemic. Mendelson J, Grigorescu B, Quinn C, Lazarou G. International Urogynecology Journal (2021) 32:2353-2356.