A commentary on “How often should ring pessaries be removed or changed in women with advanced POP? A prospective observational study”

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This prospective cohort study aimed to determine the percentage of patients maintaining continuous pessary use for 48 months after initiation and establish the reasons for discontinuation along with any adverse events. The study was performed between January 2013 and January 2020. It included 101 women a previously published study who successfully used a ring pessary without support with follow-up at 24 months. These women were followed for another 24 months, i.e., months 24–48 after pessary insertion. If there were no complications, the participants were monitored every 6 months until the study's conclusion at 48 months. They were advised not to remove, clean, or self-replace the pessary. Vaginal estrogen was prescribed. At each visit, a vaginal examination was performed. Complications such as increased or abnormal vaginal discharge, bleeding, ulceration, discomfort or pain, extrusion of the pessary, new-onset urinary incontinence, and/or embedded, entrapped, or epithelialized pessary were recorded.

The mean age of the patients was 66.7 ± 10.3 years. Fifty-three of the 101 patients (52.5%) were sexually active. Fifty-five patients (54.5%, 55/101) had stage III POP, and the remaining patients (45.5%, 46/101) had stage IV POP. The most affected prolapse compartment was the apical compartment (90.1%, 91/101). Forty-five women (48.4%, 45/93) presented with some adverse events that required temporary pessary removal. The most common was an increase in vaginal discharge (73.3%, 33/45). In four women (8.9%, 4/45), the ring

pessary was determined to be embedded in the vaginal epithelium. Three patients discontinued pessary use (2.9%, 3/101); 76.2% (77/101) of the women were continuing pessary use at the end of the study. For 16 (15.8%, 16/101) patients, their prolapse disappeared after pessary removal and did not recur.

In summary, this study showed that the continuous use of a ring pessary without periodic removal or replacement was associated with a success rate of 88.6% (93/105). The authors recommended that continuous use of a ring pessary without support can be recommended in patients with advanced stages of POP for 2 years in hysterectomized women and up to 4 years in non-hysterectomized women, if there are no complications. While it seems clear that regular pessary follow-up is important, the frequency of follow-up and degree of interim self-care continue to be largely debated. Continuous pessary use for longer periods of time has the benefit of convenience and comfort, which may contribute to higher success rates and elevated continuation rates. On the other hand, significant complications can appear with a lack of appropriate maintenance. The importance of on-going, regular re-evaluation, even for women who are comfortable and asymptomatic during pessary use, must be emphasized to all providers and users. While mild and/or transient symptoms appear to be fairly common during pessary use, serious, albeit rare, adverse events can also occur, particularly if pessary care is neglected.

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