

A Nursing Protocol for Vaginal Ring Pessary Insertion & Change

Reference base

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The intention is for a First Level Registered Nurse to be able to fit a ring pessary in order to correct a uterovaginal prolapse.

Ring pessaries need to be changed after 6 months, or as advised by a GP/Gynaecologist/Specialist Nurse.

The vagina should be examined at the same time and the condition evaluated.

Equipment needed

- Prescribed ring pessary
- Non-sterile gloves
- Plastic apron
- Plastic/paper bed protection
- Sizing guide



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ACTION	RATIONALE
The patient should be given an explanation of the procedure, its aims and be shown the ring pessary.	To enable the patient to understand the procedure and give valid consent, as well as allaying anxiety.
The patient should pass urine before insertion.	To help reduce the risk of introducing infection and promote comfort.
The patient should be asked to remove pants, corsets, stockings, tights and to lie on the couch/bed covered by a modesty sheet.	To allow the patient to position herself correctly for the procedure and to provide maximum dignity.
The nurse should wash her hands and put on an apron and non-sterile gloves.	To help minimise cross infection.
The size of the ring pessary should be checked against the prescription and it should be removed from its sealed packaging.	The nurse has professional responsibility and accountability for fitting the correct ring pessary, even if prescribed by a GP.
The patient should be asked to lie on her back, with her knees drawn up and separated.	Patient comfort and ease of fitting.
To remove the fitted pessary, the nurse should insert the index finger of her dominant hand into the patient's vagina to locate the ring, as it lies under the symphysis pubis. Hook the ring underneath with the same finger and remove gently, using a continual downward traction movement.	To allow easy removal of the ring and reduce the risk of discomfort for the patient.

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ACTION

RATIONALE

To insert the pessary, the nurse should hold the pessary with the thumb and forefinger of the dominant hand, the pessary should be compressed into an oval shape, then a water-based lubricant should be applied.

To allow comfortable, easy access into the vagina.

Using the non-dominant hand, the nurse should part the labia to explore the entrance to the vagina.

To allow comfortable, easy access into the vagina.

The nurse should slide the pessary into the posterior part of the vagina, pulling backwards and downwards until it settles in the posterior fornix. The pessary will spring back into its circular shape once inside the vagina, above the pelvic floor.

Correct positioning essential for optimum efficacy and comfort.

When secured posteriorly the nurse should hook the front portion of pessary into the anterior wall of the vagina, secured behind the symphysis pubis.

To gain the correct position to treat prolapse and to prevent incorrect fitting.

The patient should be asked if the pessary feels comfortable. She should sit up, stand, walk around and pass urine before she leaves the clinic.

To ensure the fit is secure.

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ACTION

The nurse should check that the patient understands about the management of the ring pessary and that she has instructions for any concerns or questions.

An appointment should be made for a future pessary change and check up. The nurse should give her name and telephone number for the patient to contact if any problems occur.

The nurse will ensure that the nursing documentation is completed with date pessary inserted, pessary size and any special instructions.

The nurse will ensure that the intervention is entered onto the Community Information System.

RATIONALE

The patient will be able to identify any complications which may occur and notify the nurse or GP as soon as possible for advice.

Fitted pessary and patient health should be monitored and recorded.

To ensure the full plan of care is recorded for patients and carers.

To facilitate clinical audit and contribute to the electronic patient record.

