Protocol for Practitioner / Nurse led Pessary Clinic.

1. Introduction:

Pelvic organ prolapse is a common condition, particularly in older women. It occurs due to a weakness in the supporting structures of the pelvic floor. Types of prolapse that are occur are:

a) Cystocele, prolapse of the upper anterior vaginal wall involving the bladder. This is also associated with prolapse of the urethra (cystourethrocele)
b) Urethrocele; prolapse of the lower anterior vaginal wall involving only the urethra
c) Enterocoele; prolapse of the upper posterior wall of the vagina, containing loop of small bowel
d) Rectocele; prolapse of the lower posterior wall of the vagina involving the anterior wall of the rectum
e) Uterovaginal prolapse of the uterus, cervix and upper vagina
(Robinson 2004)

2. Aim:

The aim of a nurse-led pessary clinic is to ensure that in the absence of medical personnel, or on instructions from medical personnel, nurses who have been deemed competent to assess and insert intravaginal pessaries may carry out this procedure.

3. Competence:

There is no single recognised training programme required in order to achieve competence to perform vaginal or pelvic examinations (RCN 2006)

To practise competently, you must possess the knowledge, skills and abilities required for lawful, safe and effective practice without direct supervision. You must acknowledge the limits of your professional competence and only undertake practice and accept responsibilities for those activities in which you are competent.

If an aspect of practice is beyond your level of competence or outside your area of registration, you must obtain help and supervision from a competent practitioner until you and your employer consider that you have acquired the requisite knowledge and skill (NMC 2004).
4. Environment:
Nurses/Practitioners should create a relaxed atmosphere and ensure that the environment is suitable, allowing women the opportunity to have a consultation without feeling ‘rushed’ or embarrassed in order to discuss any concerns they have. The dignity of the woman must be observed at all times, ensuring that there is adequate privacy for the removal of clothing and that where necessary, a chaperone should be available to all patients undergoing a gynaecological examination, irrespective of the gender of the nurse, doctor or practitioner, (Swansea NHS Trust 2008) Gynaecology Chaperone Policy.

5. Equipment:
The following equipment should be available:-

- Variable height couch
- Ring pessaries of variable sizes
- Simms speculum
- Examination gloves
- High Vaginal Swabs
- Oestrogen vaginal cream
- Rampleys
- Universal containers
- Urine testing equipment
- Specimen forms

6. Role of the Practitioner/Nurse:
a) History taking

The nurse must:

- Familiarise herself with the initial examination and assess the reason, type and size of pessary in situ.
For examination requiring speculum, see (Swansea NHS Trust 2008) Gynaecology Department Protocol, Performing a speculum examination.
● Enquire about any problems the women may have; e.g.: pain, discomfort, discharge, dysparunia, bleeding

b) Pessary first fit and change of pessary.

Examination of vagina/cervix will indicate an appropriate size/type of pessary for first fit or change in size/type. This should be discussed with patient. With consent insert the pessary, the patient should then perform activities of daily living, walk, cough, sit/squat to ensure that the pessary is comfortable. It may be necessary to try a few pessaries before the patient feels comfortable. Patient should be advised to contact us or seek medical advice if any concerns.

c) Bleeding or Abnormalities.

Where bleeding is noticed, take history of bleeding,

1. If bleeding is from erosion leave pessary out and make appointment to see patient in two weeks. If bleeding has ceased insert appropriate pessary.
2. If bleeding not from erosion, seek advice or refer as appropriate e.g. Post Menopausal Clinic.
3. Any abnormalities noted, seek advice of refer as appropriate.

d) Other investigations.

If the woman complains of any symptoms such as burning on micturition or vaginal discharge, it may be necessary to carry out further investigations such as an MSU or High Vaginal swab. This must be documented in the notes and the necessary follow up advice must be given. Any unrelated symptoms may require referral to the GP, this too MUST be recorded in the case notes.

e) Documentation

Nurses must ensure that records are maintained in line with NMC guidelines on record keeping (NMC 2002).2004

f) Advice

Nurses can give relevant advice on:
● Care of the pessary
● Pelvic exercises
● Other treatment options
g) Follow up

Clients may be referred for:
- 4-6 month follow up to Practitioner/nurse led clinic
- Appointment to be reviewed by a doctor in the next available clinic

Ratified by the Gynaecology Protocol Group.

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ISSUE DATE: 01/05/2008

REVIEW DATE: 01/05/2011

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Revised from: North Glamorgan NHS Trust
Guidelines: Nurse-led Pessary Clinic
S.A.Vine (2007)