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DO PATIENT CHARACTERISTICS OR FEMALE GENITAL SELF-IMAGE AFFECT WILLINGNESS TO SELF-MANAGE A PESSARY FOR PROLAPSE?

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Your abstract text (must not be more than 300 words) excluding title, authors, designations and references; DO NOT INCLUDE AUTHOR NAMES HERE (it is intended to be a blind Review)

Introduction

Pessary self-management offers benefits to women with no increased risk of complications (Hagen et al, 2022). However, many are unwilling to self-manage, preferring to return for clinician-led care (Dwyer et al, 2022). Objective To explore factors associated with a women's willingness to self-manage a pessary.

Methods

Women attending the pessary clinic at an NHS Trust were asked to complete a survey questionnaire providing responses on pessary use, comorbidities, the validated Female Genital Self-Image Scale (FGSIS-4), (Herbenick et al, 2011), self-management experience and willingness, as well a free text response explaining reasons behind willingness (or not) to learn self-management. Data were analysed using non-parametric Kruskal-Wallis test and Chi2 test. Free text data was analysed thematically.

Results

89 women completed the questionnaire. Median age was 73 years, the median time a pessary had been used was 48 months. Thirty-three women (38%) had previously been taught pessary self-management. Of the remaining women, 12 (21%) were willing to learn, 28 (50%) were not willing and 16 (29%) were unsure. Younger women were more willing to learn self-management ($P < 0.001$). 81 women provided a free text response. Willing women were motivated by reduced follow-up visits. Women already self-managing reported benefits such as increased autonomy, cleanliness and giving their body 'a break'. Reasons that discouraged women from self-managing were; a lack of confidence; feeling physically unable to self-manage; wanting to see a healthcare professional; fear of problems or previous problems with their pessary, meaning they wanted regular clinician reassurance.

Conclusions

Age was the only factor related to willingness to self-manage a pessary. With robust self-management teaching, support and follow-up, it is likely that many of the barriers women report preventing willingness to self-manage can be overcome. These findings should inform the design of pessary self-management support.

References

Dwyer, L., Dowding, D., & Kearney, R. (2022). What is known from the existing literature about self-management of pessaries for pelvic organ prolapse? A scoping review. *BMJ open*, 12(7), e060223.

Hagen, S. Bugge, C. Elders, A. Best, C. Mason, H. Manoukian, S. Goodman, K. Melone, L. Dembinsky, M. Dwyer, L. Kearney, R. (2022). 430 A Randomised controlled trial of the clinical and cost-effectiveness of vaginal pessary self-management vs clinic-based care for pelvic organ prolapse. *Continence*, Volume 2, Supplement 2, 100404, ISSN 2772-9737, <https://doi.org/10.1016/j.cont.2022.100404>.

Kearney, R., & Brown, C. (2014). Self-management of vaginal pessaries for pelvic organ prolapse. *BMJ quality improvement reports*, 3(1), u206180.w2533.

Herbenick, D., Schick, V., Reece, M., Sanders, S., Dodge, B., & Fortenberry, J. D. (2011). The Female Genital Self-Image Scale (FGSIS): results from a nationally representative probability sample of women in the United States. *The journal of sexual medicine*, 8(1), 158–166.