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EFFECTS OF DELAYED PESSARY CHANGE ON PATIENT EXPERIENCE DURING THE COVID-19 PANDEMIC

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Background

COVID-19 impacted the provision of non-urgent healthcare, especially uro-gynaecology services, while inciting patient fear of contracting the disease, resulting in delays in attendance for routine pessary change. Data showing how this affected patients' experience is lacking. Side effects were predicted to worsen as pessary duration increased. The UK pessary guideline¹ and NICE² advise to offer women using pessaries an appointment at least every 6 months.

Objective

To investigate the effects of delayed pessary change on patients' symptoms during the COVID-19 pandemic.

Method

Service evaluation approval was obtained for data collection using a standardized questionnaire for patients attending for pessary change in 2 centers. A sample size of 194 was obtained with a response rate of 91%. Two groups: A, pessary in situ <7 months (n=60) and B, pessary in situ >6 months (n=132) were analyzed.

Results

Pessary duration ranged from 4 to 19 months. Mean and modal distribution was 7 months. Group A and B reported improvement in prolapse, 91% and 93% respectively. Group A reported worsened symptoms versus no change for bothersome discharge 71% versus 29%, odour 69% versus 31%, bleeding 37% versus 61%, discomfort 19% versus 80%, interference bladder emptying 10% versus 88%. Group B reported worsened symptoms versus no change for bothersome discharge 4% versus 95%, odour 5% versus 95%, discomfort 1% versus 98%, interference of bladder emptying 1% versus 98%.

Conclusion

Prolapse symptoms similarly improved across both groups. For group A, >2/3 patients reported bothersome discharge and odour. Clinicians should reiterate these side effects during counselling, even if a pessary is used until 6 months, as per national guidance, as this negatively affects quality of life. Group B reported to have no change in >95% of respondents for bothersome discharge, odour, bleeding and discomfort. Consideration may be given for pessary use of >6 months with appropriate safety-netting, based on individualized patient selection.

Reference

1. UK Clinical Guideline for best practice in the use of vaginal pessaries for pelvic organ prolapse, March 2021 2. National Institute for Health and Care Excellence. Urinary incontinence and pelvic organ prolapse in women: management. NICE guideline NG123. London: NICE; 2019. updated June 2019.

