

Pessaries

Catalog Information:

CPT Code: Procedure: 57160* • Supplies: 99070
• Medicare supply: A4560

Abbreviated Information:

The vaginal pessary is a useful alternative or an adjunctive aid rather than a substitute for gynecological surgery.

PESSARIES MUST BE PRECISELY FITTED

Purpose:

Vaginal supportive pessaries play an important role in the management of uterine prolapse, uterine retrodisplacement, stress urinary incontinence, as well as resultant pathology associated with these conditions.

Pessaries can be used:

Short Term

- Diagnostically
- While patient awaits surgery

Long Term

- When surgery is contraindicated
- When patient refuses surgery

Indications:

I. Uterine Prolapse

- First, second or third degree prolapse.
- Mild cystocele.
- Pre-surgery.
 - Temporary relief of discomfort.
 - Improve circulation to pelvic tissues.
 - Prevent ulceration and infection of vaginal mucosa.
- Prolapse during pregnancy.

Pessaries primarily recommended for prolapse

- Ring with or without support for 1st or 2nd degree prolapse.
- Shaatz (formerly black hard rubber) for 1st or 2nd degree prolapse with cystocele/rectocele.
- Gehring for cystocele and/or rectocele with or without prolapse.
- Pessaries recommended for 3rd. degree prolapse (procidentia).
 - Gellhorn—Flexible Silicone, Rigid Acrylic or 95% Rigid Silicone
 - Donut—Silicone
 - Inflatoball—Latex Rubber
 - Cube—Silicone
 - Tandem-Cube

Despite the advance in skillful surgical techniques, there still remain those patients for whom surgery may be permanently or temporarily contraindicated because of:

- Age
- Physical condition
- Disease
- Personal reasons



II. Stress Urinary Incontinence

Pessaries can restore continence by stabilizing the urethra and urethrovaginal junction to allow proper pressure transmission, increasing urethral resistance to the escape of urine under resting and stressful conditions.^{1,2,3}

III. Uterine Retrodisplacement Associated with:

- Low back pain (after renal or orthopedic pathology is ruled out).
- Dysmenorrhea (where there is no other demonstrable pathology).
- Infertility, to reposition the uterus, placing the cervix in the seminal pool at the same time helping improve circulation to the ovaries and endometrium.
- Repeated miscarriages due to an incompetent cervix. The pessary can relieve pressure on the cervix by repositioning the weight of the growing fetus.
- Hasten postpartum involution.
- Postpartum retroversion.
- Prolapsed ovary.

Retrodisplacement pessaries are most frequently used temporarily to determine if the normal positioning of the uterus will relieve symptoms. If symptoms are alleviated, surgical repair may be indicated.

¹Sciarra, J.J.: *Droegemueller: Gynecology and Obstetrics: Contemporary Use of the Pessary* by David S. Miller, 1991.

²Herbst, A. L., Mishell, Jr., D.R. et al: *Comprehensive Gynecology, Chapter 19, "Disorders of Abdominal Wall and Pelvic Support."* Pages 585-586, 1992.

³Ostergard, D.R. & Bent, A.E. *Urogynecol & Urodysdy ramics. Non-surgical treatment for stress Urinary Incontinence*, by A. Bergman. Pages 409-411, 1991. *See CPT Code Book.