PLATFORM PESSARY FOR GENITAL PROLAPSE

by

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Introduction

Genital prolapse of severe forms where either the cervix or the whole of uterus with bladder in front remains outside the veginal outlet, are quite common in all parts of India specially in rural areas. The condition of decensus remain untreated for years.

When operation is contraindicated the sole object of treatment should be to make her ambulatory and relieve her distressing symptoms e.g., frequency of urination, stress incontenance and the frequent requirement of reducing the prolapsed mass with her own fingers for effective evacuation of the bladder whenever she goes for urination. The sagging bladder with incomplete emptying results in chronic cystitis with associated frequency, and ascending infection.

The use of Platform Pessary has been found to help the patient in the following ways:

1. Sagging bladder below the level of external urethral meatus is appreciably elevated although it takes about 3 months continuous use of the Platform Pessary before the size of the bladder is reduced appreciably and sacculations are effected out.

2. Straining at stool, coughing, sneezing does not expel a Platform Pessary fitted well, as often occurs in the use of ring pessary with gaping vulval outlet.

3. Urethra is never pressed due to the notch at the anterior end of the Platform Pessary and no retention of urine occurs.

4. The cervix will automatically fit into the hole in the middle of the pessary and helps to stabilize the pessary further inside the veginal vault and prevents tilting.

5. Due to the resilence of the sheet of the pressary, it goes back to its previous position as soon as stress is off and as such expulsion does not occur as common in ring pessaries.

Material and Methods

The platform pessary is made of 5 mm thickness special rubber sheet of certain tensile strength and are of three different sizes—large, medium and small. (Firs. 1 and 2).

	Length	Breadth
Large	7½ cm.	5" cm.
Medium	1 cm.	5 cm.
Small	6 cm	4½ cm
Cervical hole	4 cm. tapering to 3 *cm.* from above down	

The edges are all bevelled on the lower surface of the pessary with a notch anteriorly to accomodate the urethra: The cervical hole in the middle is bevelled from above down to fit the cervix snugly. Fig. 1. Photo of a Pessary: Figs. 1 and 2.

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(a) Upper surface—showing bevelling cervical hole.

(b) Lower surface—showing bevelling of lower edges.

(c) Anteriorly—notch to accomodate the urethra.

Mechanism of action: Studies of normal vaginal vaults and those of relaxed and sagging vaults in cases of prolapse of various types have shown that if the crumpling down of the relaxed dome round the vaginal fornices can be prevented, prolapse and inversion of vagina can be withheld successfully. A big cystocele helps in drawing our the vaginal vault specially as the bladder does not empty completely and straining aggravates prolapse.

Pessary Applicator: Since the pessary has both transverse and longitudinal elasticity, the pessary tends to unfold itself if introduced manually with two fingers and causes slight difficulty and pain during introduction and proper placement in the vaginal vault.

To facilitate this manoeuver, an applicator has been devised and the pessary can be folded longitudinally and placed in the applicator before application. The rounded end of the applicator goes upto the posterior limit of the folded vaginal vault unfolding it gradually. Lubricated with liquid soap the applicator slips inside without any effort right upto the posterior limit of the vault unfolding the sagging and crumpled vault completely. The pessary is then lifted out of this applicator with one index finger as shown in the figure and the pessary gets into position in the vault and the applicator is taken out. The cervix can be manipulated to go inside the hole in the pessary, thus further steadying the platform. The anterior end of the pessary is lifted up as high as possible and the notch in front is manupulated to proper place and thus protects the urethra from direct pressure of the pessary (see figure). Even if the cervix does not enter the cervical hole of the pessary immediately, gradually the cervix adepts itself into the cervical hole in a day or two.

Photo 3.—1. Figure of applicator.

2. Figure of introduction of pessary.

Photo 5.—3. Schematic representation of platform pessary in situ.

Photo 4.—Procidentia without pessary (Schematic).

Aftercare after introduction of platform pessary

This pessary can be kept for 3 months at a stretch provided there is no discomfort. Close observation is kept for 48 hours for any discomfort specially due to the size being bigger than the vault of the vagina in which case the smaller size has to be fitted. Platform pessaries made from highly tensile sheets may cause pain and severe discomfort due to pressure and as such pessaries of specific tensile strength has to be used.

Often the patients are afraid that the pessary may fall off as she might have had a ring pessary introduced previously and had the experience of expulsion of the pessary on sudden strain. But the author had not experienced any expulsion as the self-retention mechanism of the special latex platform is always acting i.e., as soon as pressure is exerted from the lax vaginal vault, to the upper surface of the platform, the pessary bends anteroposteriorly and also transversely but as soon as pressure is off, natural resilience puts back the pessary into position and expulsion is prevented.

A mild antiseptic douche is advocated at least twice weekly with a wide bore soft catheter so long the pessary remains in situ. There may be some increase of

vaginal discharge due to the foreign body, particularly if there are cervical pathologies.

Replacement by the new pessary after three months is always advocated. Infected and hypertrophic cervix will have to be treated with local and perentral antibiotics and after frank sepsis abates, the pessary may be applied. Watch has to be kept to the progress of local infection.

Removal of the pessary: This is usually very easy. The best method is to introduce index finger into the cervical hole and fold the anterior end longitudinally and pull the anterior end out slightly first and then the whole pessary easily slips out.

Different types of prolapse treated with platform pessaries are:

1. 3rd degree of prolapse.
2. Big cystocele and rectocele.
3. Big cystocele and enterocele.

Results

Old women with children and grandchildren, generally resent exposure of genital region, particularly with the prolapsed mass. Only when extreme suffering occurs due to difficulty in walking and standing, that patients seek relief. Many pass the rest of their lives in squatting position with the uterus hanging between their legs.

We have used this pessary for over 100 patients during the course of 6 years 1977 to 1982 both in hospital and private clinics and the results are highly satisfactory. There is a scope for a wide spread use in our country.

The only complication is pain when the fitting is too tight or the pessary is of high tensile strength. Proper selection of size and material relieves the patient.

Cases with existing cystitis show improvement within a fortnight and cure in 3 months. Cotrimexazole therapy or other urinary antiseptics sensitive to a particular infection. Absence of straining reduces the detrusor hypertrophy bringing down the bladder size and consequently better emptying and less residual urine followed.

Comments

Platform pessary fills the gap in the full proof palliative treatment of distressing genital prolapse in the aged and infirm patients where radical operative treatment is contraindicated or resented. Patients can be made ambulatory even in cases of complete inversion of the vagina.

This device is particularly useful in countries where untreated genital prolapse remains in old, infirm and menopausal women specially in developing countries of South East Asia, Africa, China, Middle East and South American Countries.

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See Figs. on Art Paper II & III