

# Patient Selection, Patience Key to Pessary Success

BY BETSY BATES  
Los Angeles Bureau

TUCSON, ARIZ. — A randomized crossover trial suggests that symptom relief and satisfaction can be obtained with either of two commonly used pessary types, but that patient selection and patience are both key to success.

The multicenter study enrolled 134 women ages 30-89 (mean age 61) with symptomatic pelvic organ prolapse. They were randomized to be fitted with one of two types of pessary and to wear it, if possible, for 3 months before being switched to the other pessary design for 3 months. Subjects could discontinue using either pessary at any time.

Only 62 of 134 subjects stayed in the study long enough to complete satisfaction scores on both types of pessaries and of those, just 22 were highly satisfied with both. "Some could not be fitted. Some did not like pessaries. Some had had enough of pessaries after one trial," said Dr.



Geoffrey W. Cundiff, professor of obstetrics and gynecology at Johns Hopkins School of Medicine in Baltimore.

Surprisingly, younger women were far less likely to complete the trial comparing a ring pessary with support and a gellhorn pessary, reported Dr. Cundiff at the annual meeting of the Society of Gynecologic Surgeons.

**The 39 women who strongly preferred the gellhorn pessary were more likely to have anterior wall prolapse.**

DR. CUNDIFF

Satisfaction rates were similar for the two pessary types, but there was a clear difference in the types of patients who preferred each design. The 36 women who reported high satisfaction with the ring pessary were older and had weaker pelvic floor muscles. They were more likely to be nonwhite and to be more parous than those who preferred the gellhorn pessary.

Meanwhile, the 39 women who strongly preferred the gellhorn pessary were more likely to have anterior wall prolapse and less likely to have had a hysterectomy or prior prolapse surgery.

Refusal to wear a pessary for 3 months

was significantly more common among younger women (mean age 57, compared with 66) and nonwhite women. The nine subjects who wore the pessaries but were dissatisfied with both were more likely to be white, have a history of prior prolapse surgery, and have stage II prolapse.

A subanalysis of the data showed that patients who wore either pessary for 3 months experienced a significant reduction in lower urinary tract symptoms, particularly obstructive symptoms.

Among 97 patients who completed the Pelvic Floor Distress Inventory, no differences were seen in symptomatic relief offered by the ring or gellhorn pessaries, reported Dr. Joseph I. Schaffer, chief of gynecology at the University of Texas Southwestern Medical Center in Dallas.

Scores on the Obstructive/Discomfort subscale declined from a mean 20.32 at baseline to 8.61. Irritative subscale scores

declined from a baseline mean of 15.85 to 10, and Stress subscale scores declined from 15.55 at baseline to 12.24.

On another measure, the Urinary Distress Inventory, scores improved from a baseline mean of 51.31 to 31.45.

"This study challenges common beliefs about pessaries," said Dr. Cundiff, and audience members agreed. One attendee, Dr. Marc Togliola of Philadelphia, admitted the results "challenge my belief system."

Both physicians acknowledged their surprise that so many women would find the gellhorn pessary preferable to a ring pessary.

A formal discussant on the study, Dr. Deborah Myers of Brown University School of Medicine in Providence, R.I., noted that a third of the patients required refitting of a pessary. "This is important information for patients and physicians," she said. "Don't give up on the first try." ■

## New Test Allows Assessment Of Pelvic Floor Musculature

BY FRAN LOWRY  
Contributing Writer

FORT LAUDERDALE, FLA. — The Colpexin sphere, an intravaginal device for women with advanced genital prolapse that supports the prolapse above the levator musculature and helps patients strengthen their pelvic floor muscles, can also serve as a test to objectively assess the contractility and strength of pelvic floor muscles, Dr. G. Willy Davila said at a symposium on pelvic floor disorders sponsored by the Cleveland Clinic Florida.

An objective test of the pelvic floor musculature has long been needed, said Dr. Davila, chairman of the department of gynecology at the Cleveland Clinic in Weston, Fla. Until now, clinicians have had to rely on subjective methods, such as manual testing using the Brink classification system, which was first published in 1989.

"You can see from the date it was published that we really haven't done very much to improve our assessment of pelvic floor contractions," Dr. Davila said.

In using the Colpexin sphere pull test to objectively assess pelvic floor musculature strength and tone, a tensiometer is attached to the sphere and then the

patient is asked to contract her pelvic floor muscles.

The force required to extract the device while the woman is resisting its removal is then measured, explained Dr. Davila, who has received research funding from and is a consultant for Adamed Inc., the maker of the Colpexin sphere.

Early results obtained with the Colpexin pull test show a significant improvement in contractile strength over a 16-week period in women with prolapse who performed Kegel exercises regularly

DR. DAVILA

with the sphere in place. "This is the first time that we have had the ability to objectively evaluate pelvic floor strength and to measure improvement over time in our patients," he said.

The Colpexin device, which was developed in Poland, has just gained Food and Drug Administration approval and will be marketed within a few months, Dr. Davila said. ■



**'This is the first time that we have had the ability to objectively evaluate pelvic floor strength.'**

NATIONAL  
**PAIN FORUM 2006**  
OCTOBER 26-27, 2006

Pennsylvania Convention Center  
1101 Arch Street  
Philadelphia, Pennsylvania

**NO REGISTRATION FEE REQUIRED**

APPROVED FOR UP TO 10 AMA PRA CATEGORY 1 CREDITS™

**RUSSELL K. PORTENYO, MD**  
OVERALL PROGRAM CHAIR

**SCOTT M. FISHMAN, MD**  
CO-CHAIR

**LEE S. SIMON, MD**  
CO-CHAIR

KEYNOTE ADDRESS BY  
**CLAIRE BOMBARDIER, MD, FRCPC**

Visit [www.NationalPainForum.com](http://www.NationalPainForum.com) for more information and to register.

The Forum is a unique educational opportunity for primary care physicians, internal medicine specialists, pain medicine specialists, and anesthesiologists, providing practical and cutting-edge information on the management of patients with acute, chronic, or neuropathic pain.

AHE ACADEMY FOR HEALTHCARE EDUCATION  
The National Pain Forum 2006 is provided by the Academy for Healthcare Education, Inc.

**Pfizer** This program is supported by an unrestricted educational grant from Pfizer Inc.

This program is intended for healthcare professionals only. Due to CME regulations we will be unable to accommodate guests.

