

Can the office visit interval for routine pessary care be extended safely?

Yes, according to results of a randomized trial of 130 pessary users in which a 24-week pessary care visit was found to be noninferior to a routine care visit every 12 weeks. As most participants used vaginal estrogen, the findings may not apply to pessary users who do not use vaginal estrogen.

Propst K, Mellen C, O'Sullivan DM, et al. Timing of office-based pessary care: a randomized controlled trial. Obstet Gynecol. 2019 Dec 5. Doi: 10.1097/AOG.0000000000003580.

EXPERT COMMENTARY

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Vaginal pessaries are a common and effective approach for managing pelvic organ prolapse (POP) as well as stress urinary incontinence (SUI). Vaginal mucosal erosions, however, may complicate pessary use. The risk for erosions may be associated with the frequency of pessary change, which involves removing the pessary, washing it, and replacing it in the vagina. Existing data do not address the frequency of pessary change. Recently, however, investigators conducted a randomized noninferiority trial to evaluate the effect of pessary visit intervals on the development of vaginal epithelial abnormalities.

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Details of the study

At a single US hospital, Propst and colleagues randomly assigned women who used pessaries for POP, SUI, or both to routine pessary care (office visits every 12 weeks) or to extended interval pessary care (office visits every 24 weeks). The women used ring, incontinence dish, or Gelhorn pessaries, did not change their pessaries on their own, and had no vaginal mucosal abnormalities.

A total of 130 women were randomly assigned, 64 to the routine care group and 66 to the extended interval care group. The mean age was 79 years and 90% were white, 4.6% were black, and 4% were Hispanic. Approximately 74% of the women used vaginal estrogen.

The primary outcome was the rate of vaginal epithelial abnormalities, including epithelial breaks or erosions. The predetermined noninferiority margin was set at 7.5%.

Results. At the 48-week follow-up, the rate of epithelial erosion was 7.4% in the routine care group and 1.7% in the extended interval care group, thus meeting the prespecified criteria for noninferiority of extended interval pessary care.

Women in each care group reported a similar amount of bothersome vaginal discharge. This was reported on a 5-point scale, with higher numbers indicating greater degree of bother. The mean scores were

FAST TRACK

At 48 weeks, the rate of vaginal epithelial erosion was 7.4% in the 12-week routine care group and 1.7% in the 24-week extended interval care group; thus, extended interval pessary care met the trial's prespecified criteria for noninferiority

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WHAT THIS EVIDENCE MEANS FOR PRACTICE

Many women change their pessary at home as often as weekly or daily. For women who rely on office visits for pessary care, however, the trial by Propst and colleagues provides good quality evidence that pessaries can be changed as infrequently as every 24 weeks without compromising outcomes. An important limitation of these data is that since most study participants used vaginal estrogen, the findings may not apply to pessary use among women who do not use vaginal estrogen.

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1.39 in the routine care group and 1.34 in the extended interval care group. No other pessary-related adverse events occurred in either care group.

Study strengths and limitations

This trial provides good evidence that the timing of office pessary care can be extended to 24 weeks without compromising outcomes. However, since nearly three-quarters of the study participants used vaginal estrogen, the results may not be applicable to pessary users who do not use vaginal estrogen. ●