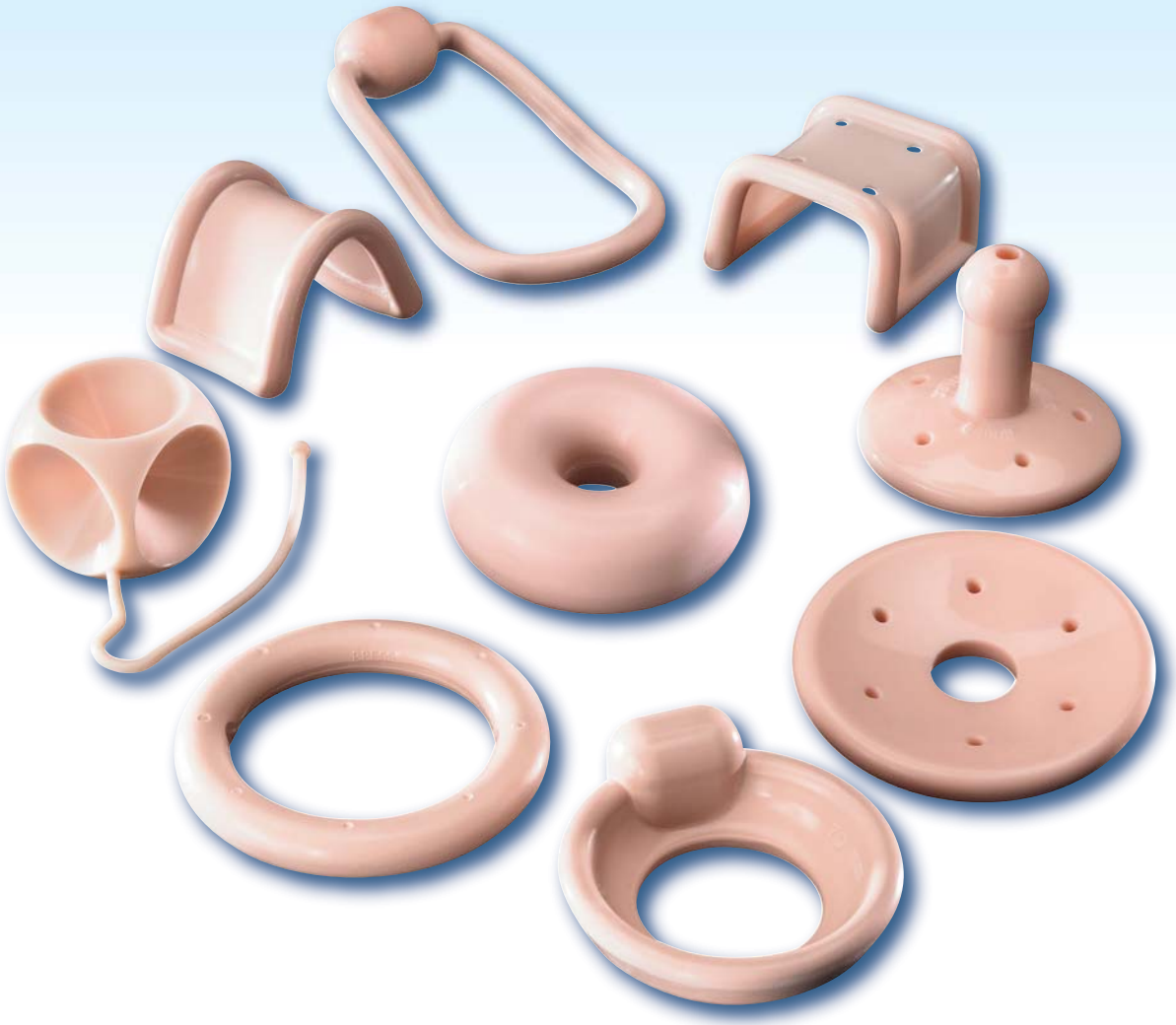
MILEX™ Pessary In-Service Training

HOW YOU AND YOUR PATIENTS WILL BENEFIT FROM THE USE OF PESSARIES



CooperSurgical

SUPPORTIVE PESSARY SIZE CHART

DIAMETER MEASURED PESSARIES – ORDER BY SIZE AS SHOWN IN THE YELLOW AREA

RING WITH SUPPORT

Ring with Support • KPRS

SIZE	Inch.	mm.
0	1 3/4"	44
1	2"	51
2	2 1/4"	57
3	2 1/2"	64
4	2 3/4"	70
5	3"	76
6	3 1/4"	83
7	3 1/2"	89
8	3 3/4"	95
9	4"	102
10	4 1/4"	108
11	4 1/2"	114
12	4 3/4"	121
13	5"	127

DIAMETER

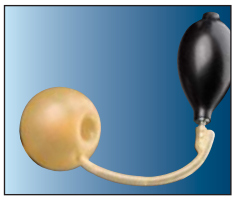
INCONTINENCE RING

Incontinence Ring • KPCON

SIZE	Inch.	mm.
0	1 3/4"	44
1	2"	51
2	2 1/4"	57
3	2 1/2"	64
4	2 3/4"	70
5	3"	76
6	3 1/4"	83
7	3 1/2"	89
8	3 3/4"	95
9	4"	102
10	4 1/4"	108
11	4 1/2"	114
12	4 3/4"	121
13	5"	127

DIAMETER

INFLATOBALL (LATEX)



Inflatoball • KPINF

SIZE	Inch.	mm.
S	2"	51
M	2 1/4"	57
L	2 1/2"	64
XL	2 3/4"	70

DIAMETER

MEASURE ACROSS FOR OUTSIDE DIAMETER

DONUT

Donut • KPDO

SIZE in Inches	mm.
2"	51
2 1/4"	57
2 1/2"	64
2 3/4"	70
3"	76
3 1/4"	83
3 1/2"	89
3 3/4"	95

DIAMETER

INCONTINENCE DISH

Incontinence Dish • KPCOND

SIZE in mm.
55
60
65
70
75
80
85

DIAMETER

FLEXIBLE GELLHORN

Flexible Gellhorn • KPGE

SIZE in Inches	mm.
1 1/2"	38
1 3/4"	44
2"	51
2 1/4"	57
2 1/2"	64
2 3/4"	70
3"	76
3 1/4"	83
3 1/2"	89
3 3/4"	95

DIAMETER

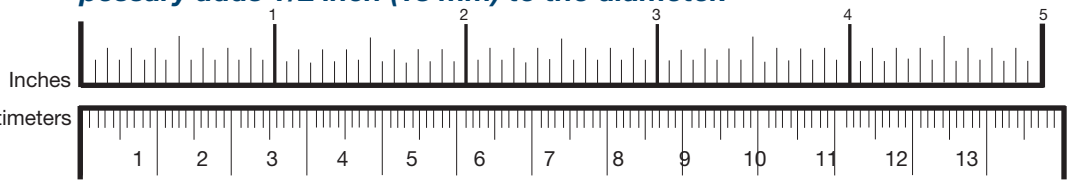
SHAATZ

Shaatz • KPSH

SIZE in Inches	mm.
1 1/2"	38
1 3/4"	44
2"	51
2 1/4"	57
2 1/2"	64
2 3/4"	70
3"	76
3 1/4"	83
3 1/2"	89
3 3/4"	95

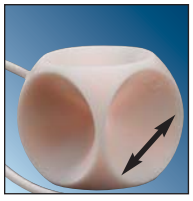
DIAMETER

* ***Remember for sizing: The incontinence knob available for this pessary adds 1/2 inch (13 mm) to the diameter.***



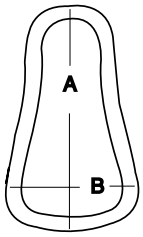
All pessaries may be ± 1%

CUBE KPEC



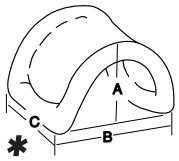
SIZE	Inch.	mm.
0	1"	25
1	1 3/16"	30
2	1 3/8"	35
3	1 1/2"	38
4	1 5/8"	41
5	1 3/4"	44
6	2"	51
7	2 1/4"	57

SMITH KPES



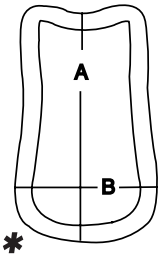
SIZE	In.(A)	In.(B)	mm.(A)	mm.(B)
0	3 1/8"	2"	79	51
1	3 1/4"	2 1/8"	83	54
2	3 1/2"	2 1/4"	89	57
3	3 3/4"	2 3/8"	95	60
4	4 1/4"	2 1/2"	108	64
5	4 1/2"	2 5/8"	114	67
6	4 3/4"	2 3/4"	121	70
7	5"	2 7/8"	127	73
8	5 1/2"	3"	140	76
9	5 3/4"	3 1/8"	146	79

GEHRUNG KPGS



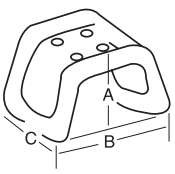
SIZE	In.(A)	In.(B)	In.(C)	mm.(A)	mm.(B)	mm.(C)
0	1 1/16"	1 1/2"	1 3/8"	27	38	35
1	1 1/8"	1 3/4"	1 1/2"	29	44	38
2	1 3/8"	2"	1 5/8"	35	51	41
3	1 1/2"	2 1/8"	1 3/4"	38	54	44
4	1 5/8"	2 1/4"	1 7/8"	41	57	48
5	1 3/4"	2 3/8"	2"	44	60	51
6	1 7/8"	2 1/2"	2 1/8"	48	64	54
7	2"	2 7/8"	2 1/4"	51	73	57
8	2 1/8"	3"	2 3/8"	54	76	60
9	2 1/4"	3 1/8"	2 1/2"	57	79	64
10	2 3/8"	3 1/4"	2 5/8"	60	83	67

HODGE KPEH



SIZE	In.(A)	In.(B)	mm.(A)	mm.(B)
0	2 3/4"	1 3/4"	70	44
1	3"	1 7/8"	76	48
2	3 1/4"	1 15/16"	83	49
3	3 1/2"	2"	89	51
4	3 5/8"	2 1/8"	92	54
5	3 3/4"	2 1/4"	95	57
6	3 7/8"	2 3/8"	98	60
7	4 1/4"	2 1/2"	108	64
8	4 5/8"	2 5/8"	117	67
9	5"	2 3/4"	127	70

REGULA KPREG



SIZE	In.(A)	In.(B)	In.(C)	mm.(A)	mm.(B)	mm.(C)
0	1"	1 15/16"	1 3/8"	25	49	35
1	1 1/16"	2"	1 1/2"	27	51	38
2	1 1/8"	2 1/8"	1 5/8"	29	54	41
3	1 1/4"	2 3/16"	1 3/4"	32	56	44
4	1 3/8"	2 1/4"	1 7/8"	35	57	48
5	1 7/16"	2 3/8"	2"	37	60	51
6	1 1/2"	2 5/8"	2 1/8"	38	67	54
7	1 5/8"	2 7/8"	2 1/4"	41	73	57
8	1 3/4"	3 1/8"	2 3/8"	44	79	60

MILEX
a CooperSurgical Company

SHADED AREA SHOWS MINIMUM ASSORTMENT NECESSARY TO FIT 85+% OF PATIENTS

Your CooperSurgical Territory Manager would like to thank you for attending the Pessary In-Service Training.

ABOUT COOPERSURGICAL

CooperSurgical is the leading company dedicated to providing medical devices and procedure solutions that improve health care delivery to women regardless of clinical setting. Our company has fostered that position by expanding its core businesses through the acquisition of over 20 product lines, and introduction of advanced technology-based products which aid clinicians in the management and treatment of commonly seen conditions.

CooperSurgical products fall into three main segments based on the point of health care delivery: Hospital, Office and Clinic. Our customers are health care professionals and institutions providing care to and for women.

Our company is committed to continued expansion of its core business through internal development programs and acquisition strategies. Since its inception in 1990, CooperSurgical has steadily grown its market presence and distribution system by developing and purchasing products, and acquiring companies that complement its business focus. The company now has an established customer base serving well over 65% of women's health care providers with sales approaching $200 million. Our focus is on women's health. Our mission is to advance the well being of women by offering health care solutions based on sound clinical results. Our result is value creation.

We are happy to provide these training services to health care professionals. This in-service training is designed to help you better understand all aspects of pessary use. Feel free to call your CooperSurgical Territory Manager with any questions or needs you may have.

MILEX™ PESSARY IN-SERVICE

Composition:

MILEX brand pessaries from CooperSurgical are made of non-toxic medical grade silicone with the exception of the Inflatoball, which is made of latex, and the rigid Gellhorn, which is made of acrylic.

Non-toxic silicone has many benefits:

- Silicone does not absorb odors or secretions and has a longer shelf and use life
- Silicone significantly reduces the chance of an allergic reaction
- Silicone can withstand repeated sterilization by autoclaving

Recommended sterilization:
Pre-Vacuum: 132°C + 3°C (270°F + 3°F) for 4 minutes.
Gravity Displacement: 121°C + 3°C (250°F + 3°F) for 30 minutes.
Decontamination/Disinfection: CIDEX OPA for 12 minutes.
Sterilizing agent must be thoroughly rinsed off with water.

LATEX INFLATOBALL:

- Cannot be autoclaved or boiled

Recommended Decontamination/Disinfection:
Wash with mild soap and thoroughly rinse with water prior to initial use.

NOTE: All pessaries, when new, are powdered with a corn starch powder and must be washed off with a mild soap and thoroughly rinsed prior to initial use.

WHEN IS A PESSARY INDICATED?

Patients are candidates for a pessary when...

- There is a need to postpone having surgery
- The patient is a poor surgical candidate – underlying medical problems, age, etc.
- A pessary may be used as a diagnostic tool for physicians to determine if surgery will correct the problem
- The use of a pessary may provide temporary relief while awaiting surgery
- It may hasten postoperative healing: Wearing a pessary prior to surgery helps relieve congestion of mucosa and improves circulation to the area
- A patient refuses surgery
- If the patient plans on having children in the future

Contraindication to supportive pessaries:

- Local infections - Active infections of the vagina or pelvis, such as vaginitis or pelvic inflammatory disease, preclude the use of a pessary until the infection has been resolved.
- Latex sensitivity - The inflato ball pessary is made of latex therefore, it is contraindicated in women with latex allergies. The other pessaries discussed below are nonallergenic.
- Noncompliance - Noncompliance with follow-up could be harmful since an undetected and untreated erosion could put the patient at risk of developing a fistula.
- Sexually active women who are unable to remove and reinsert the pessary - Inability to manage the pessary

PESSARY MAINTENANCE AND FOLLOW-UP RECOMMENDATIONS

- Make sure the patient immediately reports any discomfort
- Have patient return within 24 hours for 1st exam
- Return again within 3 days for the 2nd exam
- Return every 4 to 6 weeks for regular re-exams

These are recommendations and may be adjusted to suit the needs of the patient and the physician.

During each visit:

1. Remove pessary

2. Carefully examine vaginal vault to ensure there is no area of pressure necrosis, ulceration, or allergic reaction

3. Clean pessary with mild soap and water. Rinse thoroughly before reinserting.

4. A vaginal irrigation should be considered prior to initial insertion of the pessary

5. Reinsert pessary

6. Re-emphasize importance of using Trimo-San to help maintain vaginal acidity and to control odor

Have patient report any of the following symptoms:

- Difficulty urinating
- Change in color or consistency of vaginal discharge
- Marked increase in vaginal discharge
- Foul odor associated with vaginal discharge
- Vaginal itching

To properly fit a patient with a supportive pessary, it is recommended to have on hand a minimum of four of the most commonly used sizes.

Fitting diaphragms do not accurately measure the pessary size that the patient will need. Diaphragms fit differently from pessaries. Even before fitting a pessary, the patient should be informed that it is not uncommon to have to change the size or type of pessary more than once after being originally fitted. This is why it is so important that your patient be instructed to return within 24 hours on the initial fitting and again in 72 hours.

Prior to fitting a pessary, have the patient empty her bladder.
EXCEPTION: Incontinence pessaries should be fit before the patient voids.

Irrigation of the vagina to remove excess secretions and discharge should be considered prior to insertion of a pessary.

Perform a normal pelvic examination before fitting any pessary.

If necessary, the insertion end of the pessary can be coated with Trimo-San or other suitable lubricant. Be sure to only coat the insertion end as the pessary may get too slippery to handle properly if it's coated entirely.

USE OF TRIMO-SAN VAGINAL GEL

Trimo-San has a pH of 4, which helps prevent the growth of organisms that can flourish in a higher than normal vaginal pH. Trimo-San is a deodorant and cleansing gel which reduces the odors that can be experienced with pessary use. Trimo-San offers comfort on contact from annoying vaginal symptoms such as itching, soreness and irritation. Trimo-San is gentle, non-staining on natural fabrics and *promotes comfort in pessary wearers*.

WARNING: Chemicals in various vaginal preparations can interact with the pessary material, resulting in discoloration or deterioration of the pessary. Trimo-San, a cleansing deodorant gel with a pH of 4, helps prevent the growth of organisms which can flourish in a higher than normal vaginal pH. Trimo-San has been tested to ensure that it does not have a deleterious effect on any pessary. Similar testing should be performed before using any other vaginal preparation with a pessary.

Since a pessary is a foreign body, for added comfort and to help minimize vaginal irritation, we strongly recommend the use of Trimo-San.

Suggested Dosage: Half applicator full, 3 times per week the first week, 2 times per week thereafter.

Trimo-San has not been tested for use during pregnancy. SEE PACKAGE INSERT FOR COMPLETE DIRECTIONS.

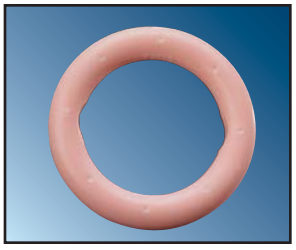
Suggestion: Advise your patient that Trimo-San is available at the prescription counter upon request (no Rx reguired).

1ST OR 2ND DEGREE PROLAPSE PESSARIES

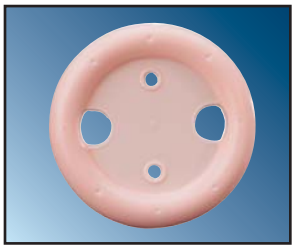
Recommendations: Ring, Ring with Support, Shaatz or Regula

All of the above are made from medical grade silicone.

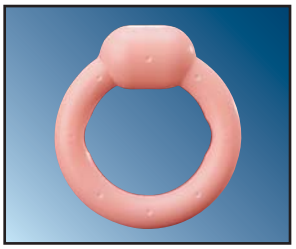
RING: Positioned similar to a contraceptive diaphragm. To size – the length of the vaginal vault is measured with the examining finger and the size of the pessary is approximated to your fingers. Measure the distance from the posterior fornix to the pubic notch and note where that is on your finger. To insert the Ring pessary, fold it so that the arc points downward and is directed past the cervix into the posterior fornix. It will spring open once released. A one quarter turn of this pessary is recommended to prevent it from folding and being expelled. The examining finger should be able to sweep between the vaginal wall and the ring pessary. If there is too much or too little space the pessary must be removed and another size inserted. After fitting the pessary the patient should stand up and bear down. The pessary should not be so loose that it can be expelled nor should it be too tight that it causes any discomfort.

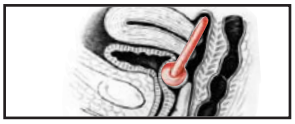


RING WITH SUPPORT: This pessary is recommended if the patient has a mild cystocele accompanying her mild prolapse. It is fit the same as the regular Ring pessary. The patient should have a well defined pubic notch to retain a Ring pessary.



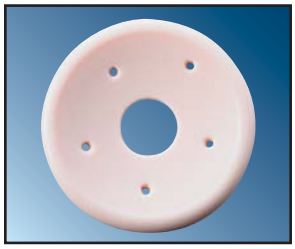
RING WITH SUPPORT and KNOB: This pessary is recommended if the patient has a mild cystocele accompanying her mild prolapse as well as stress urinary incontinence. It is fit the same as the regular Ring pessary. The patient should have a well defined pubic notch to retain a Ring pessary.

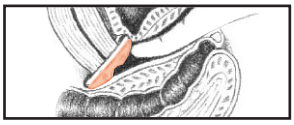




To remove a Ring pessary, turn the pessary so that the notched area (by the large holes) is facing the introitus. Fold the pessary by notched area thereby bringing un-notched sides together and withdraw pessary in a folded position.

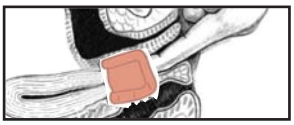
SHAATZ: Indicated for patients that have a first or second degree prolapse with a mild cystocele. The Shaatz is ideal for the patient that has a shallow pubic notch and cannot retain a ring pessary, OR for the patient that has developed pressure necrosis of the pubic notch with a Ring pessary. The Shaatz uses the levator muscles to hold it in place. The holes in the pessary allow for drainage without reducing its effectiveness. The width of the vaginal vault helps determine the size of the Shaatz needed. The Shaatz requires a capacious vaginal vault. The cervix rests behind the disc of the pessary.





To remove the Shaatz, insert one finger into the large hole to bring the pessary down toward the introitus. Turn the pessary so that the rim is almost parallel to the introitus. With one or two fingers of the other hand, press down on the perineum and slide the pessary out.

REGULA: Indicated for patients that have a first or second degree prolapse when there is an ill-defined pubic notch. The Regula's unique design is flexible and can be molded for a perfect fit. Furthermore, the Regula's design helps prevent expulsion due to the pressure from the prolapse being directly transferred from the pessary's arch to its spreading legs. Insert the pessary by bringing the heels together. Use one finger of opposing hand to press down on the perineum, insert the pessary with both legs (of the pessary) compressed so prolapse rests behind the arch.

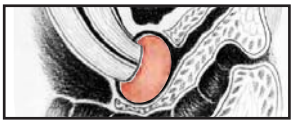


To remove the Regula, compress the heels of the pessary together while applying downward pressure on perineum with finger of opposing hand and gently remove.

2ND OR 3RD DEGREE UTERINE PROLAPSE PESSARIES

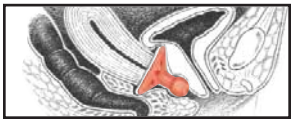
Recommendations: Donut, Gellhorn, Inflatoball, Cube and Tandem-Cube

DONUT: This is one of the most frequently used pessaries. It is made of medical grade silicone and is autoclavable. This pessary is inserted and removed inflated. The size is determined primarily by the width of the vaginal vault. Using the finger(s) of one hand, compress the Donut. Then, with the other hand, gently press down on the perineum. Bring the compressed Pessary on an angle until it is almost parallel with the introitus. Guide the pessary into the vaginal vault and gently push it up until the cervix rests behind the Donut hole and supports the weight of the uterine prolapse. The pessary should be large enough to support the uterus. Once in position, the patient should not feel the pessary. If she feels the pessary, she needs a smaller size or another type of pessary. Center hole allows for adequate drainage.



To remove Donut, loop a finger into the Donut hole, bringing it down and angling it until it is almost parallel with the introitus. Using finger(s) of the other hand to press down on the perineum, compress the Donut and remove.

GELLHORN: The Gellhorn pessary provides support for 3rd degree Uterine Prolapse/Procidentia. The Gellhorn is available in flexible medical grade silicone and 95% rigid silicone. The original acrylic Gellhorn is also available. Additionally, the Gellhorn is available with a regular stem and short stem – dependent on the vaginal length. Many clinicians find the silicone flexible Gellhorn easier to insert and remove. Some clinicians like the more rigid Gellhorn but want to be able to re-sterilize the pessary by autoclaving; this makes the 95% rigid silicone pessary ideal.



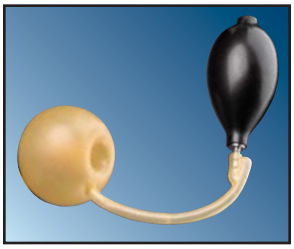
The acrylic rigid Gellhorn should not be autoclaved or soaked in alcohol. To disinfect/decontaminate the acrylic pessary, after washing, soak pessary in Cidex 12 minutes and rinse well. Be sure to thoroughly clean stems of Gellhorn pessaries.

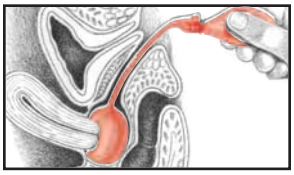
All Gellhorn pessaries require the patient to have a relatively capacious vagina so that the base of the pessary is broad enough to rest above the levator muscles with the cervix resting behind the flat disk. The stem helps prevent the pessary from turning/flipping. The stem is visible at the introitus when the patient bears down. To help approximate the size needed, measure the width of the vaginal vault using your fingers. This should get you to within a size or two needed.

To insert the Gellhorn pessary, grasp the knob, squeeze toward the disk, and hold the disk portion parallel to the introitus. With a finger of the other hand, press down on the perineum. Rotate the disk over the perineal body (barber-pole action) gently pushing the pessary up until the cervix rests behind the disk and the stem is inside the vagina. You should be able to see the end of the stem when the patient bears down. The holes in the disk and the stem allow for adequate drainage.

To remove the Gellhorn, grasp knob and gently pull pessary down while turning the pessary so that the disk is parallel to the introitus. With a finger from the other hand, press down on the perineum and while using the barber-pole action, gently rotate the pessary out through the introitus.

INFLATOBALL: The Inflatoball pessary is made of latex rubber. The patient must be questioned on latex sensitivity when wearing latex gloves (e.g., wheezing, itching, rash, etc.), inflating a balloon, or when in close contact with any product containing latex. The Inflatoball pessary is recommended for 3rd degree uterine prolapse/procidentia with or without a mild cystocele or rectocele. Latex rubber absorbs odors and secretions and should be removed nightly, washed with a mild soap (do not use soap that contains a cream or is oil-based) and thoroughly rinsed. If possible, leave the pessary out at night. Step-by-step patient instructions are included with each pessary shipped.



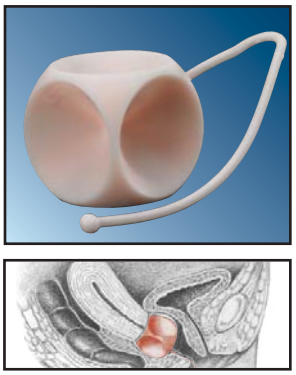


The Inflatoball pessary is inserted while deflated with the bulb attached to the stem. It is positioned by the patient as high as her fingers can reach. Once in position, the patient inflates the pessary by compressing the bulb, usually four to five times (do not over-inflate). Before the bulb is detached from the stem, move the "bead" resting at the base of the stem up about one to two inches as this prevents air from

escaping. The bulb is then detached and the stem can be tucked into the vagina. The Inflatoball pessary is available in four sizes; small, medium, large, and extra large. The size is determined by the width of the vaginal vault.

Latex rubber will deteriorate if used with any vaginal product containing Vaseline or is oil based. If the patient is using or needs to use a vaginal hormonal cream, use a pessary made of medical grade silicone. A pessary made of latex rubber should not be left in the vagina for more than 24 consecutive hours without being removed and cleaned.

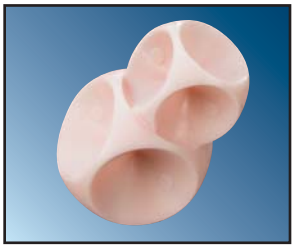
Check the fitting of all of the above pessaries to assure patient comfort and relief of symptoms. A properly fitted pessary will permit the index finger to sweep around between the pessary and the vaginal wall.

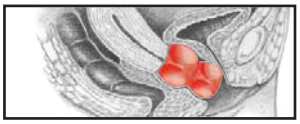


CUBE (Flexible, Silicone): The Cube pessary is indicated in those women with 3rd degree uterine prolapse/procidentia, mild cystocele, rectocele, vaginal wall prolapse and/or poor vaginal muscle tonicity. Women who are unable to retain any other type or shape pessary are candidates for the Cube. To help determine the size pessary needed, approximate the width of the vaginal vault. The Cube has 6 concavities that adhere to the vaginal walls by suction thereby holding the uterus, bladder, and vaginal walls in position. The Cube has no area for drainage. In addition, the negative pressure builds up, making it more difficult to break the suction in order to remove this pessary. This is why it is so important to remover the Cube pessary nightly and, if possible, leave it out overnight.

The Cube pessary is also recommended for young women who only have urine leakage when engaged in strenuous physical activity such as aerobics, jogging, tennis, etc. The ease of insertion and removal allow for use of the Cube only during the limited time of heightened activity.

To remove the Cube, work 2 or 3 fingers between the pessary and the vaginal wall to break the suction. Pinch the pessary and remove – DO NOT PULL ON THE SILICONE STRING! The silicone string allows for ease in locating the pessary for removal. Pulling the string to remove the Cube pessary can traumatize the tissue and result in string breakage.





TANDEM-CUBE (Flexible, Silicone) is indicated in the patient with an long vaginal vault where a single Cube pessary will not prevent the uterus, bladder, and/or vaginal walls from prolapsing. This pessary consists of 2 Cubes fused together; the entering Cube is 2 sizes larger than the proximal Cube allowing for 10 concavities adhering by suction to the vaginal walls. Follow the same protocol as with the Cube for Tandem-Cube removal.

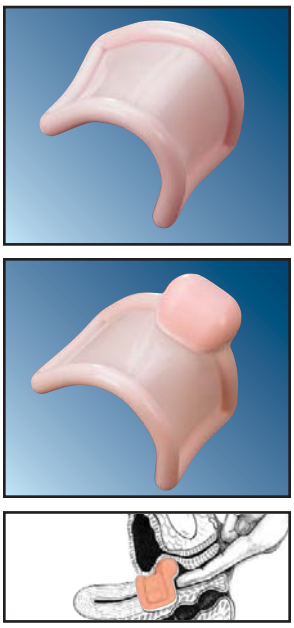
Important: Have the patient insert and remove the Cube or Tandem-Cube pessary several times while she is in the doctor's office to be sure that she can handle the pessary once she gets home. If the patient is unable to insert and remove the pessary as directed we strongly advise against the use of the Cube or Tandem-Cube pessaries.

CYSTOCELE AND RECTOCELE

Recommendations: Gehrung, Gehrung with Knob

GEHRUNG AND GEHRUNG WITH KNOB: The Gehrung pessary is indicated in those women with cyctocele with or without rectocele and, in the case of the Gehrung with Knob, when those conditions are complicated by stress urinary incontinence. It supports a cystocele and thins out a rectocele. The Gehrung derives its support from the lateral remnants of the levator sling, thus avoiding pressure on the rectum. Because of the folding design, the pessary size necessary for adequate support can be inserted even when the introitus is narrow. The Gehrung also provides broad support under the bladder and helps prevent the descent of the uterus. To insert, shape to desired size. Fold, insert and rotate into position behind the cystocele and, in the case of the Gehrung with Knob, with the knob supporting the urethrovesical junction (UVJ).

To remove the Gehrung and Gehrung with Knob, Rotate and remove leg first.



INCONTINENCE PESSARIES

Incontinence is the loss of bladder or bowel control. It affects women of all ages. It is NOT a disease. It is NOT a part of being a woman. It is NOT a consequence of getting old. The statistics are: one out of four women over the age of 40 experiences some degree of incontinence. Over 13 million Americans are affected by it. A patient may dribble only a few drops when they laugh, cough, or sneeze (usually they quickly cross their legs or sit down). They may leak constantly or empty their entire bladder without any warning. Therefore, the problem has social implications. They may stop leaving the house, going for car rides, exercising, or having sexual intercourse.

It has been estimated that approximately 2% of health care costs in the U.S. are spent on incontinence-related care. Usually, patients will start out using Mini or Maxi pads and may progress to using Depend®-type adult diapers. The cost of these Depend®-type products is about $1.00 each. If a patient uses 2-3 a day, the expense can amount to $730 to $1,095 per year.

Medical costs due to the problem of incontinence are estimated at $10 billion per year in the United States. Currently, the Agency for Health Care Policy and Research recommends a non-surgical attempt in nearly all patients with stress incontinence.[1]

There are different types of incontinence: Stress, Urge, Overflow or a combination of types. The most common type is stress urinary incontinence (SUI).

Stress urinary incontinence is the involuntary loss of urine with physical activity such as coughing, sneezing, laughing, jogging or aerobics.

The trauma of childbirth and aging cause a partial interruption in the nerve impulse route (denervation), resulting in a decrease or even no transmission of impulses through the pathways to the pelvic floor muscles. The muscle tissue so denervated, atrophies and becomes weaker.

The levator ani muscles support the pelvic organs and forms the platform to which the pelvic ligaments are attached. Delayed conduction of impulses to the pelvic floor muscles are seen in women with SUI.

At the level of the urethra, urinary continence exists when pressure in any part of the urethra is the same or greater than the pressure in the bladder. Conversely, when the pressure is lower in the urethra than in the bladder, urinary incontinence occurs.

Stress urinary incontinence may be due to intrinsic sphincter deficiency (ISD), affecting patients with impaired sphincter function. For women with ISD and a lack of urethral mobility, periurethral bulking agents such as collagen injections provide a successful alternative to abdominal or vaginal surgery.

Genuine stress incontinence (GSI), one of the most common causes of stress urinary incontinence is primarily due to hypermobility of the urethra. An alternative to surgery for the woman with GSI due to hypermobility of the urethrovesical junction, is the use of an incontinence pessary. "The pessary restores continence by stabilizing the bladder base, allowing proper pressure transmission to the urethra, and by active enhancement of urethral resistance through significantly increased urethral functional length and closure pressure."[2]

Pessaries are used therapeutically as an alternative to surgical repair in those patients where surgery is contraindicated. Frail elderly women, those with major health problems, young women who plan to have more children in the future as well as those women who refuse to have surgery, are all candidates for pessary use.

Pessaries are also used preoperatively as a test in patients with marked cystocele, vaginal vault prolapse, or procidentia to determine if, when these conditions are corrected with a pessary, the patient develops stress incontinence. This will help determine if correction of the urethrovesical junction defect at the time of surgery for prolapse should be performed.

The type of pessary you choose for a given patient is determined by the anatomic defect and the symptoms exhibited by the patient.

All incontinence pessaries should be fit before the patient empties her bladder.

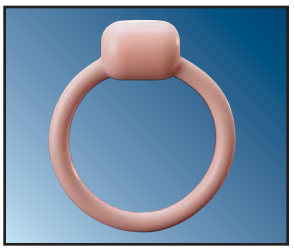
A diagnostic test is performed to help determine if the patient would benefit from an incontinence pessary. This is known as the Marshall-Marchetti, or Modified Mayo Test.

1. Patient with a full bladder standing in an erect position is asked to cough.
2. If short spurts of urine escape simultaneously with each cough, SUI is suggested.
3. The bladder neck is elevated with one finger on each side of the urethra and the patient is asked to cough.
4. If there is no loss of urine when the patient coughs, the test is considered to be positive and the patient would benefit from using a pessary device.

Experience has shown that in order to properly fit a pessary, you should have at least one of each of the four most commonly used sizes in any given pessary.

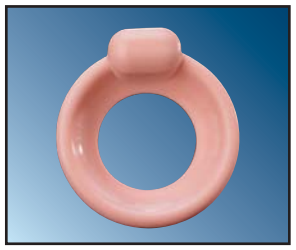
Fit patient with the largest size pessary that can be inserted without causing any undue patient discomfort.

INCONTINENCE RING: The Incontinence Ring pessary is indicated in those women with urinary stress incontinence. It helps restore continence by stabilizing the bladder base. The pessary's "knob" keeps gentle pressure on the urethrovesical junction (UVJ) by enhancing the urethral resistance through increased urethral functional length and closure pressure. To insert, hold the pessary almost parallel with the introitus. Direct the entering end of the pessary (opposite side of the knob) past the cervix into the posterior fornix. Use the index finger to bring the knob up behind the symphsis pubis.



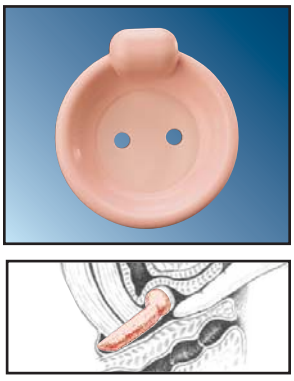
To remove the Incontinence Ring, use the index finger of opposing hand to depress the perineum, hook index finger under knob and gently pull down.

INCONTINENCE DISH: The Incontinence Dish pessary is indicated in those women with urinary stress incontinence concomitant with 1st or 2nd degree prolapse. It stabilizes the UVJ and increases closure pressure. To insert, hold the pessary almost parallel with the introitus. Direct the entering end of the pessary (opposite side of the knob) past the cervix into the posterior fornix. Use the index finger to bring the knob up behind the symphsis pubis.



To remove the Incontinence Dish, use the index finger of opposing hand to depress the perineum hook index finger under knob and gently pull down.

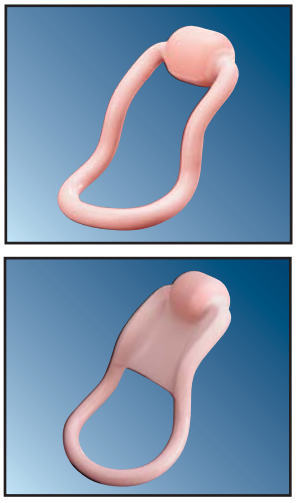
INCONTINENCE DISH WITH SUPPORT: The Incontinence Dish with Support pessary is indicated in those women with urinary stress incontinence concomitant with 1st or 2nd degree prolapse complicated by a mild cystocele. It stabilizes the UVJ and increases closure pressure and includes holes for drainage without decreasing the effectiveness of the pessary. To insert, hold the pessary almost parallel with the introitus. Direct the entering end of the pessary (opposite side of the knob) past the cervix into the posterior fornix. Use the index finger to bring the knob up behind the symphsis pubis.



To remove the Incontinence Dish with Support, use the index finger of opposing hand to depress the perineum, hook index finger under knob and gently pull down.

LEVER SUPPORT PESSARIES

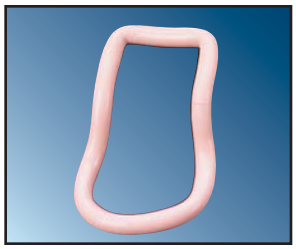
HODGE, SMITH, AND RISSER: The Hodge, Smith and Risser pessaries are typically referred to as the "lever support pessaries". From a historical point of view, the lever pessary dates back to the late 1800's following Hugh Lenox Hodge's (Professor of Gynecology at the University of Pennsylvania) dissatisfaction with the circular designs of the day. The oblong and curved shape of the Hodge pessary corresponded with the curvature of the vagina and was able to be positioned so that it treats uterine retroversion by posteriorly displacing the cervix and anteverting the uterus. The Smith pessary has a narrower anterior edge for applicaton in a patient with a narrow pubic arch. The Risser is designed for a patient with an even more narrow pubic arch. Although originally designed to treat uterine retroversion, these lever pessaries currently are used for the treatment of an incompetent cervix in pregnancy (sometimes along with a cervical cerclage), for mild prolapse

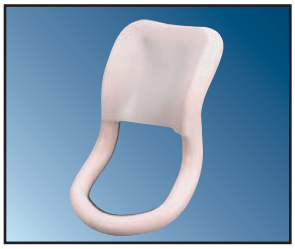


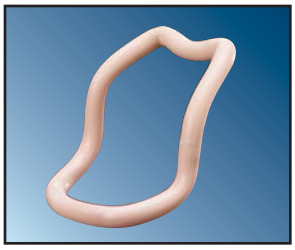
with retroversion, and as a diagnostic maneuver in evaluation of patients with large cystoceles. The Hodge with Support and knob will also stabilize the UVJ for patients with stress urinary incontinence.

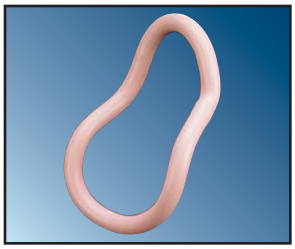
To insert a lever pessary first manually elevate the retrodisplaced uterus. The pessary is then folded and inserted into the vagina by the index finger, pressing on the posterior edge of the pessary until it is behind the cervix with the anterior edge of the pessary resting behind the pubic notch.

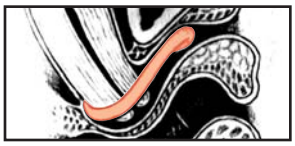
To remove a lever pessary, use the index finger of opposing hand to depress the perineum, hook index finger under the anterior edge of the pessary and gently pull down.











ENDING NOTES - PESSARY REIMBURSEMENT

The fitting/insertion of the pessary and the pessary itself are reimbursable. CPT code 57160 ("fitting and insertion of pessary or other intravaginal support device") is used to report the physician's service of fitting and inserting the pessary. HCPCS code A4562 ("pessary, nonrubber, any type") should be reported for the supply of the Pessary. Additional CPT codes that may be used are 99201-99215 (office visit code) and 57150 (vaginal irrigation). Check with your regional Medicare provider for additional details.

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