Instructions Hodge Pessary

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Components and storage: The Hodge pessary is made of tissue-friendly silicone and an inlay of flexible aluminum allowing deformation of the pessary in all directions. It can be stored at room temperature at 1 to 30°C protected from UV radiation without direct contact to reactive media like gas, ozone or mineral oil.

Indication: Historically, the Hodge Pessary was frequently indicated to “lift” a retroflexed uterus. This indication has lost importance today. A Hodge Pessary is now only used in individual cases for the treatment of urinary incontinence, if ring pessaries are not tolerated due to scars or previous operations. The patient must still have an intact pelvic floor. The physician in charge indicates the device and preferably supervises the success of the therapy.

Schulung: Wenn ein behandelnder Arzt wenig Erfahrung in der Pessar-Therapie hat, empfehlen wir eine Schulung durch spezialisierte Kollegen (online/hands-on), den Besuch unserer Website www.dr-arabin.de oder die Überweisung an einen erfahrenen Kollegen.

Sizes: Hodge pessaries are available in sizes from 55 mm to 95 mm diameter. The pessary with the smallest diameter that holds should be inserted. In case of uncertainty, our fitting sets may support adaption of the size.

Use: The Hodge pessary should reduce the patient's symptoms of genital prolapse, also in combination with additional measures such as pelvic floor training and/or crèmes or hormone therapy.

The physician in charge adjusts the pessary and tests whether it also holds during coughing, pressing and movement. The pessary is relatively easy to change by the patient herself, i.e. to remove it in the evening and reinsert it in the morning. The physician may recommend further therapies. It is best for the patient to change the pessary in an upright position. One leg can be placed on a chair, if this is too difficult, the patient can slightly spread her legs while standing against a wall or lying down. During removal, the patient pulls the pessary with her index finger. If the patient cannot urinate, the pessary should be removed and a smaller (different) model should be chosen. The patient should be instructed to be aware of all symptoms and report complaints as soon as possible.

Follow-up examination: After the first insertion of the pessary, the patient should be examined after one week (at the latest after four weeks). At each follow-up examination, the pessary should be removed and cleaned while the vagina is examined for erosions, pressure necrosis or allergic reactions. Sometimes, the size or form of the pessary is adapted after the first fitting. The patient should then have a further examination within one to two weeks. If defects of the material are found on the pessary, it has to be replaced. The patient should preferably be followed by the same physician. In case of motivated patients who know how to handle the pessary, follow-up examinations can be further prolonged.

Application/Cleaning: The Hodge Pessary is a therapeutic product and may only be used by one patient. The pessary is cleaned by running water without the use of disinfectants. If necessary, a soft toothbrush can be used.

Side effects/ complications: Although pessaries are a safe form of treatment, they are a "foreign body". Therefore, the most common side effect is increased discharge, possibly smell which can be minimized by using an acid vaginal gel and/or a fat cream, and thus prevent itching. The pessary can descend during bowel movement. The patient should then be instructed to palpate the ring and fix it back up in the vagina. Postmenopausal women with thin vaginal mucosa are more susceptible to vaginal ulceration when using a pessary. Treatment with estrogen cream can make the vaginal mucosa more resistant to erosion, as estrogen reduces inflammation and promotes epithelial maturation. Prolonged lying in bed and/or estrogen deficiency can lead to pressure problems of the vaginal mucosa. This is worst when a pessary is forgotten and can then be difficult to remove. In case of intolerance either a smaller pessary can be chosen, in case of frequent slippage another model, e.g. a cup or cube pessary, should be chosen, which however should be changed daily. The doctor will then decide on this. A daily change by the patient prevents an expansion of the tissue and pressure problems.

Duration: The therapy is "short-term", i.e. the pessary can remain in place for up to 30 days without interruption, after which it is removed and cleaned. It may only be re-used by the same patient.

Contraindications: Prolapse grade III-IV that can be better treated with cube or club pessaries. For patients who are not able to ensure a regular change, it may be advisable to integrate a nurse or a family member into the handling of the change. However, if pain, bleeding or pronounced fluoride is present, the attending physician should be consulted. An allergy to silicone is extremely rare, but would also be a contraindication. Active infections, including inflammatory diseases of the vagina or pelvis, rule out the use of a pessary until the infection has subsided. Weakened patients who do not understand, ignore or cannot follow advice should be supervised or not receive a pessary.

Warning: In case of pain, bleeding or extreme discharge the physician in charge should be consulted as soon as possible. Although several crèmes are additionally indicated to improve the therapeutic effects, we have not tested the compliance of the material with these substances, but never heard of any complaints or complications. Serious complications should be reported to the manufacturer and, if necessary, to the responsible authorities.

Shelf life: The pessary has a shelf life of 10 years from the date of production. After insertion, we recommend not to continue the therapy with the same device for more than 3 years. In case of defects of the material, changes of the form or colour the pessary should be replaced.
Disposal: Used or damaged silicone products should be packed and be disposed in household waste in a low-germ state. For disposal in medical facilities the country-specific regulations must be considered.