



Instructions Tandem Pessary



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Components and storage: The tandem pessary consists of two coupled cube pessaries made of tissue-friendly silicone with a button and firmly welded thread to facilitate changing. The pessary 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: The non-perforated versions allow a better adhesion and resistance as compared to the perforated versions, which are easier to handle for patients during changes.

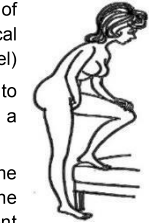
The tandem pessary can be used to treat severe and special forms of genital prolapse. In case of prolapse grade III-IV, the prolapsed organs can be returned to their original position (picture). The tandem pessary holds better than other pessary types due to its vacuum effect. Tandem pessaries are also indicated to treat scars or vaginal constrictions. There is also an indication for treatment in case of disorders of urination, complaints during sexual intercourse and before surgery.

Teaching: In case a physician has no experience in the handling of the device we recommend to take part in courses (online/hands-on), visit our website www.dr-arabin.de or to transfer patients to a colleague with experience in conservative treatment.

Sizes: The size of the tandem pessary depends on the edge length of the cubes. There are 2 times 5 different sizes of individual cubes available with a minimum edge length of 25mm (size 0) up to a maximum edge length of 50mm (size 5). The physician in charge selects the sizes of the combination, which is prerequisite for the therapeutic effect. The cubes should be large enough to ensure that the entire device stays in place even with physical stress. Large devices can be more difficult to remove. Treatment should always start with combinations that adhere during coughing or pushing. After some time, it may be necessary to adapt the sizes (usually to a smaller model)

Use: The physician in charge adjusts the pessary during the initial examination. In most cases, tandem pessaries are removed in the evening and re-inserted in the morning by the patient herself. This allows the vaginal walls to recover overnight. For special patients, a smaller pessary can be inserted at night- always on medical indication. It is an advantage to cover 2-3 cube edges with crème when inserting the device. Estrogen crèmes will result in a gliding effect and improve blood circulation and normalize the vaginal flora.

To insert the tandem pessary, a foot is placed on a chair or the bed, similar to the insertion of a tampon. The patient may also spread her legs, leaning against a wall or lying down. The pessary is pushed as far as possible into the vagina until it fits correctly and does not cause any discomfort. To remove the pessary, the thread - preferably in different directions, pulls it, if necessary also with some pushing until a resistance is felt by the pelvic floor. The accessible edges of the pessary can be mobilized with the index and/or middle finger so that the existing vacuum is released. Then the pessary is removed with the aid of the thread while keeping a constant tension. If the patient cannot urinate, but also if incontinence is intensified by the device, the pessary should be removed and a smaller (different) model be chosen. The patient should be instructed to report all symptoms of discomfort as soon as possible.



Follow-up examination: After the first insertion, the patient should be examined after about one week. At each follow-up examination, the pessary should be removed and cleaned while the vagina is examined for erosions, necrosis or allergic reactions. Sometimes, the size of the cubes are adapted after the first fitting. The patient should then have another examination after one to two weeks. If material defects are found on the pessary, the device has to be replaced. The patient should preferably be cared for by the same physician. If the patient is motivated and can prove effective handling of the pessary, follow-up examinations can be further prolonged.

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 and possibly smell. This side effect can be reduced by using additional creams and hygiene measures. During bowel movement, the pessary can descend (picture above right). The patient should be instructed to palpate the pessary and then fix it in the vagina again (picture top center). Postmenopausal women are more prone to vaginal mucosal injuries. By promoting epithelial maturation, treatment with estrogen cream can make the vaginal mucosa more resistant to erosion. Prolonged hospitalization and/or estrogen deficiency can lead to pressure problems of the vaginal mucosa. This is worst when a pessary is forgotten. In case of intolerance another model, e.g. a bowl or club pessary, can be chosen. If the thread or button dislocate, the pessary has to be removed as soon as possible, if necessary by a physician. In women who have a hidden form of incontinence wearing a pessary can increase urinary incontinence. In these cases it should be discussed whether it is necessary to change to another model (e.g. a urethra bowl pessary). In anxious patients who also need care, a nurse or family member can be involved in handling the change.

Application/Cleaning: The tandem pessary is called a therapeutic product and may only be used by one single patient. The pessary should be cleaned by running water without using disinfectants and if necessary by a soft toothbrush.

Contraindications: For patients who are in need of care or are not able to change the pessary regularly, a nurse or a family member can be integrated into the changing process. However, in case of pain, bleeding or pronounced fluoride 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. Patients who do not understand, ignore or cannot follow advice should be supervised or should not receive a pessary.

Duration: The therapy is "short-term" (< 30 days). However, our recommendation is to remove the pessary every evening before going to sleep. It may only be re-used only by the same patient in the morning

Warning: In case of pain, bleeding or extreme discharge with smell 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 been assigned 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 there are defects, changes of the form or colour the pessary should be replaced.

Disposal: Used or damaged silicone products can be disposed of in household waste in a low-germ state. For disposal in medical facilities, the country-specific regulations must be followed.