

Instructions Thick Round Ring



Dr. Arabin GmbH & Co KG
Alfred-Herrhausen-Str. 44, D-58455 Witten
Tel: (49) 0 2302 189214 - info@dr-arabin.de www.dr-arabin.de



Components and storage: The thick ring pessary consists of tissue-friendly silicone. 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: The thick ring pessary is used to treat patients with milder forms of vaginal and uterine prolapse and/or stress incontinence. In contrast to the "simple" ring, the thick ring has a larger surface of the ring part. This reduces the risk of pressure lesions. The thick ring is used to treat older patients (even if they are hospitalized, since the pressure is equally distributed). A still intact pelvic floor is required. The physician in charge indicates the device and should also monitor the success. By reducing then genital prolapse, the device can also prevent the development of stress incontinence. The therapy with the thick ring pessary has the aim to reduce unpleasant symptoms of prolapse, also in combination with additional measures like pelvic floor training and/or drug therapy. Even if an operation is planned, the thick ring pessary can be used as "preparation".

Teaching: In case a physician or health care provider has no experience in these devices, we recommend taking part in courses (online/hands-on), to visit our web site www.dr-arabin.de or to transfer the patients to an experienced physician with experience in conservative treatment of severe prolapse

Sizes: Thick ring pessaries are measured by diameter, they are available in sizes from 55 mm to 95 mm diameter. The pessary with the smallest circumference that holds straight should be inserted. In case of uncertainty in the determination of the size our fitting sets will help.

Use: The physician adjusts the pessary during the initial examination and may test by stress tests such as coughing, pressing or movement whether it holds. The pessary can be changed relatively easily by the patient, i.e. it can be removed in the evening and reinserted in the morning. The treating physician may recommend further measures such as cremes (with or without hormones). This can facilitate the insertion and change of the pessary and, if necessary, support the epithelium and connective tissue. The patient best changes the pessary in an upright position. One leg can be placed on a chair, if this is too difficult, she may slightly spread her legs while leaning against a wall or lying down. When inserting the device, the patient may compress the thick ring and insert it into the vaginal vault and then let it unfold. When removing it, the patient pulls the thick ring 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 report all symptoms - including urination/defecation during pessary therapy - immediately.

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 of the pessary is changed after the first fitting. The patient should then be instructed to have a further examination within one to two weeks. If defects in form or color are found on the pessary, the pessary has to be replaced. The patient should preferably be cared for by the same physician who inserted the device. In case of a motivated patient who can prove an effective removal, insertion and care of the pessary, follow-up examinations can be further postponed.

Application/Cleaning: The thick ring pessary is a therapeutic product and may only be used by one single patient. The pessary should be cleaned with running water without using disinfectants and eventually with a soft toothbrush.

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 minimized by using an acid vaginal gel and/or a fat cream and thus also prevent itching.

The pessary can descend during bowel movements. 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 ulcerations when using a pessary. Treatment with oestrogen cream can make the vaginal mucosa more resistant to erosion, as oestrogen reduces inflammation and promotes epithelial maturation. Prolonged hospitalization and/or oestrogen deficiency can lead to problems of the vaginal mucosa. This is worst when a pessary is forgotten, then it may even be difficult to remove the device. In case of intolerance either a smaller pessary or another model can be chosen, e.g. a bowl or cube pessary.

Duration: The therapy is "short-term", i.e. the pessary can remain in place for up to 30 days without interruption. After a change and cleaning, it can be re-inserted only in the same patient.

Contraindications: Genital prolapse grade III-IV which are 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 device. However, if pain, bleeding or pronounced discharge are 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 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 cremes 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 there are defects, 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.

