



Instructions Urethra Bowl Pessary



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Components and storage: The Urethra Bowl Pessary is made of tissue-friendly silicone. 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 Urethra Bowl Pessary is used to treat patients with stress incontinence and/or cystocele. A still stable pelvic floor is required. The calotte (thickening at the pessary) should shift the transition between bladder and urethra upwards and forward and thus prevent the upper urethra from opening under stress situations such as coughing or movement (picture). This may prevent urine from entering the urethra, which has a positive effect on urge incontinence or a mixed form of stress and urge incontinence. In comparison to the urethra pessary, this urinary tract pessary slips less often.

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

Sizes: Urethra bowl pessaries are available in sizes from 55 mm to 90 mm diameter. The pessary with the smallest circumference that stays should be inserted. Our fitting sets might support to find the right sizes.

Use: The physician indicates the pessary during the initial examination. The pessary that achieves the best continence when coughing in a standing position should be inserted, but it should be possible to empty the bladder without problems. It may be necessary to change to a larger pessary after some time because the pessary might not any longer close the bladder sufficiently due to a loosening of the connective tissue. During insertion, the pessary is guided through the posterior vaginal vault so that the calotte lifts the transition between bladder and urethra by tilting upwards/forward (picture). During the initial insertion, stress such as coughing, pressing and movement should be used to test whether the pessary holds. Urethra bowl pessaries are usually worn during the day; occasionally only during stress (e.g. sports). It is recommended that the patient removes the pessary in the evening and reinserts it in the morning. Stress incontinence does not require therapy during the night anyway. The treating physician may recommend further measures such as hormone therapy or cr mes. This can make it easier to insert and change the pessary and, if necessary, support the formation of epithelium and tissue. The patient should best change the devices herself in an upright position. One leg can be placed on a chair, if this is too difficult; the legs may be slightly spread while standing against a wall or lying down. For removal, the patient pulls the ring part with her index finger. If the patient cannot urinate, the pessary should be removed and a smaller (different) model should be chosen. The Urethra Pessary can be used as an "experimental pessary" for or against an operative therapy. The patient should be instructed to report all complaints 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 have another examination after one to two weeks. If defects or other changes in form and shape are detected, the pessary has to be replaced. The same physician should preferably care for the patient after insertion. If the patient is motivated and can prove effective handling of the pessary, follow-up examinations can be further prolonged.

Application/Cleaning: The Urethra bowl pessary is called a therapeutic product and may only be used by one patient. The pessary can be cleaned by running water without using disinfectants and if necessary 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 prevent itching. During bowel movement, the pessary can descent. The patient should then be instructed to palpate the pessary and fix it high in the vagina again. Postmenopausal women with thin vaginal mucosa are more susceptible to vaginal ulcerations 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 in this case, it can then be difficult to remove the device. In case of absolute intolerance or dislocation either another size or another model, e.g. a bowl or cube pessary, should be chosen. Daily change of the urethra bowl pessary by the patient prevents an expansion of the lateral vaginal walls.

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.

Contraindications: Genital prolapse. Grade III-IV, purely neurogenic incontinence. For patients who need care or are unable to ensure regular changing, it may be advisable to integrate a nurse or family member into the handling of the change. However, the doctor should be consulted in the event of pain, bleeding or pronounced fluorine. An allergy to silicone is extremely rare, but would also be a contraindication. Active infections, including inflammatory diseases of the vagina or pelvis, preclude 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 with smell the physician in charge should be consulted as soon as possible. Although several cr mes 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 can be disposed of in household waste in a low-germ state. For disposal in medical facilities, the country-specific regulations must be followed.