



Commentary on “Effect of pessary cleaning and optimal time interval for follow-up: a prospective cohort study”

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Received: 26 November 2019 / Accepted: 9 December 2019 / Published online: 13 January 2020
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This article by Thys et al. [1] on pessary management for prolapse assesses three main objectives: the efficacy of routine follow-up visits for pessary cleaning, the effect of extending the time interval between pessary care follow-up visits, and the proportion of patients able to administer self-care to their pessary. This is an important clinical question given the health-care cost of regular visits for pessary care and the lack of evidence to guide clinicians on the optimal time intervals for pessary review.

In this prospective cohort study, women with stage 2 or greater uterovaginal prolapse and not having had prior pelvic floor surgery were included. A pessary was inserted at the first visit and follow-up organized at 3 and 12 months to determine the effect of an extended time interval between pessary care. The main outcome measure was a visual analogue scale (VAS) score of ≥ 2 for pain, discharge, or irritation 1 week pre- and post-pessary cleaning. The results demonstrated no significant difference in VAS scores for pain, discharge, or irritation pre- and post-pessary cleaning, no significant difference in VAS scores with lengthening the time interval from 3 to 9 months, and that 45.2% of patients performed self-care at 12 months. No serious adverse events occurred related to pessary use.

This is an interesting and valuable article that contributes to helping to guide clinicians on the time intervals recommended for pessary care, a clinical question where there is a

paucity of strong evidence. The authors conclude by suggesting that the length of the cleaning interval might not matter. When considering the health-care costs of regular pessary cleaning visits, the authors recommend a cleaning interval of not more than 9 months for women without self-management, and that there may be no need to check asymptomatic women performing self-management of their pessary. This study does support such a position; however, a major limitation of this study remains that objective examination findings were not reported, and with most clinicians concerned about the risks of erosion, vaginal epithelium overgrowth, and fistulization of neglected pessaries, clinicians may want to see objective reporting data before being comfortable with changing clinical practice.

Reference

1. Thys SD, Hakvoort RA, Asseler J, Milani AL, Vollebregt A, Roovers JP. Effect of pessary cleaning and optimal time interval for follow-up: a prospective cohort study. *Int Urogynecol J*. 2020. <https://doi.org/10.1007/s00192-019-04200-8>

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