

Factors associated with long-term pessary use

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Objective

Vaginal pessary is a well-established pelvic organ prolapse (POP) treatment, but little evidence about long-term use is available. Our aim was to report the duration of use and investigate predictors of long-term pessary use for POP. We hypothesized that younger, healthier women and women who experienced complications would have shorter duration of use.

Methods

This was a secondary analysis performed in a retrospective cohort study

of patients undergoing pessary treatment for POP. Patients were identified using billing codes. Those successfully fitted with a POP pessary from 2008-2016 and who continued use for at least 3 months were eligible. Data were abstracted from the electronic medical record. Women with pessary use for ≥ 1 and for ≥ 3 years were compared to those with < 1 -year use. Groups were compared using chi-square, Fisher's exact, Wilcoxon rank sum and student t-tests.

Results

The cohort included 268 patients, with mean age 65.8 ± 11.9 years. 94% were

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white, 88% post-menopausal, 39% sexually active. The <1-year group were younger ($p=0.03$ vs. ≥ 1 year; $p=0.19$ ≥ 3 year) and had more pulmonary disease ($p<0.01$ for both). Other baseline medical co-morbidities did not differ between short and long-term pessary users ($p>0.05$ for all). During follow-up, vaginal irritation, bleeding or pain were more often reported in those with <1 year compared to ≥ 1 -year use ($p=0.03$, 0.04 , 0.02). 78 patients reported reasons for discontinuation, most commonly cited were increase in urinary incontinence ($n=28$) and vaginal pain ($n=18$).

Conclusions

Few baseline factors were associated with long vs. short-term pessary use. Those with <1-year use were younger, but the age difference was small. Baseline pulmonary disease strongly correlated with shorter pessary use. Adverse symptoms related to the pessary (irritation, bleeding and pain) may be drivers for pessary discontinuation in the first year.

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