

	<p>POLICIES & PROCEDURES</p> <p>Title: PESSARY Ring: CARE AND MANAGEMENT OF CLIENTS WITH</p> <p>RNSP: RN Procedure LPN Additional Competency: Care of Clients with a Pessary Ring who have an Established Plan of Care</p> <p>I.D. Number: 1147</p>
<p>Authorization</p> <p>[X] SHR Nursing Practice Committee</p>	<p>Source: Nursing</p> <p>Date Effective: September , 2017</p> <p>Scope: SHR Home Care and LTC</p>

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For the purpose of this policy, client will be used when referring to clients, patients, and residents in Saskatoon Health Region.

DEFINITIONS:

Certified Nurse – a nurse that has received certification according to the policy for that profession in the care and management of pessaries.

Established Plan of Care - Based on a Registered Nurse (RN) assessment of care needs, the plan of care for Clients with Pessary Rings may be considered established once the initial change has occurred without complications and the schedule for pessary ring change has been identified. The pessary ring plan of care must be documented in a nursing care plan. If the client develops complications or any alteration in the plan of care is required, the plan of care is no longer considered established.

Pessary - silicone vaginal support device for the management of pelvic organ prolapse and urinary incontinence related to obstructive, urge, and stress symptoms. Inserting a pessary helps to correct the anatomical position of the pelvic floor organs.

ROLES:

Licensed Practical Nurse (LPN) - LPNs identified by their manager in targeted practice settings will be certified in the LPN Additional Competency: Care of Clients with Pessary Ring who have an Established Plan of Care, and may maintain and change pessaries autonomously, as assigned, for clients who are less complex, more predictable and at lower risk for negative outcomes. If a change is required in the pessary ring plan of care, the LPN will consult with a certified RN, Wound Resource Nurse, Rn(NP) or physician and work collaboratively to establish a new plan of care.

In practice settings which are not targeted, LPNs currently educated or certified may continue to provide care and management of pessary rings, as assigned, but LPNs requiring initial certification will not be certified until targeting is approved for the practice setting.

Registered Nurses (RNs) – RNs identified by their manager in targeted practice settings will be certified in the Registered Nurse Specialty Practice RN Procedure: Care and Management of Pessaries. If a change is required to a plan of care within an LPN's assignment, an RN will provide consultation as needed and work collaboratively with the LPN until a new plan of care is established. At any time, if pessary ring care needs are beyond the individual competence of a certified RN, she will consult and work collaboratively with another certified RN, Wound Resource Nurse, RN(NP) or physician to provide care.

Registered Psychiatric Nurses (RPNs) – RPN certification for this Specialty Practice is under review by the SHR Nursing Practice Committee. As assigned, currently educated or certified RPNs may continue to provide Care and Management of Pessaries. RPNs requiring initial certification or education will not be certified or educated until the review is complete.

1. PURPOSE

- 1.1 To ensure all clients in SHR requiring assistance with a pessary device receive safe and competent care and management that is in keeping with best practice guidelines.

2. POLICY

- 2.1 The RN certified in the RNSP or LPN certified in the LPNAC will have first completed the following learning module/activities prior to caring for and managing a client's pessary independently:
 - Complete the Care and Management of Pessaries learning package and quiz.
 - Complete a competency checklist with a certified nurse (certified RN for RN learners; certified RN or LPN for LPN learners) during first pessary change. If a certified nurse is not available, supervision can be done by a physician or nurse practitioner.
 - Provide documentation of learning module quiz and skills checklist to educator/supervisor.
- 2.2 All clients will have an order for pessary care and management, including the frequency of removal and reinsertion.

NOTE: Should not be left in situ for more than 3 months.

- 2.3 Prior to initiation of pessary care and management, a holistic client assessment will be completed to determine if there are any concerns or potential for complications.
- 2.4 Notify the Most Responsible Physician (MRP) if there are signs and symptoms of infection, bleeding, pain, urinary retention, and/or any other complication.
- 2.5 Pessaries are contraindicated in individuals with significant, persistent vaginal erosions and an allergy to the product.

3. PROCEDURE

- 3.1 Explanation to client
- 3.2 Supplies:
 - PPE: Gloves and gown
 - Water-based lubricant
 - Pessary device
 - Hand sanitizer

3.3 Assessment:

- 3.3.1 Perform hand hygiene, don PPE.
- 3.3.2 Inspect the labia and vaginal opening for erosion, abrasions and ulcerations.
- 3.3.3 Assess for vaginal discharge and bleeding.
- 3.3.4 Assess pessary for damage, if damaged it needs to be replaced.
- 3.3.5 Slight changes in pessary color and odor are normal.
- 3.3.6 Remove PPE, perform hand hygiene.

3.4 Pessary Removal:

- 3.4.1 Perform hand hygiene, Don PPE.
- 3.4.2 Place some water base lubricant on the introitus.
- 3.4.3 Insert index finger of the dominant hand to remove the pessary by hooking a finger inside the pessary or pinch it, pulling down and out.

NOTE: If there is suction present, sweep your finger around the pessary to break it.

- 3.4.4 If there is some difficulty removing, have the client try Valsalva maneuver or cough during removal.
- 3.4.5 Remove PPE. Perform hand hygiene.

3.5 Cleaning the Pessary:

- 3.5.1 Perform hand hygiene, don PPE.
- 3.5.2 Wash pessary with mild soap and warm water.

NOTE: DO NOT USE antimicrobial soaps to clean the pessary as this can change the pH level and natural microbial counts in the vaginal vault.

- 3.5.3 Using a cotton swab or small brush, cleanse the drainage holes.
- 3.5.4 Rinse thoroughly.
- 3.5.5 Dry off with a towel.
- 3.5.6 Remove PPE. Perform hand hygiene.

3.6 Pessary Placement:

3.6.1 Perform hand hygiene

3.6.2 Get the client into a comfortable position. Best position is to have the client lay on their back, with her knees drawn up and separated.

3.6.3 Set up equipment and supplies.

3.6.4 Give clear explanation of the procedure to be performed.

3.6.5 Perform hand hygiene, don PPE.

3.6.6 Use the dominant hand to hold and insert the pessary.

3.6.6.1. The hand holding the pessary should be kept dry.

3.6.7 Using the non-dominant hand, place a generous amount of water based lubricant on the vaginal introitus and/or the pessary's leading edge.

NOTE: DO NOT USE petroleum jelly or other oil-based lubricants with the pessary.

3.6.8 Separate the labia with the non-dominant hand.

3.6.9 Insert the pessary by pushing it in the direction of the clients head and against the posterior vaginal wall.

3.6.10 The index finger is directed into the posterior vaginal fornix to ensure that the cervix is resting above the pessary.

3.6.11 Insure a finger can be swept around the outside of the pessary.

3.6.12 The pessary should fit snugly but not tightly against the symphysis pubis and the posterior and lateral vaginal walls.

3.6.13 Once in place, the client should stand, walk, squat, and cough to make sure it is in the correct position.

3.6.14 If in the right place, pessary should be comfortable and the client should not feel the pessary.

3.6.15 Remove PPE. Perform hand hygiene.

3.7 Documentation:

3.7.1 Document on the appropriate nursing record:

- Condition of the pessary
- Skin integrity

- Complications with removal and/or insertion
- Client's response to the treatment

3.8 Teaching the client/caregiver:

3.8.1 Rational for treatment.

3.8.2 The pessary device should feel comfortable.

3.8.3 Complications that can occur with the use of the pessary device and when to notify the nurse and/or MRP.

4. REFERENCES

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