

Ring Pessary Service

FAQ for Primary Care Clinicians

What is the Ring Pessary Service?

This service provides non-surgical management for women with pelvic organ prolapse (POP) in primary care settings. It follows guidelines from the National Institute for Health and Care Excellence (NICE) and Pelvic, Obstetric, and Gynaecological Physiotherapy (POGP)^{1,2,3}.

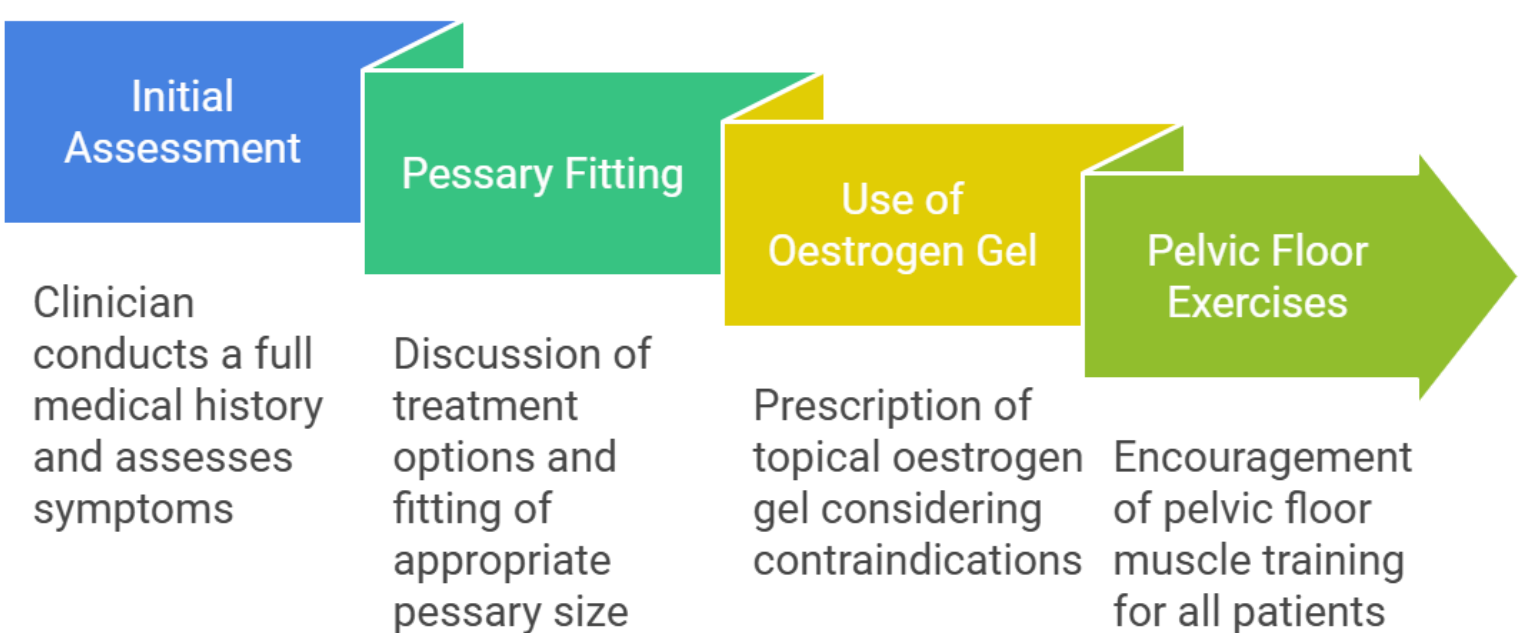
Which patients are eligible for this service?

- Adult women registered with a GP and diagnosed with stage 1 or 2 POP
- Women who prefer conservative management over surgery
- Women experiencing vaginal atrophy or related symptoms who could benefit from topical oestrogen

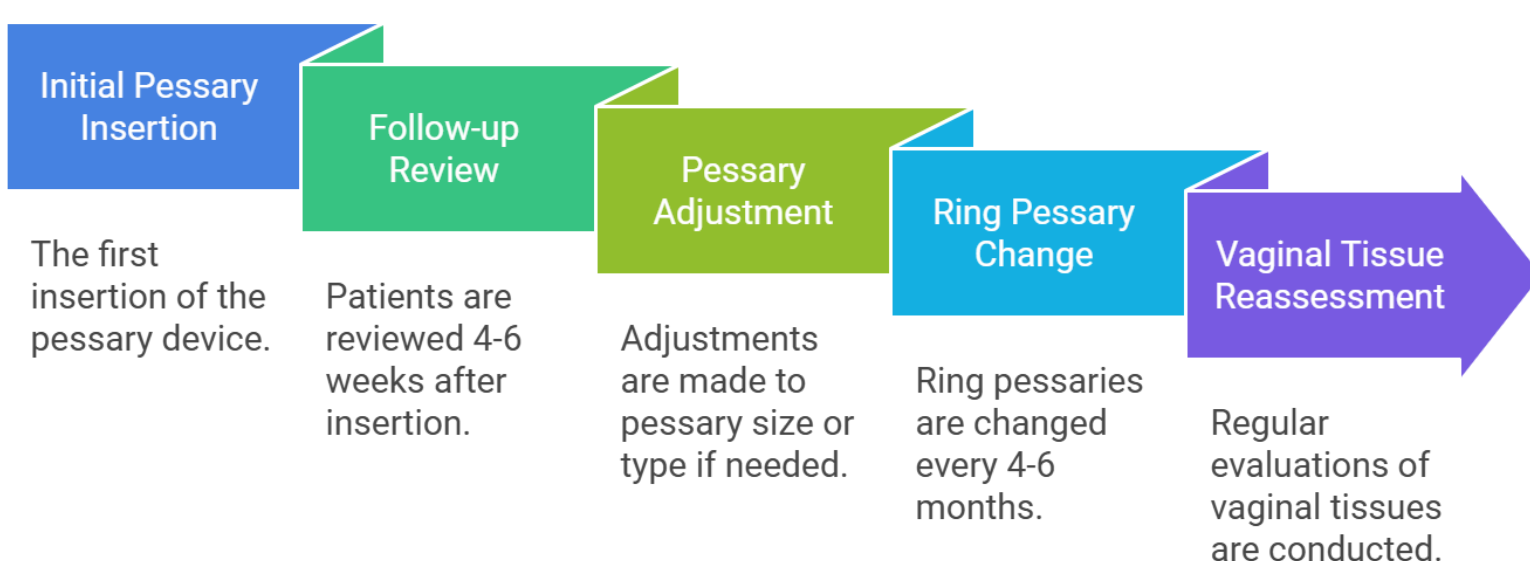
Who is excluded from this service?

- Women with stage 4 prolapse requiring surgery or whose prolapse is too severe for a pessary to be effective (unless surgery is not an option due to frailty or patient preference).
- Women with untreated vaginal atrophy, active pelvic infections, unexplained vaginal bleeding, or other contraindications for pessary use⁵.
- Women with known allergies to pessary materials

The clinical pathway



Pessary management and follow up



When should I refer a patient to secondary care?

Refer patients to secondary care (urogynaecology) if they:

- Cannot tolerate the pessary
- Experience complications
- Show no improvement in prolapse symptoms

What about housebound patients?

Housebound patients can be referred to the Community Services Incontinence Team for repeat pessary fittings after the initial sizing/fit by a qualified clinician

Training

What are the training requirements for clinicians?

Clinicians involved in pessary fitting should be trained and competent in pessary insertion, removal, and management, as recommended by POGP.

Additional topics covered:

Indications for referral to secondary care



Topical Oestrogen Use for vaginal atrophy

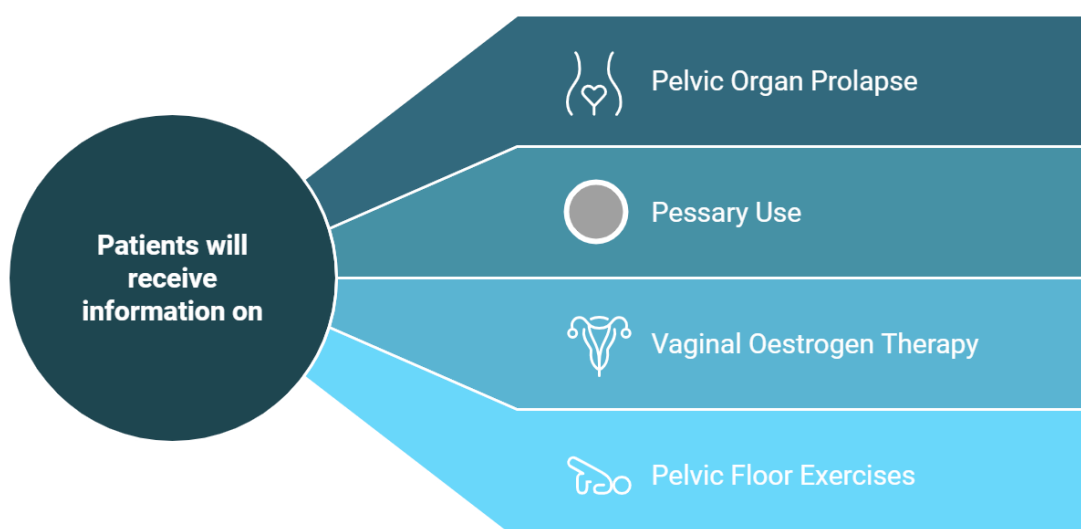
Pelvic Floor Exercises

What about quality standards and outcome monitoring?

The service is subject to:

- Regular clinical audits to ensure adherence to guidelines and evaluate outcomes
- Patient feedback to assess satisfaction and identify areas for improvement

What resources are available for patient education?



Patients will also be advised on self-management, including monitoring for complications and when to seek medical attention

How does the payment process work?

Practices will receive £31.50 per ring pessary fit, which includes the initial assessment, fitting, and the 4-6 week review

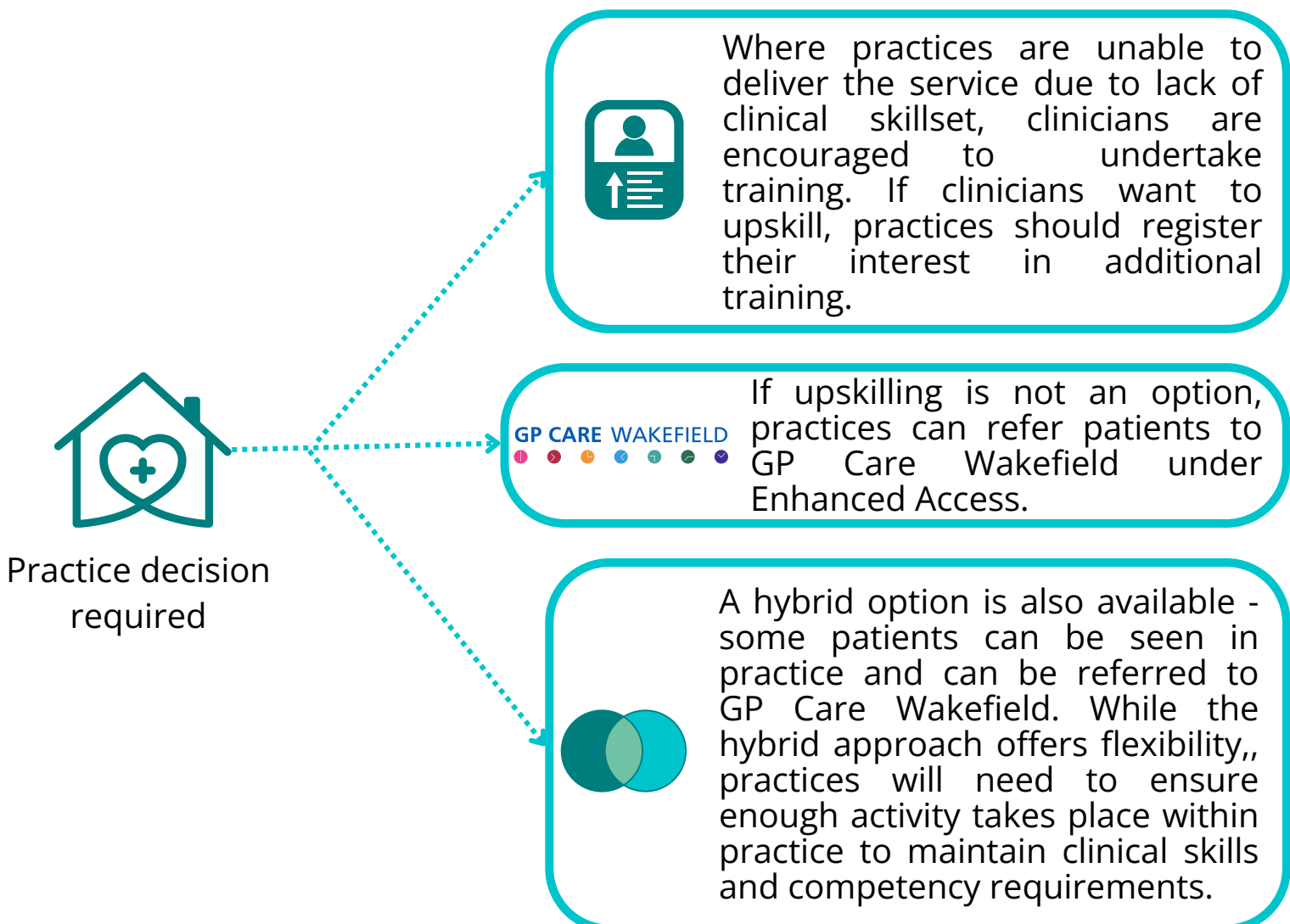
Claims can be submitted monthly. You can also claim for subsequent changes/fits as clinically required.

The ability to claim is not affected by the delivery methods (see below)

Payment process



Options for service delivery



Practices will need to provide their delivery method and agreed indicative activity levels in-practice and referral activity levels to allow the ICB and GP Care Wakefield to ensure sufficient staffing and an equitable offer for patients. This also enables accurate planning of capacity and financial budget planning.

For more information, please refer to:

NICE Guideline NG123: Urinary incontinence and pelvic organ prolapse in women: management (2019)

POGP (Pelvic, Obstetric and Gynaecological Physiotherapy) Guidelines: Pelvic organ prolapse management