

# FEMALE FOCUS

WOMEN'S HEALTH PHYSIOTHERAPY

## Your Pessary : A Complete Guide to Self-Management

### Your pessary details

**Pessary type** \_\_\_\_\_  
**Pessary size** \_\_\_\_\_  
**Item Number** \_\_\_\_\_  
**Date fitted** \_\_\_\_\_  
**Fitted by** \_\_\_\_\_

### Your follow-up appointments

**1-week telehealth** \_\_\_\_\_  
**4-6 week face-to-face** \_\_\_\_\_  
**6-month review** \_\_\_\_\_  
**12-month annual review** \_\_\_\_\_

## Self-Management Acknowledgement

Please read the following statements carefully and sign below to confirm that you have read and understood this guide and feel confident to manage your pessary at home.

- I understand that pessaries increase the risk of vaginal abrasions, infections, pain, discharge and bleeding.
- I am confident in removing, cleaning and re-inserting my pessary.
- I agree to remove and clean my pessary at the frequency instructed by my physiotherapist.
- I agree to seek review with my Doctor or Physiotherapist should problems arise with my pessary.
- I agree to attend my GP yearly for a speculum examination while using a pessary.
- I agree to organise replacement of my pessary if damaged, or at my 12-month review.
- I agree to let my physiotherapist know if I decide to stop using my pessary.
- I understand that if I cease contact with the clinic, after three attempts, my GP will be notified.

**Patient Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Clinician Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

If you have any concerns at any time, please contact us immediately: **0400 373 415**

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## Chapter 1 — Your Follow-Up Schedule

### **What is self-management?**

- You will be taught how to insert, remove and look after your pessary and your vaginal tissues independently.
- Self-management doesn't mean you are without support! You can contact the physiotherapy clinic at any time.

### **What do I need to be able to do?**

- Be comfortable inserting, removing and cleaning the pessary independently.
- Monitor your vaginal health and pay attention for any side effects.
- Attend your follow-up appointments and keep communication open with your physiotherapist and medical team.

Regular check-ups are essential to ensure your pessary remains correctly positioned, your vaginal tissue is healthy, and your symptoms are being managed well.

Timepoint	Type	What happens
<b>1 week post-fitting</b>	Telehealth	Comfort and fit check, technique questions.
<b>4–6 weeks</b>	Face-to-face	Pessary removed, inspected, reinserted. Functional screen (coughing, jumping, walking, toileting).
<b>6 months</b>	Face-to-face	May include changing pessary size or shape, working on goals (e.g. return to running), or a regular physiotherapy consult.
<b>12 months</b>	Face-to-face	Pessary replaced. GP annual mucosal screen to be completed prior to returning to the clinic.

If we notice you have missed your follow-up, we will try to get in touch. If we are unable to reach you after three contact attempts over three weeks, we are required to notify your GP due to the risk of a neglected pessary.

### **Pessary replacement**

Your pessary is replaced annually at your 12-month review appointment by your physiotherapist. You do not need to source a replacement yourself.

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## Chapter 2 — Pessary Care & Cleaning

### **Before inserting or removing any pessary:**

- Wash your hands thoroughly with soap and water.
- Find a comfortable position — sitting on the toilet, lying on your back with knees bent, squatting, or standing with one foot on a step or toilet seat.
- Take your time — there is no rush. If you experience pain, stop and contact the clinic.

### **How often should I clean my pessary?**

Ring	
Dish / Cup	
Cube	Must be removed daily.
Gellhorn	
During menstruation	Daily removal for cleaning is recommended regardless of type.

### **How to clean your pessary**

1	<b>Remove</b> the pessary as described for your specific type.
2	Rinse under warm running water to remove any discharge or residue.
3	<b>Wash gently</b> with warm water and a small amount of mild, unscented soap.
4	Rinse thoroughly with clean warm water — ensure all soap is removed.
5	<b>Inspect</b> the pessary carefully.
6	<b>Air dry</b> in a clean container with the lid off or ajar.

### **Do NOT use:**

- Chemical sprays, disinfectants, bleach, alcohol-based products or antiseptics
- Boiling water or the dishwasher — heat degrades silicone
- Scented soaps or vaginal washes
- Towels or paper tissues — microfibres can adhere to the surface

**If you find any cracks or damage:** do not reinsert the pessary. Contact the clinic to arrange a replacement. Surface discolouration over time is normal and not a concern.

### **Storage**

- Store in a clean, dry container — a small lidded container is ideal.
- Keep away from direct sunlight and extreme heat.
- Keep the container itself clean — wash with warm soapy water regularly.

### **Lubricant**

A small amount of **water-based lubricant** can be applied to the pessary or vaginal opening before reinsertion if insertion feels uncomfortable.

- **Do not use** oil-based lubricants (e.g. coconut oil, petroleum jelly) — these degrade silicone.
- **Do not use** silicone-based lubricants — these also damage silicone pessaries.

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## Chapter 3 — Insertion & Removal

### Ring Pessary

#### Ring pessary — removal

1	Wash your hands thoroughly.
2	Find a comfortable position — sitting on the toilet or squatting works well.
3	Insert one or two fingers into the vagina and feel for the edge of the ring.
4	<b>Tilt to one side</b> Hook your finger through the ring or over its edge and gently tilt it to one side to break the rim's contact with the vaginal walls.
5	Ease the ring down and out of the vaginal opening — it may need to be slightly compressed to fold as it exits.
6	If you are finding it difficult, try bearing down gently (as if having a bowel motion) to bring the ring lower.

#### Ring pessary — insertion

1	Wash your hands. Clean and inspect the pessary.
2	<b>Compress</b> Hold the ring between your thumb and index finger and compress it into a taco / dolphin / upside-down smile shape.
3	Apply a small amount of water-based lubricant to the leading edge if desired.
4	<b>Aim toward your back</b> Insert the compressed ring into the vaginal opening, aiming toward the small of your back — not straight up.
5	Push the ring in until it sits behind the pubic bone — it should feel like it settles into place.
6	Release your fingers — the ring should spring open and rest comfortably.
7	Test by coughing, walking, or squatting — you should not be able to feel the ring.

**Frequency:** TGA minimum is monthly. The clinic recommends weekly removal, cleaning and drying before reinsertion.

#### Tips and tricks

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## Incontinence Dish Pessary

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### Incontinence dish — removal

1	Wash your hands.
2	Find a comfortable position — sitting on the toilet or one foot raised.
3	Insert your finger into the vagina and locate the rim or retrieval notch of the dish.
4	<b>Important</b> — Rotate the dish a quarter turn before pulling down. This moves the urethral knob away from the urethra.
5	Hook a finger under the rim and tilt the dish to break the seal against the vaginal walls.
6	Bear down gently if needed to bring the dish lower.
7	Once the edge is accessible, gently draw the dish out — it may fold slightly.

### Incontinence dish — insertion

1	Wash hands. Clean and inspect the pessary.
2	Note the orientation: the knob or elevated portion should ultimately face toward your pubic bone (front/upward) to support the urethra — you will rotate it into position after insertion.
3	<b>Rotate a quarter turn</b> Compress the dish gently and rotate it a quarter turn so the knob faces to the side — this makes insertion more comfortable.
4	Insert the dish into the vaginal opening at this rotated angle, directing it toward the small of your back.
5	<b>Rotate back</b> Once inside, rotate the dish a quarter turn back so the knob now faces upward toward the pubic bone and urethra.
6	Push in until it sits comfortably — the front edge rests behind the pubic bone with the knob correctly positioned under the urethra.
7	Release — the dish should open and settle into position.
8	Test by coughing — if leakage is reduced and you cannot feel the dish, it is correctly positioned.

### Tips and tricks

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## Cube Pessary

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### Important — daily removal required:

The cube pessary must be removed every night and left out overnight. The suction it creates can cause tissue damage if worn continuously.

### Cube pessary — removal

1	Wash your hands.
2	Find a comfortable position — squatting or sitting on the toilet.
3	<b>Bear down</b> Bear down gently to bring the cube lower in the vagina — this is important because the cube creates suction against the vaginal walls.
4	Insert your index finger and feel for one of the string loops or the cube itself.
5	<b>Break the suction seal</b> Press on one side of the cube to break the suction seal — you may feel or hear a small release. Do not pull sharply on the string.
6	Once the suction is released, gently ease the cube out of the vaginal opening.
7	If it is difficult, try a different position or bear down more. Contact the clinic if you cannot remove it.

### Cube pessary — insertion

1	Wash hands. Clean and inspect all six sides and string loops.
2	<b>Compress</b> Compress the cube gently between your fingers — squeeze it to reduce its size for insertion.
3	Apply a little water-based lubricant to the leading face if desired.
4	<b>Aim toward your back</b> Insert into the vaginal opening, aiming toward the small of your back — push it in as far as your finger can comfortably reach.
5	Release your fingers — the cube will expand and its concave sides will create a gentle suction against the vaginal walls.
6	Confirm the string loop is accessible (just inside or at the vaginal opening) so you can remove it the next day.
7	You should not feel the cube once in place — if you can, try repositioning it higher.

### Tips and tricks

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## Gellhorn Pessary

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### Important — daily removal required:

The Gellhorn pessary must be removed and cleaned every day. If you experience significant difficulty with removal, do not force it — contact the clinic for assistance.

### Gellhorn — removal

1	Wash your hands.
2	Squat or place one foot on a raised surface — this is the most effective position for Gellhorn removal.
3	Bear down firmly to bring the stem of the Gellhorn within reach.
4	<b>Locate the stem</b> Insert your index finger and locate the central stem of the Gellhorn.
5	<b>Rotate side to side</b> Grasp the stem firmly between your index finger and thumb and rotate it gently side to side to break the suction between the disc and vaginal walls.
6	Once suction is released, tilt the Gellhorn and ease the disc out at an angle — it will need to be tilted to fit through the vaginal opening.
7	If you cannot reach the stem, bear down more firmly and try again. If still unable, contact the clinic.

### Gellhorn — insertion

1	Wash hands. Clean and inspect disc and stem.
2	<b>Disc faces upward</b> Hold the Gellhorn with the disc facing upward (toward your pelvis) and the stem pointing downward.
3	Apply water-based lubricant to the disc edge if desired.
4	Tilt the disc to its narrowest profile and insert the leading edge into the vaginal opening at an angle.
5	Once the disc is past the vaginal opening, guide it upward and rotate it into a horizontal position.
6	Push the disc up until it sits against the cervix or vault and the stem points downward toward the vaginal opening.
7	The stem should sit just inside the vaginal opening — palpable but not uncomfortable.
8	Test by walking and coughing — you should not feel the Gellhorn if it is correctly seated.

### Tips and tricks

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## Dish / Cup Pessary

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### **Dish / cup — removal**

1	Wash your hands.
2	Find a comfortable position — sitting on the toilet or squatting.
3	Insert a finger into the vagina and locate the rim of the cup.
4	<b>Tilt slightly</b> Hook your finger over or under the rim and tilt the cup slightly to break the seal against the vaginal walls.
5	Bear down gently if needed to bring it lower.
6	Once accessible, ease the cup out — it may compress slightly as it exits.

### **Dish / cup — insertion**

1	Wash hands. Clean and inspect the cup and rim.
2	<b>Concave side up</b> Hold the cup with the concave (hollow) side facing upward toward your pelvis.
3	Compress or fold the cup slightly between your fingers.
4	<b>Aim toward your back</b> Insert into the vaginal opening, aiming toward the small of your back.
5	Push until the cup sits at the top of the vagina behind the pubic bone — it should rest comfortably against the vaginal walls.
6	Release and allow the cup to open into position.
7	Check by coughing and walking — if comfortable and your prolapse symptoms are reduced, the cup is correctly placed.

### **Tips and tricks**

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## Chapter 4 — What To Do If Something Goes Wrong

Staying on top of self-management and regular pessary care helps reduce the risk of complications. Keeping your fitting clinician informed of any concerns or side effects is important.

### Who to contact

Physiotherapist	General Practitioner	Emergency / Urgent Care
<ul style="list-style-type: none"><li>• Expulsion (falls out)</li><li>• Pain — vaginal or abdominal</li><li>• New bladder or bowel symptoms</li><li>• Increased discharge</li><li>• Lost or damaged pessary</li><li>• Difficulty inserting or removing</li></ul>	<ul style="list-style-type: none"><li>• New unexplained vaginal bleeding</li><li>• Fever</li><li>• Foul-smelling discharge</li><li>• Vaginal irritation or itching</li></ul>	<ul style="list-style-type: none"><li>• Systemically unwell</li><li>• Unable to empty bladder AND cannot remove pessary</li><li>• Unrelenting pain</li><li>• Unrelenting bleeding</li><li>• Neglected pessary</li><li>• Psychological distress</li></ul>
<b>0400 373 415</b>	Contact your GP. If no on-the-day appointment, proceed to urgent care.	Present to the emergency department.

### Remember — neglected pessary risk

A pessary that is not regularly removed, cleaned, and reviewed by a clinician can lead to serious complications — including infection, ulceration, fistula, and in rare cases, septicæmia. This is why we encourage you to keep open communication with your physiotherapist.

## Chapter 5 — Further Information & Resources

We encourage you to learn as much as you feel comfortable about your prolapse and your pessary. The following are trusted, evidence-based resources from reputable organisations.

### Recommended reading

#### **Pelvic Floor First — Continence Foundation of Australia: Vaginal Pessary for Pelvic Organ Prolapse**

A clear, well-illustrated guide covering what to expect, how to use a pessary, and when to seek help.

Access at: <https://www.yourpelvicfloor.org/media/vaginal-pessary-for-pelvic-organ-prolapse-english-1.pdf>

#### **Continence Foundation of Australia: Prolapse — Patient Information**

Trusted information about pelvic organ prolapse including causes, symptoms, and management options.

Access at: <https://www.continence.org.au/information-incontinence-english/prolapse>

### Video resources

Your physiotherapist can provide direct links to video demonstrations for your specific pessary type.

#### **Female Focus Physiotherapy**

2/119 Elder St, Lambton NSW 2299 | 0400 373 415

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