

## ML DQ RING PESSARY LES GUIDE

### Local Enhanced Service Template:

A page has been created on the Local Enhanced Services template (**ML ICB Local Enhanced Services**) to provide the correct coding for capturing those patients where appropriate Ring Pessary, insertion, monitoring and referrals need to be provided.

CLAIM CODES			
<b>TICK THE RELEVANT BOX BELOW TO INDICATE WHICH PROCEDURE CLAIM THE PATIENT SHOULD BE INCLUDED.</b>			
<input type="checkbox"/>	Insertion (FIRST FIT) of ring pessary into vagina	Text <input type="text"/>	No previous entry
<input type="checkbox"/>	Renewal (CHANGE) of ring pessary in vagina	Text <input type="text"/>	No previous entry
<input type="checkbox"/>	REMOVAL of ring pessary from vagina	Text <input type="text"/>	No previous entry
<b>FOR REMOTE CARE CLAIMS, TICK THIS BOX AND A PROCEDURE BOX ABOVE</b>			
<input type="checkbox"/>	Remote care monitoring enhanced services administration	Text <input type="text" value="ML ICB Ring Pessary LES"/>	No previous entry
<b>FOR INTER PRACTICE CLAIMS, TICK THIS BOX AND A PROCEDURE BOX</b>			
<input type="checkbox"/>	Temporary registration (Inter-practice patient)	Text <input type="text" value="ML ICB Ring Pessary LES"/>	No previous entry
<p><b>Insertion</b> should be used for 'FIRST FIT' only (not renewals/change). <b>Renewal/Change</b> should not be used for <b>First Fit or Removal</b>.</p> <p>N.B. A new pessary is required when the pessary is showing signs of wear, such as cracks or splits, smells, or is not controlling the symptoms of pelvic organ prolapse sufficiently and in accordance with any specific manufacturer's instructions. This should be recorded as a RENEWAL/CHANGE.</p>			
Admin			
<input type="checkbox"/>	Informed consent for procedure	Text <input type="text" value="Ring pessary"/>	07-Oct-2025 >>
<input type="checkbox"/>	Procedure declined	Text <input type="text" value="Ring Pessary"/>	No previous entry
	Chaperone	<input type="text" value=""/> Text <input type="text"/>	22-May-2025 Chaperone o... >>
	Patient discussion - Explain benefits, risks and complications; and need for regular review	<input type="text"/>	
<b>For Self-Management:</b>			
<ul style="list-style-type: none"> <li>Teach &amp; assess competency of removal and re-insertion of pessary</li> <li>Frequency depends upon pessary type &amp; patient choice. Certain pessaries (e.g. cube) are advised to be taken out daily and left out overnight</li> <li>Review at 3-6 months and then consider annually if no concerns</li> </ul>			
<input type="checkbox"/>	Self management of vaginal support pessary	Text <input type="text"/>	No previous entry

### Bladder & Bowels

Micturition frequency	<input type="text"/>	No previous entry
Micturition control	<input type="text"/>	17-Nov-2025 <b>Urinary incon...</b> <a href="#">»</a>
	<i>Text</i> <input type="text"/>	
<input type="checkbox"/> Recurrent urinary tract infection	<i>Text</i> <input type="text"/>	No previous entry
Constipation	<input type="text"/>	No previous entry
	<i>Text</i> <input type="text"/>	

### Examination

<input type="checkbox"/> Vaginal bleeding	<i>Text</i> <input type="text"/>	No previous entry
Vaginal Speculum exam	<input type="text"/>	No previous entry
Vaginal discharge	<input type="text"/>	No previous entry
	<i>Text</i> <input type="text"/>	
Vaginal discharge type	<input type="text"/>	No previous entry
O/E external female genitalia	<input type="text"/>	No previous entry
	<i>Text</i> <input type="text"/>	
Vaginal oestrogen	<input type="text"/>	
Irritation	<input type="text"/>	No previous entry
	<i>Text</i> <input type="text"/>	
Symptom severity	<input type="text"/>	No previous entry
	<i>Text</i> <input type="text"/>	

### MONITORING INFORMATION & FOLLOW UP

#### CARE & MANAGEMENT:

- Document type and size of pessary
- Give patient information leaflet (PIL)
- Arrange follow-up - initially 4-6 weeks then 3-6 months
- At each visit the control of symptoms and the fit of the pessary should be assessed. The pessary should be removed, the vaginal walls (and if present) the cervix inspected using a speculum.
- Give contact details
- Instruct patient to contact/seek advice in the event of any complication or problems

#### Patient Information

Clinical management plan agreed - Check there is no pain or discomfort, Ensure pessary is retained standing; <input type="checkbox"/> on coughing; valsalva and movement, Ensure woman is able to void, Assess any immediate de novo or worsening of incontinence	<input type="text"/>	No previous entry
	<i>Text</i> <input type="text"/>	

#### FOLLOW UP - DON'T FORGET TO ADD DIARY DATE FOR NEXT REVIEW

<input type="checkbox"/> Ring pessary follow up	<b>Follow Up</b>	<input type="text" value="29-Jan-2026"/> <input type="button" value="📅"/>	No previous entry
	<i>Text</i> <input type="text"/>		

## Information

### Indications:

For short or long-term management of bothersome symptoms of pelvic organ prolapse, if the patient has a preference for or is willing to agree to a trial of pessary use and there are no contraindications (see below), and the patient understands that regular attendance for follow-up is required unless self-management is chosen and available;

who has not completed her family and needs an interim solution for symptomatic prolapse until surgery, if indicated, can be considered at a later date; or

to assess the effect of reducing a prolapse on bladder and bowel function prior to considering surgical management.

### Contraindications:

A pessary should not be considered in the following situations:

- The woman is neither able to comply with regular follow-up, nor self-manage the pessary.
- There is active vaginal or pelvic infection, inflammation, unexplained bleeding, or ongoing vaginal or cervical cancer.
- The woman has had previous radiotherapy affecting the vaginal tissues.
- The vaginal tissue is severely atrophic and has not responded to pre-pessary oestrogen treatment.
- The vaginal space is too narrow or too short to fit a pessary.
- There is identifiable synthetic vaginal mesh erosion.

### Caution required:

A pessary may be an option, but additional caution is required in the following situations:

- poor vaginal health requiring vaginal oestrogen therapy prior to a pessary fitting;
- a synthetic mesh has been placed in the vagina during previous surgery; and/or
- pre-existing vaginal pain (e.g. pudendal neuralgia)

### Information required for a woman considering a pessary:

The following information should be given as part of the informed consent process:

- Fitting is by trial and error, and several pessary types and sizes may need to be tried before a comfortable, effective one is found.
- The fitting process may be uncomfortable.
- Regular follow-up and adherence to pessary care instructions are essential.
- Complications are minimised with good pessary follow-up, but may still occur. Even if these occur, the pessary may not need to be removed if the symptoms of the complication are minor, and the pessary remains comfortable and effective.
- Clear information about what to do in case of problems between follow-up appointments is required.

### Complications that occur most often include:

- increased vaginal discharge (very common);
- erosion or abrasion of vaginal skin (common);
- vaginal bleeding (common);
- discomfort (common - often associated with pessary changes);
- pessary expulsion (common); and
- new bladder and bowel symptoms (common - these may include occult stress urinary incontinence due to reduction of prolapse, or urgency for voiding or defecation, urinary retention/obstructed defecation due to the pressure effects from the pessary).

### Less common and serious complications include:

- vaginal ulceration (uncommon, but requires biopsy if it fails to heal);
- difficulty with removal (uncommon for a ring pessary, more common for others);
- infection (uncommon);
- incarceration (uncommon - where the pessary is displaced from its original position and becomes embedded in the vaginal or cervical tissues); and
- fistula (rare but serious)

[Click here quick reference guide](#)

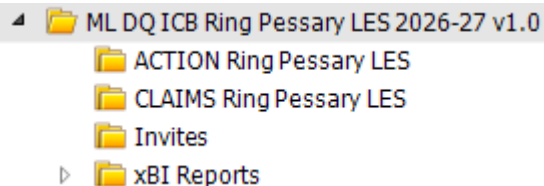
## References/Resources Useful Information

[Click here for - UK Clinical Guideline for best practice in the use of vaginal pessaries for pelvic organ prolapse](#)

[Click here for NICE n0123 guidance](#)

## Ring Pessary Searches:

Please find detailed below information about the searches, check population reporting Distributed folder for latest version:



All the searches work on the assumption that relevant codes have been added to the patients record from the template 'ML ICB Local Enhanced Services

## **Action folder:**

- 
- 🔍 RPDQ1 Ring Pessary check RECALL
    - 🔍 Ring Pessary EXTRAS (on Recall and not Register)
    - 📅 Ring Pessary EXTRAS (on Recall and not Register) Auto Report
  - 🔍 RPDQ2 Ring pessary REGISTER
    - 🔍 Ring Pessary EXCLUSIONS (on Register and not on Recall)
    - 📅 Ring Pessary EXCLUSIONS (on Register and not on Recall) Auto R...
    - 📅 RPDQ2 Ring pessary REGISTER Auto Report

These searches will give you a robust recall system, they can be used to find patients to invite in for a review. They will need to be run and actioned especially the EXTRA & EXCLUSION results as these searches will find patients that need ACTION to be completed before the invite search is run to ensure the correct patients are being invited into clinic.

The other searches in the Action folder are to help find data quality issues like incorrect coding/consultation types.

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- 🔍 RPDQ1 Ring Pessary check RECALL
    - 🔍 Ring Pessary EXTRAS (on Recall and not Register)
    - 📅 Ring Pessary EXTRAS (on Recall and not Register) Auto Report
  - 🔍 RPDQ2 Ring pessary REGISTER
    - 🔍 Ring Pessary EXCLUSIONS (on Register and not on Recall)
    - 📅 Ring Pessary EXCLUSIONS (on Register and not on Recall) Auto R...
    - 📅 RPDQ2 Ring pessary REGISTER Auto Report
  - 🔍 RPDQ3 Non Claim Codes First Fit
    - 📅 RPDQ3 Report
  - 🔍 RPDQ4 Non Claim Codes Generic, Removal, Change for Ring Pessary
    - 📅 RPDQ4 Report
  - 🔍 RPDQ5 Claims Codes - Other Consultations
    - 📅 RPDQ5 Report
  - 🔍 RPDQ6 Renewal possible coded incorrectly, should be Insertion (First Fit)
    - 📅 RPDQ6 Report
  - 🔍 RPDQ7 Insertion (First Fit) possibly coded incorrectly, should be Renewal
    - 📅 RPDQ7 Report
  - 🔍 RPDQ8 Home Visit, Needs additional coding
    - 📅 RPDQ8 Report
  - 🔍 RPDQ9 Insertion and Removal recorded on same date
    - 📅 RPDQ9 Insertion and Removal recorded on same date Report

## **Invites folder:**

- 
- 🔍 Ring Pessary Invites
    - 📅 Recall Ring Pessary Invites Auto Report
  - 🔍 Ring Pessary Invites Overdue
    - 📅 Recall Ring Pessary Overdue Invites Auto Report

## **Midlands and Lancashire CSU**

The invite searches are linked to the RECALL search; this search looks for the diary entry of 'Renewal of Ring Pessary in Vagina' it gives you the option to specify the DUE date of patients you are wanting to invite into clinic.

The Overdue search allows you to put in past dates that may still be in patient diaries this could be due to the diary date not being moved on or the patient has not attended for review and check.

### **Claims folder:**

These searches identify patients for claims and have been designed to mirror the Claims template.

- 1. FIRST FIT GP practice (or Inter)
  - CLAIMS FIRST FIT Ring Pessary
  - FOR CHECKING First Fit YTD
- 2. REMOVAL or CHANGE Ring Pessary GP practice (or Inter) [Max 4]
  - CLAIM 1st REMOVAL or CHANGE (view results for claims by Month)
  - CLAIM 2nd REMOVAL or CHANGE (view results for claims by Month)
  - CLAIM 3rd REMOVAL or CHANGE (view results for claims by Month)
  - CLAIM 4th REMOVAL or CHANGE (view results for claims by Month)
  - FOR CHECKING Removal or Change Report YTD
- 3. INTER [1 per patient per year]
  - CLAIM INTER [1 per patient per year]
- 4. DOMICILIARY Ring Pessary First Fit, Change, removal [Max 4]
  - CLAIM 1st DOMICILIARY (view results for claims by Month)
  - CLAIM 2nd DOMICILIARY (view results for claims by Month)
  - CLAIM 3rd DOMICILIARY (view results for claims by Month)
  - CLAIM 4th DOMICILIARY (view results for claims by Month)
  - FOR CHECKING Domicillary Report YTD

### **xBI Reports**

These reports get collated and sent to ML Business Intelligence to form the dashboard

**Please note these searches have consultation types applied to them. Activity must be recorded using the appropriate consultation type. Searches can be found in the action folder to identify any not using an appropriate consultation type.**